

# City of Saskatoon (C.U.P.E #47)

All Employees



Employee Benefits



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## **City of Saskatoon (C.U.P.E. #47)**

Group Policy Number

**92703**

**Class**

A. All Employees

**Minimum Number of Hours**

15 hours per week

**Eligibility Period**

First of the month coincident with or next following the completion of 780 hours of active employment.

Group Policy Effective Date

## **Welcome to Your Group Benefit Program**

**01 January 2019**

Saskatchewan Blue Cross understands the importance of security, strength and stability in people's lives. This Group Benefit Program provides you with the assurance that you, and your family, are financially protected today and in the future.

This booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

The information contained in this booklet is important and we suggest it be kept in a safe place.

## Health and Dental Benefit Summary

### Hospital Accommodation Benefits

Underwritten by  
Saskatchewan Blue Cross

Deductible	Nil
Reimbursement Level:	100%
Overall Maximum:	Unlimited unless defined otherwise.
Coverage Terminates:	
Early Retirees drawing benefits from Sick Bank	At age 65.
All other Employees	At the earlier of the Member's retirement or age 70.
Semi-Private Accommodation	Included
Private Accommodation	Included

### Extended Health Care Benefits

Underwritten by  
Saskatchewan Blue Cross

Deductible:	Nil
Reimbursement Level:	
Paramedical/Health Practitioners	80%
All Other Extended Health Benefits	100%
Overall Maximum:	Unlimited unless defined otherwise.
Coverage Terminates:	
Early Retirees drawing benefits from Sick Bank	At age 65.
All other Employees	At the earlier of the Member's retirement or age 70.
▪ Accidental Dental:	Dental treatment or surgery as a result of an accident to sound natural teeth.
▪ Ambulance, Air Ambulance:	Included
▪ Aerochambers, Nebulizers:	** Included
<i>Apnea Monitors</i>	Not Included
▪ Blood Pressure Monitors:	** 1 per person per 5 calendar years
<i>Purchase</i>	** Included
<i>Rental</i>	
▪ Braces:	** Required to be custom fitted and incorporate a rigid support of metal or plastic
▪ Breast Prosthesis:	** Maximum of 1 per person per 2 calendar years (2 if a double mastectomy)
<i>Surgical Brassieres</i>	Maximum of 2 per person per calendar year
▪ Cardiac Rehabilitation:	** \$300 lifetime maximum per person
▪ C-PAP Accessories:	** Included
▪ Diabetic Products:	
<i>Diabetic Equipment</i>	** Included
<i>Diabetic Supplies</i>	** Included
▪ Eye Examinations, Eye Refractions:	
<i>Adult participants</i>	* \$125 per person per 2 calendar years
<i>Dependent children under 18 years of age</i>	* \$125 per person per calendar year
▪ Hearing Aids:	
<i>Adult participants</i>	* \$500 per person per 3 calendar years.
<i>Dependent children under 21 years of age</i>	* \$500 per aid per person per 3 calendar years. Participants will be eligible for an aid for each ear, if required.

## Health and Dental Benefit Summary

### Extended Health Care Benefits cont'd

- Medical Equipment:
  - Equipment for Administration of Oxygen - Rental* \*\* Included
  - Manual hospital-type bed - Rental* \*\* Included
  - Patient Walker - Rental* \*\* Included
  - Manual Wheelchair - Rental* \*\* Included
  
- Medical Supplies:
  - Stump socks, Burn garments* Included
  - Surgical stockings, Embolic stockings* Included
  
- Mobility Aids:
  - Bathroom rails, Raised toilet sets, Bath seats* \*\* Included
  - Reachers* \*\* Included
  
- Orthopaedic Shoes & Foot Orthotics: \*\* Purchase, repair, or replacement included when necessitated by a physical change up to a maximum of \$300 per person per calendar year
  
- Ostomy Supplies: \*\* Included
  
- Outside Province of Residence Referrals: \*\* \$50,000 per course of specialized treatment per person to a lifetime maximum of \$100,000 per person
  
- Paramedical / Health Practitioners:
  - Acupuncturist* \*\*\* \$300 per person per calendar year
  - Audiologist* \*\*\* \$300 per person per calendar year
  - Chiropodist, Podiatrist* \*\*\* \$300 per person per calendar year
  - Chiropractor* \*\*\* \$300 per person per calendar year
  - Dietitian* \*\*\* \$300 per person per calendar year
  - Naturopath* \*\*\* \$300 per person per calendar year
  - Osteopath* \*\*\* \$300 per person per calendar year
  - Physiotherapist* \*\*\* \$300 per person per calendar year
  - Registered Massage Therapist* \*\*\* \$300 per person per calendar year
  - Registered Psychologist / Registered Social Worker / Counsellor* \*\*\* Combined maximum of \$300 per person per calendar year
  - Registered Speech Therapist* \*\*\* \$300 per person per calendar year
  - Occupational Therapist* Not Included
  
- Private Duty Nursing: \*\* \$10,000 per person per calendar year
  
- Prosthetic Appliances:
  - Cervical Collars, Trusses, Rib belts* \*\* Included
  - Crutches, Casts, Canes, Splints* \*\* Included
  - Limbs, Artificial Eyes* \*\* Included
  - Wigs* \*\* \$500 per person per calendar year
  
- Intrauterine Device (I.U.D): Not Included

## Vision Care Benefits

Underwritten by  
Saskatchewan Blue Cross

Deductible:		Nil
Reimbursement Level:		100%
Maximum:		
<i>Adult participants</i>	*	\$200 per person per 2 calendar years
<i>Dependent Children</i>	*	\$200 per person per calendar year
Coverage Terminates:		
Early Retirees drawing benefits from Sick Bank		At age 65.
All other Employees		At the earlier of the Member's retirement or age 70.
▪ Eye Glass Lenses:	**	Included
▪ Sunglass Lenses:	**	Included
▪ Safety Glass Lenses:	**	Included
▪ Eye Glass Lenses due to Cataract Surgery:		Not Included
▪ Frames:	**	Included
▪ Contact Lenses:	**	Included
▪ Contact Lenses due to Cataract Surgery:		Not Included
▪ Laser Refractive Surgery:	**	Included
		Any unpaid balance for Laser Refractive Surgery may be resubmitted for further reimbursement at the time the person becomes eligible under the Vision Care Benefit up to a maximum of 3 submissions.
▪ Eye Examinations, Eye Refractions:		Not Included within Vision Care Benefits – refer to Extended Health Care Benefit
▪ Visual Training / Remedial Eye Exercises		Lifetime maximum of \$150 per person -- in addition to the Vision Care Benefit Maximum indicated above.

## Extended Health Care, Vision Care (if applicable) Benefit Limitations and Exclusions

- \* Maximum reimbursement is based on principal of Fixed Calendar Years, where the year of a participant's initial claim for a benefit establishes the perpetual frequency that subsequent maximum amounts become next available.
- \*\* Physician prescription, physician's written order, or physician's referral required.  
Vision Care benefits specifically require the benefit to be prescribed by a licensed optometrist or ophthalmologist.  
Orthopaedic Shoes/Foot Orthotic benefits must be prescribed by an orthopaedic surgeon, physiatrist, pedorthist, orthotist, chiropodist, podiatrist or physician.
- \*\*\* Paramedical / Health Practitioner must be a licensed professional in the field for which the service is being provided, and the service must not be performed in a hospital.

**Accidental Dental** - treatment must be rendered or reported and approved for payment by Saskatchewan Blue Cross within twelve months of the accident. Coverage does not include incidents where an object was wittingly or unwittingly placed in the mouth.

**Ambulance, Air Ambulance** - licensed ambulance service for transportation of a patient to and from the nearest hospital able to provide essential care, when medically necessary. Includes the expenses of an attendant that is not related to the patient.

**Braces** - replacement will not be covered unless replacement is required due to pathological change. Dental braces and sports braces are excluded.

**Cardiac Rehabilitation** – eligible expenses for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program for rehabilitation after myocardial infarction, coronary bypass surgery or valve replacement, or the management of angina pectoris or other diagnosed cardiac disease.

**Diabetic Equipment** – insulin pump and insulin pump accessories are excluded.

**Diabetic Supplies** – quantities must be deemed reasonable by Saskatchewan Blue Cross

**Eye Examinations, Eye Refractions** – must be performed by a licensed optometrist, or ophthalmologist. Benefit eligible only in provinces where eye examinations are not covered by a provincial or government plan.

**Hearing Aids** – batteries are excluded.

**Medical Equipment** - Saskatchewan Blue Cross may approve purchase at its discretion.

**Orthopaedic Shoes/Foot Orthotics** - product must be custom-made orthopaedic shoes and/or foot orthotics including scaphoid pads, torque heels, insoles, metatarsal pads, and molded arch supports when custom made and supplied by a certified pedorthist, orthotist, chiropodist or podiatrist. Stock item footwear is excluded.

**Outside Province of Residence Referral Benefit** - services performed outside of the province of residence which are not available in the province of residence. Claims must have prior approval from the provincial government and Saskatchewan Blue Cross. Ineligible for coverage: any diagnosis and/or treatment of any illness commencing within 12 months of the effective date of group coverage, for which medical treatment or prescribed drugs have been received 12 months prior to the effective date of coverage, where the condition existed prior to the effective date of the group coverage, or is experimental or not approved by the Canadian Medical Association.

**Private Duty Nursing** – Nursing to be for an inpatient, or in the patient's home. Nurse required be a registered nurse (RN, RNA, or LPN). Services provided in nursing homes or for palliative care are excluded. Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded.

**Prosthetic Appliances** - replacements will not be covered unless replacement is required due to pathological change.

**Vision Care Benefits** – any form of eyewear purchased for cosmetic or aesthetic purposes are excluded.

## Prescription Drug Benefits

Underwritten by  
Saskatchewan Blue Cross

Deductible:	Nil
Reimbursement Level:	80%
Overall Maximum:	\$700 per person per calendar year
Payment Method:	Pay Direct Drug Card
Coverage Terminates:	
Early Retirees drawing benefits from Sick Bank	At age 65.
All other Employees	At the earlier of the Member's retirement or age 70.

### Saskatchewan Formulary and Non-Formulary Drug Products

▪ Prescription drug products	**	Included
▪ Injectable vitamins		Included
▪ Allergy extracts and serums		Included
▪ Vaccines and toxoids		Included
▪ Life-sustaining products		Included
▪ Products that are experimental		Not Included
▪ Products used to treat infertility		Not Included
▪ Products used to treat sexual dysfunction		Not Included
▪ Products used for smoking cessation		Not Included
▪ Products used for cosmetic purposes		Not Included
▪ Products used to restore hair growth		Not Included
▪ Natural health products		Not Included
▪ Dietary supplements and infant foods		Not Included

Generic Substitution:	Not applicable
Mandatory Generic Substitution:	Not applicable

### Prescription Drug Benefit Limitations and Exclusions

\*\* Prescription required from a Physician or Dentist (or other qualified health professional authorized by law).

All eligible drug products must have been approved by Health Canada, assigned a drug identification number (DIN), marketed and available for purchase in Canada, and approved by Saskatchewan Blue Cross.

Saskatchewan Blue Cross reserves the right to affix specific benefit conditions to drug products deemed unique such as those used in the treatment of rare diseases and/or those considered unsustainable. These drug products require participation in any related patient assistance programs, and/or prior approval for coverage from both the government-sponsored plan or program in the Member's province of residence and Saskatchewan Blue Cross. Benefits may be refused where coverage approval is not obtained, available, or even declined under the government-sponsored plan or program.



## Outside Province Of Residence Travel Benefits

Benefits are provided as a result of a sudden and unforeseen medical condition occurring outside the insured person's province of residence that requires immediate treatment. An emergency no longer exists when evidence indicates that no further treatment is required at the destination, or the insured person is able to return to their province/territory of residence for further treatment.

Deductible:	Nil
Reimbursement Level:	100%
Combined Maximum:	\$5,000,000 per person per trip Limited to 90 days per trip; the number of trips per year is unlimited (for trips exceeding 90 days, contact Saskatchewan Blue Cross prior to departure)
Coverage Terminates:	
Early Retirees drawing benefits from Sick Bank	At age 65.
All other Employees	At the earlier of the Member's retirement or age 70.
<ul style="list-style-type: none"> <li>▪ Accidental Dental:</li> <li>▪ Ambulance, Air Ambulance:</li> <li>▪ Diagnostic:</li> <li>▪ Family Transportation Expense:</li> <li>▪ Hospital Accommodation:</li> <li>▪ Meals &amp; Accommodation:</li> <li>▪ Medical Appliances:</li> <li>▪ Nursing Services:</li> <li>▪ Paramedical / Health Practitioners:</li> <li>▪ Prescription Drugs:</li> <li>▪ Physicians &amp; Surgeons:</li> <li>▪ Return of Deceased:</li> <li>▪ Vehicle Return:</li> <li>▪ Worldwide Travel Assistance:</li> </ul>	<ul style="list-style-type: none"> <li>Included</li> <li>Included</li> <li>Included</li> <li>** Limited to a combined maximum of \$1,000 for transportation cost in the event that an insured is hospitalized and the physician advises the attendance of a family member (next of kin).</li> <li>Included</li> <li>Limited to a combined maximum of \$800 (further limited to \$100 per day) for commercial accommodations and meals incurred by the participant (or a covered family member travelling with the person) when the trip is delayed due to illness or accident.</li> <li>** Included</li> <li>** Included</li> <li>** Included</li> <li>** Included – Special Duty Nursing charges following emergency services</li> <li>*** Included</li> <li>*** Included</li> <li>*** Included</li> <li>*** Included</li> <li>*** Included</li> <li>Not Included</li> <li>** Included</li> <li>Included</li> <li>The cost of transportation of a deceased covered person.</li> <li>Limited to a maximum of \$500 for the cost of returning the person's vehicle when the person is unable due to emergency or accident.</li> <li>Included -- 24 hour telephone and telex services around the world in the event of emergency medical situations requiring hospitalization; plus: <ul style="list-style-type: none"> <li>- Coverage confirmation and payment to a doctor and/or hospital,</li> <li>- Arrangement for medical evaluation by a qualified physician and then referral to a medical facility equipped to provide treatment,</li> <li>- Transfer of patient to another medical facility, if required,</li> <li>- Assistance in contacting the family or business partner,</li> <li>- Emergency response in any language</li> </ul> </li> </ul>

## Outside Province of Residence Travel Benefit Limitations and Exclusions

\*\* Physician prescription, physician's written order, or physician's referral required.

\*\*\* Paramedical / Health Practitioner must be a licensed professional in the field for which the service is being provided, and the service must not be performed in a hospital.

Outside Province of Residence Travel Benefits eligibility is available only as a result of a sudden and unforeseen medical condition occurring outside the insured person's province of residence that requires immediate treatment.

Pre-existing medical conditions will be covered, provided the condition is stable in the 90 days prior to travel, and medical attention is not reasonably anticipated during the travel period.

For a condition to be considered stable, there must not have been:

- any new treatment prescribed or recommended, change made to or stoppage of an existing treatment, and
- any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug, and
- any new, more frequent, or more severe symptoms, and
- a hospitalization or referral to a specialist, and
- any tests, investigation, or treatment recommended but not yet complete, nor any outstanding test results, and there is no planned or pending treatment.

Benefits will not be payable for, and Saskatchewan Blue Cross will not accept any liability relating to, claims for services, supplies, or charges:

- for residents travelling outside their province of residence primarily or incidentally to seek medical and/or dental advice or treatment, even if such a trip is on the recommendation of a Physician.
- payable by any government health plan or any other government agency,
- incurred as a result of self-inflicted injuries; abuse of medications, drugs or alcohol; suicide or attempted suicide; or committing or attempting to commit a criminal offense,
- incurred as a result of participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, riot or public confrontation, civil commotion, or any other act of aggression,
- incurred as a result of training, practicing or participation in professional sports (receiving remuneration), a motorized speed test, race or contest, rodeo, scuba diving (when not certified by a ACUC, NAUI, PADI or SSI), or any other high risk activity including but not limited to; parachuting, bungee jumping, mountain climbing, rock climbing, spelunking, hang gliding, parasailing, sky diving,
- incurred as the result of a flight accident unless the insured person is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more,
- for referral treatment,
- for elective (non-stable) treatment or surgery,
- not required for the immediate relief of acute pain or suffering which reasonably could have been delayed until returning to the insured person's province of residence, or
- associated with the required confinement of the insured person due to childbirth and delivery if any portion of travel falls after the 32nd week of gestation.

**Accidental Dental** – charges for dental treatment when natural teeth have been damaged by a direct, accidental blow to the mouth or a fractured or dislocated jaw requiring setting. Dental treatment must be rendered or reported and approved for payment by Saskatchewan Blue Cross within six months of the accident. Eligible expenses will be the dentist's usual and customary fee according to the current Dental Fee Guide for general practitioners in effect where services are rendered.

**Ambulance, Air Ambulance** – licensed ambulance service for transportation of a patient to the nearest qualified medical facility, as follows:

- Post Emergency Evacuation - Subject to medical advice to the contrary, evacuation of the patient, without dependents, to a hospital in their province of residence, where pre-authorized by Saskatchewan Blue Cross.
- Where pre-authorized by Saskatchewan Blue Cross, and upon written advice from either the attending physician or a commercial airline that a patient must be accompanied by a qualified medical attendant, Saskatchewan Blue Cross shall pay the costs incurred for one direct round trip economy fare for the medical attendant.

**Diagnostic** – limited to X-rays, examinations, and diagnostic laboratory procedures.

**Nursing Services** – Nursing to be for an inpatient, or in the patient's home. Nurse required be a registered nurse (RN, RNA, or LPN). Services provided in nursing homes or for palliative care are excluded. Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded.

**Return of Deceased** – Excludes the cost of burial, coffin or urn.

## Dental Care Benefits

Deductible	Nil
Fee Schedule	Current General Practitioners' Fee Guide in the province of Saskatchewan.
Coverage Terminates:	
Early Retirees drawing benefits from Sick Bank	At age 65.
All other Employees	At the earlier of the Member's retirement or age 70.

## Basic Dental Benefits

Reimbursement Level:	80%
Maximum:	Combined Maximum for Basic Dental and Major Restorative Dental Benefits of \$1,500 per person per calendar year

- Diagnostic Services
  - Clinical Oral Examinations*
  - complete 1 per person per 3 calendar years
  - recall 2 per person per calendar year
  - X-ray Examinations*
  - single films Included
  - full mouth, panoramic 1 of either type per person per 3 calendar years
  - cephalometric films 5 per person per 2 calendar years
  - bitewing 4 per person per calendar year
  - temporomandibular joint 4 per person per calendar year
  - occlusal 2 per person per calendar year
  - Tests, Laboratory Examinations* Included
- Preventative Services
  - Polishing* 2 units per person per calendar year
  - Scaling* 8 units per person per calendar year
  - Fluoride Treatments* 2 treatments per person per calendar year
  - Oral Hygiene Instruction* 1 per person per calendar year
  - Pit and Fissure Sealants (posterior permanent teeth)* Included
  - Space Maintainers* Included
  - Protective Athletic Appliances* 1 appliance per person per calendar year
- Restorative Services
  - Caries, trauma and pain control* Included
  - Fillings, Amalgam (metal) and tooth colored (plastic) restorations* Included
  - Full coverage prefabricated restorations (metal and plastic)* Included
  - Repairs to inlays, onlays or crowns* Included
  - Removal of inlays, onlays, crowns or veneers* Included
  - Recementation/rebonding of inlays, onlays, crowns or veneers* Included
  - Retentive pins* Included
- Endodontic Services
  - Diagnosis and treatment of the pulp (nerve) of teeth, including root canal therapy* Included
- Periodontic Services
  - Diagnosis and treatment of the gums and bones which support the teeth* Included
  - Periodontal Appliances* 1 upper or 1 lower of any type per person per 2 calendar years
  - Temporomandibular joint (TMJ) appliances; Myofascial Pain Syndrome appliances; maintenance, adjustments, repairs and relines
- Adjunctive Services - Office or institutional visit Included

## Basic Dental Benefits Cont'd

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|---|--|
| <ul style="list-style-type: none"> <li>▪ Prosthodontic Services                             <ul style="list-style-type: none"> <li><i>Denture repairs and additions</i></li> <li><i>Denture cleaning and polishing</i></li> <li><i>Denture relining</i></li> <li><i>Denture rebasing</i></li> <li><i>Tissue conditioning</i></li> <li><i>Soft liner</i></li> <li><i>Removal, repair and Recementing fixed bridge</i></li> </ul> </li> <li>▪ Surgical Services                             <ul style="list-style-type: none"> <li><i>Extraction of teeth</i></li> </ul> </li> <li>▪ Major Surgical Procedures                             <ul style="list-style-type: none"> <li><i>Surgical exposure of the tooth</i></li> <li><i>Surgical repositioning or transplantation</i></li> <li><i>Cutting of bone to aid in removal of teeth to permit insertion of denture</i></li> <li><i>Surgical shaping of gum tissue in order to support teeth</i></li> <li><i>Tumors and cysts</i></li> </ul> </li> <li>▪ Adjunctive General Services                             <ul style="list-style-type: none"> <li><i>Neuroleptanalgesia and Conscious Sedation</i></li> </ul> </li> </ul> | <p>Included<br/>once per person per calendar year<br/>1 upper and 1 lower per person per 2 calendar years<br/>1 upper and 1 lower per person per 2 calendar years<br/>twice per person per 2 calendar years<br/>twice per person per 2 calendar years<br/>Included</p> <p>Included</p> <p>Included<br/>Included<br/>Included<br/>Included<br/>Included</p> <p>Included</p> |
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## Major Restorative Dental Benefits

Reimbursement Level: 50%

Maximum: Combined Maximum for Basic Dental and Major Restorative Dental Benefits of \$1,500 per person per calendar year

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|---|---|
| <ul style="list-style-type: none"> <li>▪ Extensive Restorative Services                             <ul style="list-style-type: none"> <li><i>Inlay and Onlay Restorations</i></li> <li><i>Crowns</i></li> <li><i>Fixed bridges</i></li> </ul> </li> <li>▪ Prosthodontic Services                             <ul style="list-style-type: none"> <li><i>Complete dentures</i> <ul style="list-style-type: none"> <li>- <i>Standard</i></li> <li>- <i>Transitional/Provisional</i></li> <li>- <i>Overdenture</i></li> <li>- <i>Attached to Implants</i></li> </ul> </li> <li><i>Partial dentures</i> <ul style="list-style-type: none"> <li>- <i>Standard</i></li> <li>- <i>Transitional/Provisional</i></li> </ul> </li> <li><i>Fixed bridge</i></li> </ul> </li> </ul> | <p>** Included<br/>** Once per tooth per person per 5 calendar years<br/>** Included</p> <p>1 upper and 1 lower per person per 5 calendar years<br/>1 upper and 1 lower per person per 5 calendar years<br/>Included<br/>Included</p> <p>1 upper and 1 lower per person per 5 calendar years<br/>1 upper and 1 lower per person per 5 calendar years<br/>Included</p> |
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## Orthodontic Dental Benefits

Reimbursement Level: 50%

Lifetime Maximum: \$2,000 per person

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|--|--|
| <ul style="list-style-type: none"> <li>▪ Orthodontic Services                             <ul style="list-style-type: none"> <li><i>Prevention or correction of irregularities of the natural teeth</i></li> </ul> </li> </ul> | <p>Included – limited to eligible dependent children age 6 and over and under age 18</p> |
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## Dental Benefit Limitations and Exclusions

\*\* Dental Care Benefits will not be payable for construction of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material.

Dental services in excess of \$500 require pre-authorization by Saskatchewan Blue Cross, in writing in the form of a "Treatment Plan". Dental claim forms are provided for this purpose.

## General Information

### Eligible Employees and Members

An employee is eligible to enroll for benefits if he or she is an employee meeting or exceeding the minimum hours per week required; or is an Early Retiree drawing benefits from the Sick Bank as described in the Guidelines for Administrations of C.U.P.E. Sick Bank. Eligible employees must satisfy the Class description for which the benefit coverage is being offered, and complete the eligibility period specified. All employees must be residents of Canada. In order to be covered for Health and Dental benefits, employees must be eligible for provincial government health care programs in the province in which they reside. Non-permanent employees, or employees not eligible for provincial government health care, may otherwise qualify provided the specified criteria in the Group Contract are fully satisfied.

Employee applications for coverage are to be completed, signed and submitted within 30 days of becoming eligible following the eligibility period. Any changes to this information (i.e. dependents) must be reported to Saskatchewan Blue Cross within 30 days. In the event that such information is provided beyond 30 days from the actual change in status or information, Saskatchewan Blue Cross reserves the right to recover any claim payment expenses that are found to be ineligible due to the late reporting of the change.

Coverage for an employee becomes effective on the later of the date following the expiration of the Plan Waiting Period, and the date of completion of the application for insurance, provided the employee is actively at work on the effective date. If not actively at work when the employee would normally have become eligible, the employee's coverage will commence when the employee returns to being actively at work.

A Member is an employee who is eligible and has been approved for coverage.

### Eligible Dependents

Dependents are defined as the Member's legal spouse and/or children, as described below.

Spouse means the person who is legally married to the Member, or has continuously resided with the Member for not less than six months having been living in a conjugal relationship. A Spouse shall also mean a person who is in a civil union with the Member as defined by the Civil Code of Quebec. The Member requesting coverage for spouse or a "common-law" spouse must give written notice to Saskatchewan Blue Cross. Unless such written request is made, the person legally married to the employee shall be considered to be the covered spouse. Discontinuance of cohabitation with the employee shall terminate coverage of the "common-law" spouse. At no time will Saskatchewan Blue Cross provide coverage for more than one Spouse.

Children, also referred to as child, means the natural, adopted, or stepchildren of the Member or the Member's Spouse; or any other Children for whom the Member or the Member's Spouse have been appointed as a guardian.

Dependent children are eligible for benefits if they are:

- dependent upon the Member for financial care and support, and
- not legally married or in a common-law relationship that is one full year or more in duration, and
- less than 21 years of age; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried children over 21 years of age shall qualify if they are dependent upon the Member by reason of a mental or physical disability and have been continuously disabled prior to their attaining the age of 21. Unmarried Children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously disabled since that time shall also qualify as a dependent. A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Saskatchewan Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

Dependents specifically excluded include:

- any spouse residing outside of Canada or the United States of America, or
- any person for whom evidence of insurability, if required, is not approved by Saskatchewan Blue Cross.

### Access to Information

For insured benefits, where provided for in applicable legislation, the Member is allowed to obtain copies of the following documents:

- The Member's enrolment form or application for insurance;
- Any written statement or other record, not otherwise part of the application provided to the insurer as evidence of insurability;
- With reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to the Member. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Saskatchewan Blue Cross at 1.800.667.6853.

### Limitation Period for Legal Actions

Every action or proceeding against an insurer (i.e. Saskatchewan Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

### Co-ordination of Benefits

Should similar benefits be provided by more than one section of this plan, any claim for these benefits will be assessed by Saskatchewan Blue Cross in a manner which provides the greatest benefit to the claimant. Moreover, should Member and/or the Member's family may have additional benefit coverage through other plans, following benefit determination by any government health insurance plan or program, the Member may coordinate the remaining eligible expenses in accordance with the Canadian Life and Health Insurance Association's (CLHIA) Coordination of Benefits Guidelines as follows:

- Health, Dental or Vision Care benefits – to be coordinated according to CLHIA Guideline G4.
- Outside Province of Residence Travel benefits – to be coordinated according to CLHIA Guideline G17 as excess to all others.

CLHIA Guidelines are designed to promote consistent practices and standards for the life and health insurance industry and to reinforce the best interests of consumers and the industry. Guidelines are published at [www.clhia.ca](http://www.clhia.ca).

### Termination of Benefits *(Refer to the Group Contract for the exact terms and conditions)*

Unless otherwise indicated, a Member's coverage will terminate on the earlier of:

- the date of termination of this plan,
- the date the Member ceases to be an eligible employee,
- the end of the Grace Period for which any premium has not been paid in full,
- the date that the Member reaches the termination age specified.

Unless otherwise indicated, a dependent's coverage will terminate on the earlier of:

- the date of termination of this plan,
- the date the Member no longer meets eligibility requirements or ceases to be covered under this plan,
- the date the dependent ceases to be an eligible dependent,
- the date of death of the Member.

### Health and Dental Survivor Benefits *(Refer to the Group Contract for the exact terms and conditions)*

In the event of the Member's death, coverage for eligible dependents will continue for Health and Dental benefits (if applicable) until the earliest of:

- the date which is 24 months from the Member's death, or
- the date similar coverage is obtained elsewhere, or
- the termination date of the Group Contract, or
- the date the Member's Spouse and/or Child(ren) no longer meet the definition of Dependent, or
- the date on which the Member, if not deceased, would have attained the Termination of Benefits age specified in the Benefit Summary.

### Conversion Option - Health and Dental Benefits

If the Member's health and/or dental coverage ceases because of termination of employment, the Member may apply within 60 days to convert to one of the programs available to individuals through the local Blue Cross. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may also apply within 60 days of the change to convert to one of the programs available to individuals through the local Blue Cross at that time.

### General Limitations and Exclusions - Health and Dental Benefits

Benefit reimbursement is subject to any applicable deductible, co-insurance, and/or maximum amounts specified.

Benefit reimbursement will also be dependent on the service provider meeting Saskatchewan Blue Cross' established qualification criteria for being an Approved Provider. Saskatchewan Blue Cross reserves the right to refuse benefits for services or products rendered by a provider not approved by Saskatchewan Blue Cross.

Benefit reimbursement will be limited to the Usual, Customary and Reasonable charges for eligible expenses in excess of the amount paid by any provincial government plan. Usual, Customary and Reasonable means the normal charges made by other approved providers of the same standing in the locality or geographical area where the charge is incurred.

In the event charges are incurred from an Approved Provider whose profession has published a fee schedule for its members, "Usual, Customary and Reasonable" charges are considered to be consistent with the amounts specified in such fee guides.

Health and Dental Benefits will not be payable for, and Saskatchewan Blue Cross will not accept any liability relating to claims for services, supplies, or charges that are:

- Medical examinations or routine general checkups required for the use of a third party.
- rest cures, convalescent care, custodial care (i.e. housekeeping), homemaking and companion services are not covered, rehabilitation services in a Hospital for the chronically ill or a chronic care unit of a general Hospital, or charges incurred by the person when, in the opinion of Saskatchewan Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill.
- elective services obtained by a person outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the person's province of residence.
- for which the government prohibits the payment of benefit,
- the person is entitled under any Workers' Compensation statute or any other legislation,
- rendered by a person who resides in the Member's home and is the Member's immediate family,
- normally not be made if the person were not covered by this plan,
- cosmetic purposes or conditions not detrimental to a person's health., normally available without cost, or at a nominal cost, under any government statute on the effective date of this plan,
- mileage and/or delivery charges to or from a Hospital, Physician, Dentist, Health Care Practitioner, Medical Specialist, or other provider of services or supplies,
- as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide,
- as a result of active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, or participation in any riot, public confrontation, civil commotion, or any other act of aggression,
- any item or service not listed as a benefit in this plan,
- medications restricted under federal or provincial legislation which are prescribed and/or dispensed despite such regulations,
- registration charges or non-resident surcharges in any hospital,
- services or supplies required as a result of committing or attempting to commit a criminal act,
- rendered by a provider that does not meet the criteria of an Approved Provider,
- charges for missed appointments or the completion of claim forms,
- services or supplies which are normally paid for directly or indirectly by the employer,
- services or supplies incurred prior to the effective date of coverage or after termination of coverage,
- experimental procedures,
- dental implants and/or services performed in conjunction with dental implants, or
- for replacement of lost or stolen prosthetic devices.

### Privacy Information

#### What are your rights under the plan?

In the course of providing customers with quality life, income replacement, health, dental and travel coverage, Blue Cross acquires and stores certain personal information about its clients and their dependents.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

#### What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

#### How is your personal information used?

Your personal information is necessary for Blue Cross to process your application for coverage under its life, income replacement, health, dental and travel plans. Your personal information is used to provide the services outlined in your group policy of which you may be an eligible Member, to understand your needs so that we can recommend suitable products and services, and to manage our business.

#### To whom could this personal information be disclosed?

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in the group plan of which you may be an eligible member:

- other Canadian Blue Cross organizations in order to administer your benefit plan
- specialized health care professionals when required to assess benefit eligibility;
- government and regulatory authorities in an emergency situation or where required by law ;
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer your benefits; or
- the plan member in any contract under which you may be a participant.

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your Dependents is not released to a third party without permission unless necessary to fulfill the services Blue Cross is contracted to provide to you.

By becoming a Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above.

Additional information regarding our privacy protection practices is available on our website at [www.sk.bluecross.ca](http://www.sk.bluecross.ca) or by contacting Blue Cross directly.



## Claiming Information

If the group plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

### Health and Dental Benefit Claiming Information

When receiving services or purchasing products, the Member's Identification Card is to be presented to the provider. Where possible, an Approved Provider will direct bill Saskatchewan Blue Cross for any eligible benefits.

Where direct billing to Saskatchewan Blue Cross is not possible, the Member will be required to compensate the provider and obtain an official paid receipt detailing the complete services rendered and products received. The Member must submit this receipt, along with a completed claim form, to Saskatchewan Blue Cross, for reimbursement of any eligible benefits.

Should a claim not be submitted within twelve months of the date of service, the claim will be considered ineligible. Appropriate claim forms are available from your employer, may be obtained directly from Saskatchewan Blue Cross, or accessed via the internet at [www.sk.bluecross.ca](http://www.sk.bluecross.ca).

### Travel Benefit Claiming Information

If the group plan includes Group Travel Benefits, an Emergency Out of Province claim form must be completed and submitted along with statements or receipts outlining the services received. Appropriate claim forms may be requested by contacting Blue Cross.

All hospital/medical accounts must first be assessed by the provincial government health plan. Reimbursement will be made by Blue Cross directly to the Member upon receipt and appraisal of the necessary information. Payment is made in Canadian currency based on the rate of exchange in effect at the conclusion of services, as determined by Saskatchewan Blue Cross' chartered bank.

All claim forms should be forwarded to Saskatchewan Blue Cross.

Saskatchewan Blue Cross  
PO Box 4030, 516 2nd Ave N  
Saskatoon SK S7K 3T2

Saskatchewan Blue Cross  
100 – 1870 Albert St  
Regina SK S4P 4B7

or your local Blue Cross if you reside outside of Saskatchewan.

ALBERTA  
Alberta Blue Cross  
10009 - 108th St NW  
Edmonton AB T5J 3C5

BRITISH COLUMBIA  
Pacific Blue Cross  
PO Box 7000  
Vancouver BC V6B 4E1

MANITOBA  
Manitoba Blue Cross  
100A Polo Park Centre  
PO Box 1046  
Winnipeg MB R3C 2X7

ATLANTIC CANADA  
Atlantic Blue Cross Care  
PO Box 220, 644 Main St  
Moncton NB E1C 8L3

ONTARIO  
Ontario Blue Cross  
PO Box 2000  
185 The West Mall, Suite 600  
Etobicoke ON M9C 5P1

QUEBEC  
Quebec Blue Cross  
550 Sherbrooke St W  
Montreal PQ H3A 3S3

### Plan Termination

In the event this group benefit plan is terminated, claims for:

- any insured benefits will be accepted for adjudication if submitted within the indicated time limitation.
- for any benefits funded by the employer as Administrative Services Only (ASO) benefits will become the responsibility of the employer as of the date of termination and will no longer be accepted by Saskatchewan Blue Cross for adjudication.

Customer Inquiries:

1.888.873.9200







[sk.bluecross.ca](https://sk.bluecross.ca)  
1.800.667.6853

**SASKATOON**

516 2nd Avenue North PO Box 4030  
Saskatoon SK | S7K 3T2 | 306.244.1192

**REGINA**

100, 1870 Albert Street  
Regina SK | S4P 4B7 | 306.525.5025

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