



Group Name

**S.G.E.U. HEALTH AND WELFARE TRUST
NORTH WEST REGIONAL COLLEGE**

Group Policy #

Effective Date of Group Plan

01 SEPTEMBER 2001

EMPLOYEE BENEFITS

SCHEDULE OF BENEFITS

Class A. All Employees and Their Eligible Dependents

Eligibility Period: Coverage commensurate with date of hire.

Deductible: Not applicable

EXTENDED HEALTH CARE BENEFITS

Reimbursement: 100%

Maximum:

- Paramedical/Health Practitioners: \$400 for each type of practitioner per person per calendar year
- Psychologists: \$400 per person per calendar year
- Speech Therapists: \$800 per person per calendar year

Overall Maximum: Unlimited unless defined otherwise

Coverage Terminates: At the earlier of retirement or age 75.

PRESCRIPTION DRUG BENEFITS

Reimbursement: 100%

Maximum: Unlimited unless defined otherwise

Coverage Terminates: At the earlier of retirement or age 75.

HOSPITAL ACCOMMODATION BENEFITS

Reimbursement: 100% - Semi-Private

Maximum: Unlimited unless defined otherwise

Coverage Terminates: At the earlier of retirement or age 75.

VISION CARE BENEFITS

Reimbursement: 100%

Combined Overall Maximum: \$200 per person every two calendar years (every calendar year for eligible dependent children)

Coverage Terminates: At the earlier of retirement or age 75.

OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

Reimbursement: 100%

Maximum: \$5,000,000 per trip

Limitation: 90 days per trip; once age 70 is obtained the limitation reduces to 60 days per trip. The number of trips per year is unlimited *(additional days may be purchased from Saskatchewan Blue Cross prior to departure)*

Coverage Terminates: At the earlier of retirement or age 75.

DENTAL CARE BENEFITS

Dental Fee Schedule

Current General Practitioners' Dental Fee Guide in the Participant's province of residence.

Basic and Major

Reimbursement: Basic: 100%

Major: 50%

Annual Combined Maximum: \$1,500 per person

Orthodontic

(eligible dependent children over age 6 and under age 18)

Reimbursement: 50%

Lifetime Maximum: \$3,000 per person

Coverage Terminates: At the earlier of retirement or age 75.

SECOND OPINION® SERVICE BENEFITS

Please refer to your Second Opinion® Service leaflet for full benefit details and contact information.

Coverage Terminates: At the earlier of retirement or age 70.

EXTENDED HEALTH BENEFITS

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

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

Licensed Road (including Air) Ambulance: Services 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.

Nursing Services: Private duty nursing services (RN, RNA, or LPN) in the hospital or in the home (excluding nursing homes) subject to a maximum of \$10,000 per calendar year. (Physician authorization required.)

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 Rental: Wheelchair, hospital-type bed, patient walker and oxygen equipment. (Physician authorization required.)

Breast Prosthesis: To a maximum of one every two calendar years (two if a double mastectomy). (Surgical brassieres to a maximum of two every calendar year.)

Ostomy Supplies: Essential ostomy supplies.

Diabetic Supplies: Needles, syringes, swabs, test tapes and lancets. Maximum of \$1,000 per person per calendar year.

Diabetic Equipment: Preci-jet, glucose meters or similar equipment used for the treatment and control of diabetes. Maximum of \$1,000 per person per calendar year.

Medical Supplies: Surgical stockings, embolic stockings, stump socks and burn garments.

Prosthetic Appliances: Artificial eyes, limbs, crutches, canes, splints, casts, braces, trusses, rib belts and cervical collars when prescribed by a physician. (Braces must be custom fitted and incorporate a rigid support of metal or plastic. Dental braces and sports braces are excluded.) Replacement of the above items will not be covered unless replacement is required due to pathological change. Wigs are payable to a maximum of \$500 per calendar year when required due to a medical condition and prescribed by a physician.

Hearing Aids: Hearing aids (excluding batteries) up to \$500 in 3 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 limit of \$500 for each hearing aid in 3 calendar years.

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

Speech Therapists: Diagnosis or treatment, except when performed in a hospital, by a registered speech therapist. The maximum allowable expense for each type of practitioner is indicated in the Schedule of Benefits.

Chelation Therapy: Charges for the administration of intravenous treatment and assessments when performed by a registered nurse or licensed physician. The overall maximum allowable expense is \$400 per person per calendar year.

Orthopaedic Shoes: Purchase, repair, or replacement when necessitated by a physical change for custom made orthopaedic shoes and modification supplies 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.

Aerochambers / Nebulizers C-PAP Accessories (masks, tubing, etc.): When prescribed by a physician.

Mobility Aids: Purchase, when prescribed by a physician, of bathroom rails, bath seats, raised toilet seats or reachers.

Blood Pressure Monitors: Purchase or rental, when prescribed by a physician, to a maximum of one blood pressure monitor every five calendar years.

Cardiac Rehabilitation: Charges, up to a lifetime maximum of \$300, for treatment under a recognized cardiac rehabilitation program when prescribed by a physician.

Eye Examinations: Maximum of \$100 in two calendar years for participants who live in a province where eye examinations are not covered by a government plan.

Irlen Method Equipment and Testing: Diagnosis and/or equipment from a certified Irlen Diagnostician. Initial testing may be performed by either a certified Irlen Screener or a certified Irlen Diagnostician. The overall maximum allowable expense is \$400 per person per calendar year.

Outside Province of Residence Referral Benefit: Services must be recommended by a physician for treatment not available in your province of residence. (\$50,000 maximum per course of treatment with a lifetime maximum of \$100,000). Claim must have prior approval from the provincial government and Saskatchewan Blue Cross. (Payment will not be made for any illness commencing within 12 months of the effective date of group coverage.)

VISION CARE BENEFITS

Vision Care Benefits are based on reasonable and customary charges and are subject to the overall limits and co-insurance amounts shown in the Schedule of Benefits.

- Corrective eyeglasses (lenses and/or frames), contact lenses, and laser eye surgery.
- Visual training and remedial eye exercises are payable to a lifetime maximum expense of \$150.

Excluded are non-prescription sunglasses, safety glasses, or any form of eyeglasses purchased for cosmetic purposes.

PRESCRIPTION DRUGS

- Drugs which have been prescribed by a physician or dentist, dispensed by a licensed retail pharmacy or attending physician, and are not normally available over the counter. Smoking cessation drugs which legally require a prescription are payable to a lifetime maximum of \$100 per person. (Excluded are experimental drugs, fertility drugs, sexual dysfunction drugs, vitamins, dietary aids, Rogaine, and any other drug required for cosmetic purposes.)

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 up to the maximum listed in the Schedule of Benefits.

- Hospital Accommodations
- Licensed Physicians & Surgeons
- Prescription Drugs
- Nursing Services: When ordered by the attending physician following emergency services.
- Licensed Ambulance (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.
- 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 physiotherapist, chiropractor, osteopath, naturopath and chiropodist/podiatrist.
- 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 six months of the accident.
- 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.
- Family Transportation Expense: Up to \$1,000 for transportation cost in the event that a participant is hospitalized and the physician advises the attendance of a family member (next of kin).
- Return of Deceased: The cost of transportation to return the deceased to your province of residence, excluding the cost of burial coffin or urn.
- 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.

TRAVEL EXCLUSIONS AND LIMITATIONS

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

- elective, or referral treatment,
- expenses associated with a pre-existing medical condition. A pre-existing condition means an illness or injury which is not stable three months 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 in the same three months preceding the departure date,
- services not required for the immediate relief of acute pain or suffering,
- services as a result of substance abuse,
- expenses as a result of suicide or attempted suicide,
- participation in criminal acts, war, or other hostilities,
- benefits payable by your provincial health plan or any other government agency,
- expenses incurred as the result of participation in professional sports or hazardous avocations, or
- 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.

DENTAL CARE BENEFITS

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

Services over \$500 require pre-authorization in writing by Saskatchewan Blue Cross. Dental claims forms are provided for this purpose.

BASIC DENTAL CARE BENEFITS

- Complete oral examination (once in a three calendar year period), recall examination (two per calendar year).
- Full mouth or panoramic films (one of either type in every three calendar years), single films, cephalometric films (five in two calendar years), occlusal (two in a calendar year), bitewing and temporomandibular joint films (four of each in a calendar year).
- Tests and laboratory examinations.
- 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).
- Fillings, recementing inlays and crowns, removal of inlays and crowns, and cement restorations.
- Root canal therapy.
- Treatment of gums and bones. TMJ intra-oral appliance (one upper or one lower in two calendar years).
- Denture adjustments, repairs, rebasing and relining (once in two calendar years), tissue conditioning, removal, repair and recementing fixed bridge.
- Surgical services.

MAJOR DENTAL CARE BENEFITS

- Crowns, fixed bridges (once per tooth in a five year period), inlays and onlays.
- Complete and partial dentures (one upper and one lower in a five year period).
- Dental implants and/or services performed in conjunction with implants reimbursed based on the least cost alternative treatment to a maximum payable amount equivalent to that of a crown.

ORTHODONTIC DENTAL CARE BENEFITS

- Prevention or correction of irregularities of the natural teeth.

This material summarizes the important features of your group program and we suggest it be kept in a safe place. This leaflet 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 Policy held by your employer. For further information log on to www.sk.bluecross.ca and click on BlueLink® Services.

All amendments which are currently effective under the Group Benefits Contract held by your employer are included in this leaflet.

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a full-time or part-time permanent employee of the S.G.E.U.; a member of the Health and Welfare Trust; and have completed the waiting period indicated on the cover of this pamphlet.

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 spouse, unmarried, unemployed dependent children under 21 years of age, and unmarried, unemployed children under 26 years of age who are attending an educational institution or training at a school of learning on a full-time basis. Dependent children who are physically or mentally infirm will be covered beyond the limiting age.

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.

CO-ORDINATION OF 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.

LIMITATION PERIOD FOR LEGAL ACTIONS

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

TERMINATION OF BENEFITS

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 retirement, death, leave of absence, age limitation, change in classification, etc.; termination of the Participating Bargaining Unit's coverage, or the termination date of the Group Policy.

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 employee's death; or the termination date of the Group Policy.

CONVERSION OPTION

Contact Saskatchewan Blue Cross within 31 days of loss of coverage for details regarding conversion to an individual health plan.

CLAIMING BENEFITS

- In order to claim for Health and/or Dental benefits, submit the official receipt(s) along with a completed "Group Extended Health Benefits" and/or "Dental" claim form to Saskatchewan Blue Cross for assessment.
- Claims should be submitted within four months of the date of service to:

SASKATCHEWAN BLUE CROSS

PO BOX 4030 100 - 1870 ALBERT ST
516 - 2ND AVE N OR REGINA SK S4P 4B7
SASKATOON SK S7K 3T2
Tel: 1.306.244.1192 Tel: 1.306.525.5025
Fax: 1.306.652.5751 Fax: 1.306.525.2124

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.

ACCESS TO INFORMATION

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

- Your 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 you. 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.

GENERAL EXCLUSIONS AND LIMITATIONS

Health and Dental Benefits (if applicable) will not be payable for charges in connection with the following:

- services or supplies normally provided without cost or at a nominal cost by any government plan, or any plan or arrangement,
- convalescent, custodial, or rehabilitation services,
- conditions not detrimental to one's health,
- participation in an insurrection, war, or hostile action,
- committing or attempting to commit a criminal act,
- self-inflicted injuries, suicide, or attempted suicide,
- cosmetic services or experimental procedures,
- missed appointments or completion of claim forms,
- construction of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown which cannot be repaired by use of restorative material,
- replacement of lost or stolen prosthetic devices.

WAIVER OF PREMIUM

If you become entitled to payment of long term disability benefits due to total disability, and remain totally disabled for a period of at least four consecutive months, health and dental premiums will be waived retroactively to the initial date of total disability.

The waiver of premium benefit will cease on the earliest of the following dates:

- the date that you are no longer receiving long term disability benefits,
- the date you engage in any occupation for remuneration or profit,
- the date on which your insurance would normally cease if you were not totally disabled,
- your 65th birthday, or
- the date of termination of the Group Policy or termination of the Participating Bargaining Unit's coverage under the Group Policy.



Group Name
**S.G.E.U. HEALTH AND WELFARE TRUST
NORTH WEST REGIONAL COLLEGE**
Group Policy #

Effective Date of Group Plan
01 SEPTEMBER 2001

EMPLOYEE BENEFITS

SCHEDULE OF BENEFITS

Class A. All Employees and Their Eligible Dependents

Eligibility Period: Coverage commensurate with date of hire.
Hours per Week: 15 hours

GROUP LIFE INSURANCE

Benefit Formula: 3 x annual earnings
All amounts of insurance are rounded up to the next higher \$1,000 amount
Maximum Benefit: \$400,000
*Non-Evidence Limit: \$400,000
Reduction: 50% at age 65
Coverage Terminates: At the earlier of retirement or age 70.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Maximum Benefit: 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.

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

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

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

GROUP LIFE INSURANCE

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 entitled to payment of long term disability benefits due to total disability, and remain totally disabled for a period of at least four consecutive months, insurance coverage is continued without payment of premium retroactively to the initial date of total disability.

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 INSURANCE

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.

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 that 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.

This material summarizes the important features of your group program and we suggest it be kept in a safe place. This leaflet 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 Policy held by your employer. For further information log on to www.sk.bluecross.ca and click on BlueLink® Services.

All amendments which are currently effective under the Group Benefits Contract held by your employer are included in this leaflet.

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a full-time or part-time permanent employee of the S.G.E.U.; a member of the Health and Welfare Trust; are working at least the required number of hours per week; and have completed the waiting period indicated on the cover of this pamphlet.

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 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 apply for coverage within 31 days of becoming eligible.

COVERAGE CHANGE DATE

The date your insurance will begin, increase or decrease in response to a change in status is the first of the month following the 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.

LIMITATION PERIOD FOR LEGAL ACTIONS

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

TERMINATION OF BENEFITS

Coverage 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.,
- the termination of the Participating Bargaining Unit's coverage, or
- the termination date of the Group Contract.

(The exact terms are contained in the Group Contract)

CONVERSION OPTION

Contact Saskatchewan Blue Cross within 31 days of loss of coverage for details regarding conversion to an individual health plan.

CLAIMING BENEFITS

In order to claim for benefits, the following procedures should be followed in the event of a claim:

- If your plan includes Group Life Insurance or Accidental Death & Dismemberment 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 should be submitted to:

SASKATCHEWAN BLUE CROSS

PO BOX 4030	OR	100 - 1870 ALBERT ST
516 - 2ND AVE N		REGINA SK S4P 4B7
SASKATOON SK S7K 3T2		
Tel: 1.306.244.1192		Tel: 1.306.525.5025
Fax: 1.306.652.5751		Fax: 1.306.525.2124

ACCESS TO INFORMATION

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

- Your 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 you. 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.