

True Blue and You

Employee Benefits



Saskatchewan Alternative Initiatives Inc.

- All Full Time Employees With Five or More Years of Service

SASKATCHEWAN ALTERNATIVE INITIATIVES INC.

Group Policy Number:	55879-001
Class B:	All Full Time Employees With Five or More Years of Service
Eligibility Period:	Following six months of active permanent employment.
Coverage Change Date:	The date your insurance will begin, increase or decrease in response to a change in status is the actual date on which your approved status changes. Change in status means a change to your employment status, the addition of a benefit or a change to an existing benefit.

Welcome To Your Group Benefit Program

Group Policy Effective Date: August 1, 2010

Saskatchewan Blue Cross understands the importance of security, strength and stability in people's lives. Your 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.

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

Underwritten by Saskatchewan Blue Cross

All Full Time Employees With Five or More Years
of Service and Their Eligible Dependents

EXTENDED HEALTH CARE BENEFITS

Deductible:	Nil
Reimbursement:	100%
- Paramedical/Health Practitioners:	\$500 Maximum for each type of practitioner per person per calendar year
- Psychologists:	\$500 Maximum per person per calendar year
- Speech Therapists:	\$500 Maximum per person per calendar year
Overall Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.

PRESCRIPTION DRUG BENEFITS

Deductible:	Nil
Pay Direct Drug Card:	100%
Maximum:	\$3,000 per person per calendar year
Coverage Terminates:	At the earlier of retirement or age 70.

HOSPITAL ACCOMMODATION BENEFITS

Deductible:	Nil
Reimbursement:	100% - Semi-Private
Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.

OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

Deductible:	Nil
Reimbursement:	100%
Maximum:	\$5,000,000 per person per trip
Coverage Terminates:	At the earlier of retirement or age 70.

Underwritten by Saskatchewan Blue Cross

All Full Time Employees With Five or More Years
of Service and Their Eligible Dependents

DENTAL CARE BENEFITS

Dental Fee Schedule:

Current General Practitioners' Dental Fee Guide in the Employee's province of residence, with the exception of Employees residing in Alberta in which the current Alberta Blue Cross Usual and Customary General Practitioners' Dental Fee Schedule applies.

BASIC AND MAJOR:

Deductible:

Nil

Reimbursement:

Basic:

80%

Major:

50%

Combined Maximum:

\$1,000 per person per calendar year

Coverage Terminates:

At the earlier of retirement or age 70.

EMPLOYEE FAMILY ASSISTANCE PROGRAM

Professional Services:

Maximum of 6 Service Units per Calendar Year for Employees with Single Coverage

Maximum of 12 Service Units per Calendar Year for Employees with Family Coverage

Full benefit details are included in the Employee Family Assistance Program pamphlet.

Coverage Terminates:

At the earlier of retirement or age 70.

SECOND OPINION[®] SERVICE

Single Coverage:

2 Consultations per Employee per Calendar Year to a Lifetime
Maximum of 6 Consultations per Employee.

Family Coverage:

2 Consultations per Family per Calendar Year to a Lifetime
Maximum of 6 Consultations per Family.

Coverage Terminates:

At the earlier of retirement or age 70.

Underwritten by Blue Cross Life Insurance Company of Canada

GROUP LIFE INSURANCE

All Full Time Employees With Five or More Years of Service:	1.5 times annual earnings (all amounts of insurance are rounded up to the next higher \$1,000 amount)
Maximum Benefit:	\$150,000
*Non-Evidence Limit:	\$150,000
Reduction:	50% at age 65
Coverage Terminates:	At the earlier of retirement or age 70.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

All Full Time Employees With Five or More Years of Service:	The principal amount is equal to the amount of Group Life Insurance.
Reduction:	50% at age 65
Coverage Terminates:	At the earlier of retirement or age 70.

LONG TERM DISABILITY INSURANCE

All Full Time Employees With Five or More Years of Service:	66.67% of the first \$2,000 of monthly earnings and 55% of the next \$2,000 of monthly earnings and 45% of the remainder of monthly earnings
Maximum:	\$5,000 per month
*Non-Evidence Limit:	\$5,000
Benefits Commence:	Following 119 days of continuous total disability
Benefit Period:	To age 65 or prior recovery
Taxable Status:	Non-Taxable
Coverage Terminates:	At the earlier of retirement or age 65. Coverage for active employees ceases at age 65 less the elimination period.

Please refer to the appropriate page in this booklet for a more detailed benefit description.

*Please refer to the Group Contract, as the non-evidence limits are subject to change each year on the Group's anniversary date.

All benefits described in this booklet are available to employees of the Group, subject to the application by the employee and underwriting approval.

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a permanent employee actively working at least 30 hours per week and have completed the Eligibility Period shown in the Schedule of Benefits.

Employees may elect coverage by completing an application within 31 days of becoming eligible following the waiting period. Coverage is effective on the later of the date of eligibility or the date that application is made for group benefits provided you are actively at work on the effective date. If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a permanent basis.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below) and unmarried, unemployed dependent children including natural, adopted or step-children. Children of a common-law spouse may be covered if they are living with you.

The term "spouse" means the person who is legally married to you, or has continuously resided with you for not less than one full year having been represented as members of a conjugal relationship. At no time will Saskatchewan Blue Cross provide coverage for more than one spouse.

The employee requesting coverage for 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.

Dependent children are eligible for benefits if they are 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, unemployed children 21 years of age or older qualify if they are dependent upon you by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed 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 so disabled since that time also qualify as dependent(s).

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health for the dependents may have to be submitted and approved before coverage begins.

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested, at your own expense, for you and your dependents, if any, before benefits commence.

Certain other situations may require the submission of evidence of health before coverage will be approved. These could include benefits in excess of the non-evidence limits, as indicated in the Schedule of Benefits, and late reporting of salary changes where benefits are related to earnings. The cost of obtaining evidence of health shall be paid by Saskatchewan Blue Cross if you or your dependents apply for coverage within 31 days of becoming eligible.

CO-ORDINATION OF BENEFITS

You and your family may also be covered through another plan for Extended Health Care benefits and/or Dental benefits. Generally, when you and your spouse have separate coverage, you should submit your claims to this plan first, then to your spouse's. Claims incurred by your spouse should be submitted to his/her plan first, and then to this plan. Claims for children covered under two plans should initially be submitted to the plan of the spouse with the earlier birthdate in a calendar year. In any case, no more than 100% of the cost of eligible services or supplies is reimbursed.

TERMINATION OF HEALTH AND DENTAL BENEFITS

Coverage for Health and Dental benefits, if applicable, for you and your dependents will cease on the earliest of:

- the date you terminate employment,
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc., or
- the termination date of the Group Contract.

In the event of your death, coverage for eligible dependents will continue for Health and Dental benefits, if applicable, for a period of one year without payment of premiums until the earliest of:

- the date similar coverage is obtained elsewhere,
- the date which is 12 months from the insured's death, or
- the termination date of the Group Contract.

(The exact terms and conditions are contained in the Group Contract)

TERMINATION OF LIFE AND/OR INCOME REPLACEMENT INSURANCE (If Applicable)

Coverage for you and your dependents will cease on the earliest of:

- the date you terminate employment,
- the date you cease to be eligible due to death, leave of absence, age limitation, change in classification, etc., or
- the termination date of the Group Contract.

(The exact terms and conditions are contained in the Group Contract)

CLAIMING BENEFITS

If your Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

1. If your plan includes Group Life Insurance, Dependent Life Insurance, Critical Conditions Insurance, Accidental Death & Dismemberment Insurance, Weekly Indemnity Insurance or Long Term Disability Insurance, please obtain the necessary forms from your employer. Certain portions must be completed by the employer, the claimant and/or the attending physician. Once the claim forms are completed, they should be submitted to Saskatchewan Blue Cross for processing. Written notice of claim must be given to Saskatchewan Blue Cross as soon as reasonably possible after the loss, and in no event later than one year from the date of the loss. Claims for disability benefits should be reported as soon as reasonably possible, but must be reported within 90 days immediately following the end of the elimination period.

Saskatchewan Blue Cross may, at any time, require a totally disabled employee to join a program of Rehabilitation.

Rehabilitation means a program of medical, employment or vocational rehabilitation and it may consist of:

- any medical care or treatment, diagnostic measures or any medication prescribed, or
- full-time or part-time work or any other employment whether or not wages are payable, or
- any vocational training or re-training program or period of work for the purpose of rehabilitation.

If you qualify to receive Weekly Indemnity or Long Term Disability benefits under this plan you may at any time be required to participate in a Rehabilitation Program which Saskatchewan Blue Cross deems appropriate.

Benefits payable while you are participating in a Rehabilitation Program approved by Saskatchewan Blue Cross will be coordinated with the "Integration of Benefits" clauses shown in this booklet.

Refusal to enter, participate or comply with a Rehabilitation Program deemed appropriate by Saskatchewan Blue Cross will result in the termination of Weekly Indemnity or Long Term Disability benefit payments.

2. All claims for Health and Dental Benefits, if applicable, must be submitted within four months of receiving the services or supplies. To claim benefits, please follow the procedures described below.

The participant must obtain an official receipt and submit this, along with a completed Group Extended Health Benefits and/or Dental claim form, to Saskatchewan Blue Cross for payment.

The appropriate claim forms are available from your employer or Saskatchewan Blue Cross.

3. If your 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. Claim forms may be requested by contacting Saskatchewan Blue Cross.

All hospital/medical accounts must first be assessed by the provincial government health plan.

Reimbursement will be made by Saskatchewan Blue Cross directly to the insured 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
516 - 2ND AVE. N.
PO BOX 4030
SASKATOON, SK S7K 3T2

OR

SASKATCHEWAN BLUE CROSS
100 - 1870 ALBERT ST
REGINA, SK S4P 4B7

Telephone: (306) 244-1192
Fax: (306) 652-5751

Telephone: (306) 525-5025
Fax: (306) 525-2124

Claim forms are also available via the internet - www.sk.bluecross.ca

Saskatchewan Blue Cross has always been, and will continue to be, committed to protecting your privacy and ensuring your personal information remains confidential. We ensure compliance by our staff with the strictest standards of security and confidentiality. Protecting your privacy and the confidentiality of your personal information is fundamental to the way we do business.

COLLECTION

In the process of our doing business with you it is often required to collect personal information. We do not collect this personal information unless it is provided to us voluntarily and knowingly through written, verbal, or electronic contact with you. In some cases we may be required to obtain information from third parties. When you apply for coverage with us, we require that a consent be completed providing us with your authorization to collect the information required to carry out the terms of your policy.

USE

When requesting information we will only request data necessary and appropriate under the circumstances. Your personal information will not be provided to any third parties other than those authorized by you.

Information collected will be maintained to assist us in understanding and appropriately responding to your current and future needs. It may be utilized for planning benefit enhancements and sound financial management.

We do not use or disclose your personal information for purposes other than those for which it was collected, unless we obtain your future consent.

CHANGING INFORMATION

At any time you may advise us of changes in the personal information we have in your file so your information may be updated.

PROTECTION & DISCLOSURE

Your information will not be shared with anyone outside Saskatchewan Blue Cross except when required or permitted by law or with your express or implied consent. We protect your personal information with appropriate security measures, and those third parties who receive the documentation are required to do the same. Information collected is provided only to individuals who are required to provide service respecting your policy. They are provided only with the necessary information to perform their duties. Personal information is only provided to identifiable individuals who are of legal age.

If you do not agree with the proposed use or disclosure of your personal information, you may withdraw your consent at any time, subject to legal or contractual restrictions, and reasonable notice. Your withdrawal may prevent us from offering our products or services to you.

Employees who have access to your information comply with the privacy principles as well as the company's Code of Conduct (Ethics) which requires employees to uphold strict standards of confidentiality regarding the affairs and accounts of subscribers.

Your personal information should be as accurate, complete and up-to-date as possible in order to minimize the possibility that inappropriate information will be used in making a decision respecting your coverage. This requires that information be updated on a reasonable basis. Information is only updated to the extent that is necessary for the purpose for which it was collected.

At your request, we will confirm the personal information we hold about you, what it is being used for and to whom it is being disclosed. When making such requests, you will be asked to identify yourself and must be specific about the type of information you are requesting that may be in our control. Where possible, we will give you access to your information and you may review its accuracy and completeness. In limited situations, we may not be able to provide you with access to the information; for example, where it may be too costly to retrieve the information or where the information cannot be disclosed for legal, security or commercial proprietary reasons. When information is not easily accessible, we may charge a reasonable retrieval fee.

We have developed policies and procedures which dictate how long we will keep your personal information. These policies and procedures ensure that we destroy, erase or make anonymous your personal information when it is no longer needed to fulfil the purposes identified. Reviews on privacy will be conducted on a regular basis to ensure you are properly protected and respected.

We protect your personal information from loss or theft, and from unauthorized access, disclosure, copying, use or modification. The type of safeguard depends on the sensitivity of the information and all paper information is shredded when destroyed.

We hold ourselves accountable for the personal information we have about you. In order to achieve this objective, we have assigned an individual in our organization to ensure that Saskatchewan Blue Cross implements the policies and procedures necessary to comply with the principles outlined in this document.

If you would like more details about your information and your privacy, or require changes to existing information, please contact us. We would be pleased to assist you and answer your questions or hear your concerns. If you have expressed concerns respecting the privacy of your information and your concerns have not been addressed to your satisfaction, please express your concerns (in writing) to our Chief Privacy Officer, who will ensure your concerns are addressed by the further enhancement of policies and procedures.

TO CONTACT US

By Phone: 1-800-667-6853 Monday – Friday, 8:30 a.m. - 5:00 p.m.
If you are calling from in Saskatoon, please call 667-5200

By Fax: (306) 652-5751

By E-mail: www.getinfo@sk.bluecross.ca

By Mail: Saskatchewan Blue Cross
PO Box 4030
Saskatoon SK S7K 3T2

You (and your dependents, if applicable) are insured for the following health care benefits incurred during the diagnosis or treatment of an illness or accidental injury subject to any deductible, co-insurance, co-payment, or maximum shown in the Schedule of Benefits.

Prescription Drugs: Drugs, including in-hospital drugs, are eligible when they have been:

- prescribed by a physician or dentist (specific preventative medications which do not require a prescription such as flu shots, allergy shots and vaccines are eligible for payment),
- assigned a drug identification number in Canada,
- dispensed by a licensed retail pharmacy or attending physician, and
- are not normally available over the counter.

Excluded are experimental drugs, fertility drugs, smoking cessation drugs, sexual dysfunction drugs, dietary aids, vitamins, Rogaine or any other product prescribed to restore hair growth, and any medication prescribed for cosmetic purposes.

Preferred Accommodation: Semi-private or private, as indicated in the Schedule of Benefits. Charges for preferred in-hospital accommodation, when requested by the participant.

Ambulance: Licensed road ambulance service to transport a patient to and from the nearest hospital able to provide essential care, including the expenses of an attendant (not a relative) when medically necessary.

Air Ambulance: Licensed air ambulance to transport a patient to and from the nearest hospital able to provide essential care, including the expenses of an attendant (not a relative) when medically necessary.

Private Duty Nursing: Services of a registered nurse (RN, RNA, or LPN) where the services have been ordered by the attending physician for an inpatient, as well as in the home of the participant (excluding services provided in nursing homes or for palliative care). Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded. The maximum allowable expense is \$10,000 per person in a calendar year.

Accidental Dental: Dental treatment or surgery required as a result of an accident to sound natural teeth but not when caused by an object wittingly or unwittingly placed in the mouth. Treatment must be rendered or reported and approved for payment by Saskatchewan Blue Cross within twelve months of the accident.

Medical Equipment: Charges for rental of a wheelchair, hospital-type bed, patient walker and equipment for the administration of oxygen on the written authorization of a physician. If, due to extended illness or disability, it is felt that the need for these items will be long-term, Saskatchewan Blue Cross, at its discretion, may approve the purchase of these items.

Prosthetic Appliances: Charges for artificial eyes, limbs, crutches, canes, splints, casts, trusses, rib belts, and cervical collars when prescribed by a physician. Replacement of the above items will not be covered unless replacement is required due to pathological change. Wigs required due to a medical condition and prescribed by a physician will be covered to a maximum of \$500 per person in a calendar year.

Braces: Charges for custom fitted braces, which incorporate a rigid support of metal or plastic, when prescribed by a physician. Replacement will not be covered unless replacement is required due to pathological change. (Excluded are dental braces and sports braces.)

Breast Prosthesis: Charges for breast prosthesis following mastectomy, to a maximum of one per person every two calendar years (two if a double mastectomy) on the written order of a physician. This benefit also includes payment of surgical brassieres to a maximum of two per person per calendar year.

Diabetic Supplies: Charges for the following diabetic supplies in a quantity prescribed by a physician and deemed reasonable by Saskatchewan Blue Cross; i.e. needles, syringes, swabs, test tapes and lancets.

Diabetic Equipment: Charges for preci-jet, glucose meters or similar equipment used for the treatment and control of diabetes.

Medical Supplies: Charges for surgical stockings, embolic stockings, stump socks and burn garments.

Ostomy Supplies: Charges for essential ostomy supplies when prescribed by a physician.

Hearing Aids: Charges for hearing aids (excluding batteries) up to \$500 in three calendar years. Dependent children less than 21 years of age requiring a hearing aid for each ear are eligible for two hearing aids (one for each ear) to a maximum expense of \$500 for each hearing aid in three calendar years.

Paramedical/Health Practitioners: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed chiropodist/podiatrist, physiotherapist, chiropractor, osteopath, naturopath, acupuncturist, and registered massage therapist. The maximum allowable expense for each type of practitioner is indicated in the Schedule of Benefits.

Psychologists: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed and registered psychologist. The maximum allowable expense is indicated in the Schedule of Benefits.

Speech Therapy: Charges for diagnosis or treatment, except when performed in a hospital, by a registered speech therapist. The maximum allowable expense is indicated in the Schedule of Benefits.

Orthopaedic Shoes/Foot Orthotics: Purchase, repair, or replacement when necessitated by a physical change for custom-made orthopaedic shoes and custom-made foot orthotics including scaphoid pads, torque heels, insoles, metatarsal pads, and molded arch supports when prescribed by an orthopaedic surgeon, physiatrist, rheumatologist, or the attending physician. Stock item footwear are excluded. The maximum allowable expense is \$300 per person every calendar year.

Aerochambers / Nebulizers / Continuous Positive Airway Pressure (C-PAP) Accessories: Charges for the purchase of aerochambers, nebulizers and continuous positive airway pressure accessories (including masks, tubing, etc.) when prescribed by a physician.

Mobility Aids: Charges for the purchase of bathroom rails, bath seats, raised toilet seats or reachers, on the written authorization of a physician.

Blood Pressure Monitors: Charges for the purchase or rental of a blood pressure monitor on the written authorization of a physician (limitation of the purchase of one blood pressure monitor every five calendar years).

Cardiac Rehabilitation: Charges for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program where such treatments have been prescribed by the attending physician for:

- rehabilitation after myocardial infarction, coronary bypass surgery or valve replacement, or
- the management of angina pectoris or other diagnosed cardiac disease.

Payment is limited to a lifetime maximum of \$300 per person.

Eye Examinations: Charges for eye examinations, including eye refractions, performed by a licensed optometrist, or ophthalmologist for insured persons who live in a province where eye examinations are not covered by a provincial or government plan. Overall maximum of \$80 per person in two calendar years applies (every calendar year for eligible dependent children under age 18).

Outside Province of Residence Referral Benefit: Charges for services outside of your province of residence recommended by a physician for treatment which is not available in your province of residence, up to a maximum of \$50,000 per course of specialized treatment and a lifetime maximum of \$100,000. The claim must have prior approval from the provincial government and Saskatchewan Blue Cross.

Payment will not be made for 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 this coverage,
- where the condition existed prior to the effective date of the group coverage, or
- for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

BENEFIT PERIOD

Each benefit period covers one calendar year. ANY DEDUCTIBLE OR LIMITS APPLY ON A CALENDAR YEAR BASIS.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

EXCLUSIONS AND LIMITATIONS

Extended Health Care Benefits will not be payable for charges in connection with the following:

- services or supplies normally provided without cost or at nominal cost by any government health plan, or any plan or arrangement,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- services or supplies to which the participant is entitled under any Workers' Compensation statute or any other legislation,
- charges relating to elective services obtained outside the participant's province of residence when the provincial government health care programs have not accepted liability for those items normally covered in the participant's province of residence,
- medical examinations or routine general checkups required for the use of a third party,
- charges for rest cures, convalescent care, custodial care, or rehabilitation services,
- services or supplies for cosmetic purposes or conditions not detrimental to one's health,
- expenses incurred as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide,
- expenses incurred 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 any riot, public confrontation, civil commotion, or any other act of aggression,
- expenses incurred as a result of committing or attempting to commit a criminal act,
- charges for missed appointments or the completion of change forms, or
- mileage or delivery charges.

OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

In the event of an accident or unexpected illness occurring outside your province of residence, reasonable and customary charges will be paid for the following eligible expenses, subject to any co-insurance, limitation(s), or maximum amount shown in the Schedule of Benefits, or maximums specified below.

Hospital Accommodation: Hospital accommodation in excess of the amount paid by the provincial government plan.

Physicians & Surgeons: Services of a duly licensed physician when allowed by the provincial government plan.

Prescription Drugs: Prescription drugs as prescribed by the attending physician and supplied by a pharmacist.

Nursing Services: Special duty nursing charges when ordered by the attending physician following emergency services.

Ambulance: Licensed ambulance service, including air ambulance 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: X-rays, examinations, and diagnostic laboratory procedures.

Medical Appliances: The cost of casts, crutches, canes, slings, splints, trusses, braces and/or temporary rental of a wheelchair when required as a result of sickness or accident. This benefit will be payable only when the sickness or accident occurs outside the participant's province of residence and when ordered by a physician.

Paramedical Services: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed chiropractor/podiatrist, physiotherapist, chiropractor, osteopath, and naturopath.

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. This 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.

Meals & Accommodation: Up to \$800 (\$100 per day) for commercial accommodations and meals incurred by you or a covered family member travelling with you when your trip is delayed due to illness or accident.

Vehicle Return: Up to \$500 for the cost of returning your vehicle when you are unable due to illness or accident.

Return of Deceased: The cost of transportation to return the deceased to your province of residence, excluding the cost of burial coffin or urn.

Family Transportation Expense: Up to \$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).

Worldwide Travel Assistance: The provision of 24 hour telephone and telex services around the world in the event of emergency medical situations requiring hospitalization; plus:

- confirming coverage and payment to a doctor and/or hospital,
- arrangement for medical evaluation by a qualified physician and then referral to a medical facility equipped to provide treatment,
- transfer of patient to another medical facility if required,
- assistance in contacting the family or business partner, and
- emergency response in any language.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

EXCLUSIONS AND LIMITATIONS

Saskatchewan Blue Cross will not pay any benefit or accept any liability for claims relating to:

- benefits payable by the participant's government health plan or any other government agency,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- referral treatment,
- elective (non-emergency) treatment or surgery,
- expenses 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,
- expenses 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,
- services or supplies not required for the immediate relief of acute pain or suffering which reasonably could have been delayed until returning to your province of residence,
- expenses associated with a pre-existing medical condition. A pre-existing medical condition means an illness or injury which is not stable prior to travel and/or has not been controlled by consistent treatment with prescribed medication prior to travel, and medical attention is not reasonably anticipated during the travel period. To be considered stable, a condition must not have required medical investigation, diagnosis, treatment, or hospitalization preceding the departure date,
- expenses associated with the required confinement of the participant due to childbirth and delivery if any portion of travel falls after the 32nd week of gestation,
- expenses incurred as the result of participation in professional sports or any speed contest, parachuting, bungee jumping, mountaineering, or spelunking, or
- expenses incurred as the result of a flight accident unless the participant is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.

Dental benefits are based on the usual and customary charges up to the Dental Fee Schedule as indicated in the Schedule of Benefits. The overall limits and co-insurance amounts are shown in the Schedule of Benefits.

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.

BASIC BENEFITS

DIAGNOSTICS:

Clinical Oral Examinations:

- complete oral examination (one in a three calendar year period)
- recall examination (two in a calendar year)

X-Ray Examinations:

- full mouth or panoramic films (limited to one of either type in every three calendar years)
- single films
- cephalometric films (limited to five in two calendar years)
- occlusal (limited to two in a calendar year)
- Bitewing and temporomandibular joint films (limited to four of each type in a calendar year)

Tests and Laboratory Examinations

PREVENTIVE SERVICES: Polishing (two units in a calendar year), scaling (eight units in a calendar year), fluoride treatments (two treatments in a calendar year), oral hygiene instruction (once in a calendar year), pit and fissure sealants, space maintainers, and protective athletic appliances (one appliance in a calendar year).

RESTORATIVE SERVICES: Fillings, recementing inlays and crowns, removal of inlays and crowns, and cement restorations.

ENDODONTIC SERVICES: Diagnosis and treatment of the pulp (nerve) of teeth, including root canal therapy.

PERIODONTIC SERVICES: Diagnosis and treatment of the gums and bones which support the teeth.
Temporomandibular joint (TMJ) intra-oral appliance (limited to one upper or one lower in two calendar years).

ADJUNCTIVE SERVICES: Office or Institutional visit.

PROSTHODONTIC SERVICES: Denture adjustments and repairs, denture rebasing and relining (once in two calendar years), tissue conditioning, removal, repair and recementing fixed bridge.

SURGICAL SERVICES: Extraction of teeth.

MAJOR SURGICAL PROCEDURES: Surgical exposure of the tooth, surgical repositioning or transplantation, cutting of bone to aid in removal of teeth or to permit insertion of a denture, surgical shaping of gum tissue in order to support teeth, and tumors and cysts.

MAJOR RESTORATIVE BENEFITS

EXTENSIVE RESTORATIVES: Crowns and fixed bridges including inlays and onlays. (Single crowns and fixed bridges will be limited to once per tooth in a five year period.)

PROSTHODONTIC SERVICES: Complete dentures (limited to one upper and one lower in a five year period), partial dentures (limited to one upper and one lower in a five year period), single crowns and fixed bridges will also be limited to once per tooth in a five year period.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits (employee or dependent) is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$100 per participant during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

BASIC AND MAJOR DENTAL EXCLUSIONS AND LIMITATIONS

Dental Care Benefits will not be payable for charges in connection with the following:

- services or supplies normally provided without cost or at nominal cost by any government plan, or any plan or arrangement,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- construction of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown which can not be repaired by use of amalgam or similar restorative material,
- replacement of lost or stolen prosthetic devices,
- implants and/or services performed in conjunction with implants,
- dental treatment required for cosmetic purposes or conditions not detrimental to one's health,
- dental treatment required as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide,
- expenses incurred 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 any riot, public confrontation, civil commotion, or any other act of aggression,
- expenses incurred as a result of committing or attempting to commit a criminal act,
- services for which the government prohibits the payment of benefit,
- services provided without charge or paid for by the employer,
- services performed by an unqualified practitioner,
- charges for missed appointments or the completion of claim forms,
- any item or service not listed as a covered benefit, or
- experimental procedures.

SECOND OPINION® SERVICE

If you have been diagnosed with one of the qualifying medical conditions you (and your dependent if applicable) have access to have an independent in-depth, completely confidential medical review by a team of top specialists resulting in a comprehensive report including details of the medical consultation and treatment recommendations, relating to medical conditions set out in the Qualifying Medical Conditions. The maximum consultations, which apply to Second Opinion® Service, are indicated in the Schedule of Benefits.

QUALIFYING MEDICAL CONDITIONS

Second Opinion® Services may be applied to the following medical conditions:

- AIDS
- ALS
- Alzheimer's Disease
- Any amputation
- Life threatening illness
- Benign brain tumor
- Cancer
- Cardiovascular conditions
- Chronic pelvic pain
- Coma
- Deafness
- Embolism/Thrombophlebitis
- Emphysema
- Hip and knee replacement
- Kidney failure
- Loss of speech
- Major or severe burns
- Major organ transplant
- Major trauma
- Multiple Sclerosis
- Neuro-degenerative disease
- Paralysis
- Parkinson's Disease
- Rheumatoid Arthritis
- Stroke
- Sudden blindness due to illness

EXCLUSIONS AND LIMITATIONS

Conditions resulting from the following are excluded from Second Opinion® Services:

- Attempted suicide, self-inflicted injuries or injuries caused by a third person with the persons knowledge.
- Alcohol or Drug Abuse.
- Radioactive Contamination.
- War or warlike operations (whether war is declared or not), riot, civil commotion, revolution, insurrections, conspiracy, or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
- Poisoning or Poisonous Gas Inhalation.
- Congenital anomalies or birth defects evident immediately at birth or in a potential manner triggered at a later stage.
- Membership must be in force at the time the service is requested.

CONTACT

Access the Second Opinion® Service by calling toll-free: 1.877.722.5422 Monday – Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time. A service member will be available to assist you through the process.

DEATH BENEFIT

The death benefit provides for payment of the amount shown in the Schedule of Benefits to your designated beneficiary.

TERMINAL ILLNESS

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request for such payment. The payment must be requested in writing and will be the lesser of \$50,000 or 50% of your group Basic Life coverage.

WAIVER OF PREMIUM

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six months, insurance coverage is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Saskatchewan Blue Cross defines total disability as a state of continuous incapacity, resulting from illness or injury, which wholly prevents you from performing the regular duties of any occupation for which you would earn 60% or more of your pre-disability earnings and for which you are reasonably qualified, or may so become, by training, education or experience.

Regular duties are defined as those work related activities which are considered essential to the performance of your occupation and which proportionately take the majority of time to complete.

The availability of such occupations, jobs or work will not be considered while assessing your disability.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

However, if you are entitled to receive any Long Term Disability benefits under this plan, you will be considered to be totally disabled for the waiver of premium benefit.

In the event you recover from a total disability and become disabled again due to the same or related cause, the second period of disability will be considered a continuation of the first disability; unless, the periods of disability are separated by an interval of at least six months during which you returned to work on a permanent basis.

If a period of total disability is considered to be a continuation of a previous total disability, then premiums will be waived without the application of another six months of total disability.

EXTENSION OF INSURANCE

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any individual policy issued under the conversion privilege is surrendered.

CONVERSION PRIVILEGE

If your Basic Group Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then you may purchase an individual policy of the type then being offered by Saskatchewan Blue Cross in an amount not to exceed \$200,000.

If you terminate employment prior to your 65th birthday, you may convert to an individual policy issued by Saskatchewan Blue Cross, without evidence of insurability. Written application must be made and the required premium submitted during the 31 day period immediately following the date of termination.

This conversion option also applies to scheduled reductions or termination of coverage which become effective at specified ages.

TERMINATION OF INSURANCE

All Group Life Insurance will terminate on the earliest of:

- the date that you cease to be eligible for Group Life Insurance under this plan,
- the date of termination of this provision,
- the day on which you attain the age limit specified in the Schedule of Benefits, or
- the end of the grace period for which any premium has not been paid in full.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

In the event of loss, occurring within 365 days after the date of injury, the amount payable shall be the following percentage of the principal amount for which you are insured on the date of the injury. The principal amount of the benefits is defined in the Schedule of Benefits. The maximum amount payable for all losses sustained as a result of the same accident shall not exceed 100% of the amount of insurance with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200%. Only one amount, the largest applicable, will be payable for injuries to the same limb resulting from any one accident:

Loss of life.....	100%
Loss of or loss of use of both hands or feet	100%
Loss of or loss of use of one hand and one foot	100%
Loss of the entire sight of both eyes	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of or loss of use of both arms or both legs	100%
Loss of or loss of use of one arm and one leg	100%
Loss of speech and hearing.....	100%
Quadriplegia	200%
Paraplegia.....	200%
Hemiplegia.....	200%
Loss of or loss of use of one arm or one leg	75%
Loss of or loss of use of one hand or one foot	66 2/3%
Loss of the entire sight of one eye	66 2/3%
Loss of speech or hearing.....	50%
Loss of thumb and index finger on the same hand	33 1/3%
Loss of four fingers on the same hand.....	33 1/3%
Loss of hearing in one ear	16 2/3%
Loss of all toes on one foot	12 1/2%

Exposure - a loss caused by unavoidable exposure to the elements is covered.

Disappearance - caused by accidental wrecking, sinking or disappearance of a conveyance is considered to be loss of life.

Coma Benefit - 1% of the principal amount payable monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury.

Repatriation - \$7,500 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

Rehabilitation - \$5,000 maximum reimbursement of special training expenses for you.

Occupational Training for Spouse - \$5,000 maximum reimbursement for a formal training program.

Educational Benefit - the lesser of 5% of your principal sum, or \$5,000, for each of five years for post-secondary education for eligible dependent children.

Family Travel - \$1,500 maximum reimbursement for family members to attend your hospital of confinement if confinement is more than 150 kilometers from your residence.

The term "loss" is defined in the Group Contract.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

EXCLUSIONS AND LIMITATIONS

No benefit shall be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Also, no benefit will be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

- intentionally self-inflicted injuries, committing suicide or attempting suicide, while sane or insane,
- insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion,
- any accident or injury occurring while operating a motor vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.),
- illness or disease of any kind, or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained, or
- travel or flight in, or descent from, any kind of aircraft if the insured person:
 - is a member of the aircraft crew, or
 - has any duties relating to the operation, maintenance, testing or control of the aircraft, or
 - is on the aircraft for the purpose of instruction or training.

REDUCTION SCHEDULE

The reduction schedule coincides with that of the Basic Group Life plan.

AGGREGATE BENEFIT

Benefits for the following are limited in the aggregate should you be insured under a voluntary or optional Accidental Death and Dismemberment provision of the policy:

Repatriation – aggregate of \$7,500
Rehabilitation – aggregate of \$5,000
Occupational Training for Spouse – aggregate of \$5,000
Education Benefit – aggregate of \$5,000
Family Travel – aggregate of \$1,500

TERMINATION OF INSURANCE

Basic Accidental Death and Dismemberment Insurance will terminate on the earlier of:

- the date you cease to be eligible for Group Life Insurance, or
- the earlier of retirement or the day on which you attain the termination age specified in the Schedule of Benefits.

WAIVER OF PREMIUM

If a claim is approved under the Basic Group Life plan for total disability, the Accidental Death and Dismemberment benefit shall continue for the same period without further payment of premium. Termination of the master contract, however, will also cause the waiver of premium to be terminated.

CONVERSION OPTION

If your Basic Accidental Death and Dismemberment Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then you may purchase an individual Accidental Death and Dismemberment Policy of the type then being offered by Saskatchewan Blue Cross in an amount not to exceed \$200,000.

This conversion option also applies to scheduled reductions or termination of coverage which become effective at specified ages.

Long Term Disability (LTD) plans are designed to provide a monthly income to those employees confronted with loss of income during a lengthy or permanent disability. The amount of benefit and the benefit period are shown in the Schedule of Benefits.

TOTAL DISABILITY

To be eligible for this benefit, you must be under the continuous care of a physician. Saskatchewan Blue Cross defines Total Disability as:

- a) The complete and continuous inability of the insured Employee to perform the regular duties of his own occupation as a result of illness or injury, during the Elimination Period and for the following 24 months; and
- b) Thereafter, "Total Disability" means a state of continuous incapacity, resulting from illness or injury, which wholly prevents the insured Employee from performing the regular duties of any occupation for which he:
 - i) would earn 60% or more of his Pre-Disability Earnings; and
 - ii) is reasonably qualified, or may so become, by training, education or experience.

Regular duties are defined as those work related activities which are considered essential to the insured Employee's performance of the occupation and which proportionately take the majority of time to complete.

The availability of such occupations, jobs or work will not be considered while assessing the insured Employee's disability.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

PARTIAL DISABILITY

To be considered partially disabled, you must be deemed totally disabled throughout the elimination period shown in the Schedule of Benefits. If, following the elimination period, you are only capable of returning to the workforce in a reduced capacity, Saskatchewan Blue Cross will apply the regular provisions under the Long Term Disability coverage.

RECURRENT DISABILITY

Successive periods of total disability occurring while this coverage is in force will be considered to be one period of total disability as long as you become totally disabled from the same or related causes for which your claim for Long Term Disability was previously approved by Saskatchewan Blue Cross and the intervals of total disability have not been separated by a period longer than six months.

If you return to work for a new employer and you are without disability coverage, you may be eligible to claim under this provision as long as your employment with the new employer is part of a return to work program that has been pre-approved by Saskatchewan Blue Cross. Your claim for disability benefits cannot be approved under any other plan and you must become totally disabled from the same or related causes within six months of returning to active employment.

ELIMINATION PERIOD

The benefit elimination period, shown in the Schedule of Benefits, is the period of time which you must wait from the onset of the disability before the insurer begins paying Long Term Disability benefits.

When the disability is not continuous, the days you are disabled may be accumulated to satisfy the elimination period, provided coverage remains in force during the accumulation of the elimination period; no interruption is longer than 30 days; disabilities are due to the same or related causes and each period of total disability is completed within 365 days after the start of the elimination period, or as pre-approved by Saskatchewan Blue Cross if longer.

PRE-EXISTING CONDITIONS

Disabilities commencing within 12 months after your effective date, and for which you have received medical treatment, consultation, care or services (including diagnostic measures) or have been prescribed medication during the three months immediately prior to your effective date of coverage are not covered.

The pre-existing condition clause will not apply if you have been treatment free for any six consecutive months within the 15 months time period beginning three months before and ending 12 months after your effective date of Long Term Disability coverage.

INTEGRATION OF BENEFITS**DIRECT OFFSET PLAN**

Monthly benefits are co-ordinated with income payments to which you become entitled as a result of your current disability. The benefit co-ordination is applied as follows:

1. The amount of monthly income from the Long Term Disability plan is reduced directly by any disability benefits available from the Canada or Quebec Pension Plan (primary benefits only), the Workers' Compensation Act and "income from all other sources".

Income from all other sources" includes:

- disability benefits available under any other government program, excluding secondary benefits under the Canada or Quebec Pension Plan,
 - retirement benefits provided by any employer or government program,
 - income or benefits payable under any group program provided by or through the employer,
 - income or benefits payable under a plan sponsored by an association, union or fraternal organization of which you are a member,
 - income replacement benefits payable under any plan of automobile insurance, where such reduction is not prohibited by law, and
 - wages or remuneration payable from any employer or from self-employment but excluding 50% of earnings received under an approved Rehabilitation Program as defined in the "General Information, Claiming Benefits" section of this booklet. (For non-taxable plans, Earning shall mean gross Earnings minus income tax. For taxable plans, Earnings shall mean gross Earnings.)
2. The amount determined in "1" above is further reduced if necessary, so that the amount of monthly income, including all amounts of income mentioned in "1" above does not exceed 85% of gross earnings on taxable plans, or 85% of net earnings on non-taxable plans, except as provided under a Rehabilitation Program.

During the period of an approved Rehabilitation program, the amount of monthly income, as defined above, will be further reduced if necessary, so that the amount of monthly income together with all amounts of income in "1" above, including 100% of earnings received from a Rehabilitation program that are payable to you, does not exceed 100% of gross earnings on taxable plans, or 100% of net earnings on non-taxable plans.

Canada/Quebec Pension Plan Freeze

Once the initial CPP/QPP offset has been established on a Long Term Disability claim, it will not be changed due to cost-of-living adjustments to the CPP/QPP payments.

EXCLUSIONS AND LIMITATIONS

Long Term Disability benefits will not be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Long Term Disability benefits are also not payable for any of the following:

- any period of disability during which you are not under appropriate treatment and care of a physician who is a registered medical specialist or health care practitioner in the field of medicine which is applicable to your condition, or
- any period during which you are not undergoing a course of medical treatment or participating in a Rehabilitation Program which is deemed appropriate in the opinion of Saskatchewan Blue Cross, or
- any period during which you are imprisoned, or
- any disability due to or resulting from self-inflicted injury or sickness, while sane or insane, or
- any disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion, or
- any disability during the period:
 - of formal maternity leave taken by you pursuant to provincial or federal law, or pursuant to mutual agreement between you and the employer, or
 - in which employment insurance maternity benefits are being paid or would be paid if you were eligible, whichever is longer.
- any period which you are absent from Canada due to any reason, unless Saskatchewan Blue Cross agrees in writing in advance to pay benefits during the period.

WAIVER OF PREMIUM

Any premium due under this benefit while you are totally disabled and qualify for Long Term Disability benefits, will be waived commencing with the first full calendar month following the end of the elimination period. Premiums will be waived until you return to active permanent employment or no longer qualify for benefits.



NOTES

NOTES



NOTES

NOTES



NOTES

NOTES



Web Site: www.sk.bluecross.ca

® Saskatchewan Blue Cross, Blue Cross Life Insurance Company of Canada, BlueLink and Second Opinion are registered trade-marks of the Canadian Association of Blue Cross Plans, used under license by Medical Services Incorporated, an independent licensee.