

# Blue Flex<sup>®</sup>

## ExpressPlan

Designed for anyone with  
or without remunerative work

**No medical exam required**



# ExpressPlan

As the name suggests, your policy is issued rapidly, since no medical examination is required. The **EXPRESS PLAN** is offered to you, your spouse or your family, depending on the benefits you choose.



You also get access to our Assistance Program at no extra charge. This program provides services and privileges for your well-being.

- ◆ Health and Legal Information
- ◆ Support and Services
- ◆ Information and Prevention
- ◆ Member Discounts



Savings on medical supplies and equipment, vision care and other products and services from participating providers across Canada.

## **EXPRESS PLAN eligibility**

To be eligible for benefits under the **EXPRESS PLAN**:

- ◆ You must be a beneficiary as defined by the health and hospital insurance legislation in your province of residence.
- ◆ You may not be disabled.
- ◆ You may not be hospitalized or waiting to be hospitalized.
- ◆ You do not have or you have never been diagnosed with breast cancer.
- ◆ You do not have or you have never been diagnosed or been treated for any other type of cancer in the past 5 years.
- ◆ You do not have or you have never been diagnosed with AIDS or any form of pre-AIDS.
- ◆ You must complete the Declarations in the application form.

## **EXPRESS PLAN benefit commencement**

**EXPRESS PLAN** benefits come into effect one minute after midnight on the day after the application is signed.

## **SPECIAL PROVISIONS**

### **Contract renewal**

The contract is renewed from year to year on the contract anniversary date.

Blue Cross® may not cancel a contract before you reach the maximum age under each benefit, provided the premium is paid at least 30 days before the anticipated renewal date.

### **Contract amendment**

On renewal, Blue Cross sets the premium amount for the next 12 months. The policyholder must be advised of any change in premium at least 30 days before the anticipated renewal date.

Blue Cross reserves the right to modify unit rates at the time of contract renewal, provided unit rates of all identical contracts are modified.

# LIFE EXPRESS

You can select an amount of insurance up to **\$20,000**.

ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$1,000 increments)	
Age 40 to 64	\$2,000 to \$20,000
Age 65 to 70	\$2,000 to \$6,000
Age 71 to 79	\$2,000

### Limitations

If death occurs during the first six months after the insurance contract comes into effect or is reinstated, Blue Cross's liability is limited to reimbursement of premiums paid for this benefit.

However, if death occurs after the sixth month but before the end of the first year of insurance, or of the reinstatement of insurance, Blue Cross's liability is limited to \$2,000 plus the difference between the premium for the selected amount of insurance and that for \$2,000 of insurance.

If death from heart disease occurs between the 12th and the 24th month of insurance, or of the reinstatement of insurance, the amount insured is limited to 50% of the selected amount of insurance but no less than \$2,000.

### Suicide

In case of suicide or consequences of any suicide attempt in the first 24 months following the effective date of this benefit or of its reinstatement, whether or not you are of sound mind at the time of the suicide or the suicide attempt, the coverage shall be null and void and Blue Cross's liability limited to reimbursement of premiums collected for this coverage or for the increase in the amount insured, as the case may be.

# ACCIDENTAL DEATH

You may choose up to **\$500,000** of coverage in case of accidental death.

ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$25,000 increments)	
Age 16 to 69	\$25,000 to \$500,000
Age 70 to 79	\$25,000

### Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the fourth month after the onset of total disability and for as long as you remain totally disabled, though not beyond age 65.

### Reduction

The amount of insurance is reduced to \$25,000 when you reach age 70.

# ACCIDENTAL LOSS OF USE

This benefit provides compensation in case of accidental loss of hearing, sight, speech or use of limbs.

ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$25,000 increments)	Age 16 to 64 \$25,000 to \$500,000
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### LOSS

	% OF AMOUNT INSURED
Sight of both eyes	100%
Both hands or both feet	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Hearing and speech	100%
One arm or one leg	75%
One hand or one foot	50%
Sight of one eye or hearing or speech	50%
Thumb	25%
Finger other than the thumb	6.25%

### Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the fourth month after the onset of total disability and for as long as you remain totally disabled, though not beyond age 65.

### Limitations

- ◆ The maximum amount payable in one or more instalments for all losses subsequent to amputation of the thumb or fingers may not exceed 50% of the amount insured you have selected.
- ◆ The maximum amount payable in one or more instalments for all losses over a period of 365 days stemming from any one accident may not exceed 100% of the amount insured you have selected.

### End of coverage

This coverage ends on the contract anniversary coinciding with or following your 70th birthday.



## LIFE, ACCIDENTAL DEATH AND LOSS OF USE - CHILD

This benefit provides a lump-sum payment in case of natural death, accidental death or accidental loss of hearing, sight, speech or use of limbs.

**AMOUNTS OF INSURANCE OFFERED**  
(in \$2,500 increments) \$2,500 to \$25,000

### Suicide

In case of suicide or consequences of any suicide attempt in the first 24 months following the effective date of this benefit or of its reinstatement, whether or not the insured child is of sound mind at the time of the suicide or the suicide attempt, the coverage shall be null and void and Blue Cross's liability limited to reimbursement of premiums collected for the coverage or for the increase in the amount insured, as the case may be.

LOSS	% OF AMOUNT INSURED
Life	100%
Sight of both eyes	100%
Both hands or both feet	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Hearing and speech	100%
One arm or one leg	75%
One hand or one foot	50%
Sight of one eye or hearing or speech	50%
Thumb	25%
Finger other than the thumb	6.25%

### Eligible expenses

#### Total disability of a student (between 17 and 25 years of age inclusive and attending an educational institution full time)

When an insured child who is a student becomes totally disabled as a result of an accident, Blue Cross will pay him/her \$200 per week (or \$28.75 per day in the case of an incomplete week) for the period from June 1 to August 31 inclusive immediately following the date of the accident, provided the insured child is still disabled during this period. The seven-day waiting period is however applicable.

#### Academic rehabilitation

Blue Cross will pay tuition for private courses or for re-education, including school transportation, to a maximum of \$5,000 per accident. The insured child must undertake the rehabilitation within six months of the accident.

### Limitations

- ◆ The maximum amount payable in one or more instalments for all losses subsequent to amputation of the thumb or fingers may not exceed 50% of the amount insured you have selected.
- ◆ The maximum amount payable in one or more instalments for all losses over a period of 365 days stemming from any one accident may not exceed 100% of the amount insured you have selected.

### End of coverage

Coverage ends the day you are no longer covered under this contract, or when the insured child no longer meets the criteria of the definition of a dependent child in the GENERAL PROVISIONS of your contract.

## HOSPITAL ALLOWANCE EXPRESS

This coverage provides payment of a daily allowance in the event of hospitalization for short-term care due to accident or illness.

**ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED**  
(in \$25 increments)

Age 16 to 74  
\$25 to \$100/day

### Reimbursable expenses

The allowance is doubled if you are hospitalized (maximum of 30 days per hospitalization) outside your province of residence at least 50 km from your principal residence.

The allowance is doubled if you are hospitalized (maximum of 30 days per hospitalization) for cancer or heart attack, or if you are placed in intensive care.

### Travel allowance

A travel allowance of up to \$20 per visit is provided for outpatient care recommended by a doctor following hospitalization for which allowances were payable - upon presentation of proof of the visit - to a maximum of two visits per week and a lifetime maximum of \$500.

### Moving allowance

In the event that you must move to a residential and long-term care centre following hospitalization, Blue Cross will pay you a lump-sum amount of \$1,000 to cover your moving expenses.

If you were not hospitalized before moving, Blue Cross will pay you a lump-sum amount of \$500.

For the lump-sum amount to be payable, the benefit must be effective for at least 12 months.

### Day surgery

In the event of day surgery, Blue Cross pays a daily allowance for a three-day convalescence immediately following the date of the day surgery. The total benefit payable is equal to four days, the day of surgery included.

### CONVALESCENT BENEFIT

Duration of hospitalization	Number of days of convalescence payable
1 to 5 days	3 days
6 to 10 days	4 days
11 to 15 days	5 days

If you are still totally disabled following a hospitalization of more than 15 days, Blue Cross will pay an additional convalescence allowance for every day of hospitalization beyond the 15th day, to a maximum of 60 days of hospitalization.

### Maximum benefit

The maximum lifetime benefit is 1,000 days per person insured.

## Important definitions

**Hospitalization** means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

**Residential and long-term care centre** means an establishment that offers, on a permanent basis, lodging, assistance, support, supervision and psychosocial services for those who have experienced a loss of functional or psychosocial autonomy, especially elderly people who can no longer live in their current living environment.

## Limitation

This benefit must be in effect for at least six months for entitlement to allowances in the event of hospitalization for pregnancy, childbirth or miscarriage. However, if the hospitalization occurs between the sixth and the ninth month after the insurance comes into effect, an allowance of \$10 per day of hospitalization shall be paid, to a maximum of three days.

## PREMIUM REFUND UPON DEATH

Blue Flex offers an attractive complement to the HOSPITAL ALLOWANCE EXPRESS benefit.

In the event of death, your beneficiary can receive a percentage of the premiums paid for the HOSPITAL ALLOWANCE EXPRESS benefit and for this benefit, as per the following table:

YOUR AGE AT TIME OF ISSUE	% OF PREMIUMS REFUNDED
Age 16 to 54	100%
Age 55 to 74	50%

Your premium depends on your age at time of issue and the HOSPITAL ALLOWANCE EXPRESS benefit amount you have selected.

In all cases, any claims paid under the HOSPITAL ALLOWANCE EXPRESS benefit are subtracted from the amount of the refund.

## End of coverage

This coverage ends on the contract anniversary coinciding with or following your 80th birthday.

## CRITICAL ILLNESS ASSISTANCE

With this benefit, you can obtain assistance services to receive medical care outside your province of residence in the event of diagnosis of a critical illness.

The CRITICAL ILLNESS ASSISTANCE benefit also protects you against the financial impacts of a critical illness that prevents you from performing your daily activities.

### ELIGIBILITY

Age 16 to 59

### AMOUNTS OF INSURANCE OFFERED

\$5,000	\$10,000	\$15,000
\$25,000	\$50,000	

## Assistance for medical care outside your province of residence in the event of critical illness

If you wish to receive medical care outside your province of residence following diagnosis of a critical illness, we offer the following assistance services:

- ◆ Examination of your medical record, evaluation and recommendation of establishments (hospitals, clinics, etc.) or resource people (doctors, surgeons, etc.) recognized for their expertise in providing the required care
- ◆ Coordination of transfer of pertinent medical records
- ◆ Organization of transportation, lodging and post-hospitalization care, if needed
- ◆ Access to competitive prices for services required

## Reimbursement of expenses in the event of critical illness

If you are diagnosed with one of the critical illnesses covered by your Blue Flex contract or under a critical illness contract issued by another insurer for which the amount insured is at least \$25,000, Blue Cross will reimburse the following expenses:

### Adaptation

Necessary costs for services of an occupational therapist and for adaptations to your car and principal residence, to a lifetime maximum benefit of \$5,000 per person insured, if you suffer a permanent motor impairment as a result of a critical illness.

### Travel expenses

Travel expenses incurred for you to receive care or medical follow-up, to a lifetime maximum of \$2,500.

### Costs for household help and/or childcare

On recommendation of the attending physician, costs of household help and/or childcare provided by a person not residing with you to a daily maximum of \$25 and a lifetime maximum of \$1,000.

### **Critical illnesses**

The amount of insurance under this benefit may be paid only once.

Definitions of the critical illnesses covered by this benefit:

#### **Cancer**

A definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

The diagnosis of cancer must be made by a specialist.

#### **Exclusions**

No benefit will be payable under this condition for the following non-life-threatening cancers:

- ◆ Carcinoma in situ, or
- ◆ Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or
- ◆ Any non-melanoma skin cancer that has not metastasized, or
- ◆ Stage A (T1a or T1b) prostate cancer.

#### **Moratorium Period Exclusion**

No benefit will be payable under this condition if:

Within the first 90 days following the later of:

- ◆ The effective date of the benefit, or
  - ◆ The effective date of last reinstatement of the benefit,
- the Insured has any of the following:
- ◆ Signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under the benefit), regardless of when the diagnosis is made,
  - ◆ A diagnosis of cancer (covered or excluded under the benefit).

This medical information as described above must be reported to Blue Cross within 6 months of the date of the diagnosis. If this information is not provided, Blue Cross has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

#### **Cerebrovascular accident (Stroke)**

A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- ◆ Acute onset of new neurological symptoms, and
- ◆ New objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The diagnosis of stroke must be made by a specialist.

#### **Exclusions**

No benefit will be payable under this condition for:

- ◆ Transient ischaemic attacks, or
- ◆ Intracerebral vascular events due to trauma, or
- ◆ Lacunar infarcts which do not meet the definition of stroke as described above.

#### **Coronary Artery Bypass Surgery**

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction.

The surgery must be determined to be medically necessary by a specialist.

#### **Heart attack (Myocardial Infarction)**

A definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in:

Rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- ◆ Heart attack symptoms
- ◆ New electrocardiogram (ECG) changes consistent with a heart attack
- ◆ Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of heart attack must be made by a specialist.

#### **Exclusions**

No benefit will be payable under this condition for:

- ◆ Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves, or
- ◆ ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.

#### **Terminal renal insufficiency (Kidney failure)**

A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

The diagnosis of kidney failure must be made by a specialist.

#### **Critical illness covered by another insurer**

In addition, if you suffer one of the conditions or illnesses covered by a critical illness contract issued by another insurer for which the amount insured is at least \$25,000, you will be paid \$1,000, provided payment is made by the other insurer, for any illness not covered under your Blue Flex contract.

#### **Premium refund upon death**

In the event of your death, Blue Cross will reimburse your beneficiary for all premiums paid for this coverage less the amount of any payments.

#### **Pre-existing conditions exclusion**

No benefit is payable for a critical illness diagnosed in the 12 months following the effective date of this benefit if it is related to an illness for which the Insured consulted a physician, received treatments, services or medical care (including diagnostic tests and examinations) or received prescription for medication in the 3 months prior to the effective date of the insurance.

#### **Limitation**

No benefit is payable in the event of death in the 30 days following diagnosis of a critical illness.

#### **End of coverage**

This coverage ends on the contract anniversary coinciding with or following your 70th birthday, or on the date a benefit is paid for one of the five critical illnesses covered under the Blue Flex contract.

# PREMIUM REFUND AT TERMINATION DATE

This benefit provides for refund of 75% of premiums paid for this benefit and for the CRITICAL ILLNESS ASSISTANCE benefit.

In all cases, any claims paid under the CRITICAL ILLNESS ASSISTANCE benefit are subtracted from the amount of the refund.

Under no circumstances may the total reimbursement exceed the amount insured under the CRITICAL ILLNESS ASSISTANCE benefit.

**ELIGIBILITY**  
Age 16 to 59

If you purchase the PREMIUM REFUND AT TERMINATION DATE benefit, you must also purchase the level-premium CRITICAL ILLNESS ASSISTANCE benefit.

Your premium is based on your age at issue and the amount of insurance you selected for the CRITICAL ILLNESS ASSISTANCE benefit.

### End of coverage

Coverage ends on the contract anniversary coinciding with or following your 70th birthday or on the date a benefit is paid for one of the five critical illnesses covered under the CRITICAL ILLNESS ASSISTANCE benefit.

# ACCIDENTAL FRACTURE

This benefit provides for payment of a lump-sum amount in case of fracture suffered by you or a member of your family.

**ELIGIBILITY AND AMOUNTS  
OF INSURANCE OFFERED**  
(in \$5,000 increments)

Age 16 to 69  
\$5,000 or \$10,000

### LUMP-SUM PAYABLE (\$)

FRACTURE	YOU OR YOUR SPOUSE	
	COVERAGE 1	COVERAGE 2
Skull	\$5,000	\$10,000
Spinal column	\$5,000	\$10,000
Pelvis	\$5,000	\$10,000
Femur	\$5,000	\$10,000
Hip	\$5,000	\$10,000
Sternum	\$1,250	\$2,500
Larynx	\$1,250	\$2,500
Trachea	\$1,250	\$2,500
Scapula	\$1,250	\$2,500
Coccyx	\$1,250	\$2,500
Radius	\$1,250	\$2,500
Humerus	\$1,250	\$2,500
Ulna	\$1,250	\$2,500
Kneecap	\$1,250	\$2,500
Tibia	\$1,250	\$2,500
Fibula	\$1,250	\$2,500
Other bone	\$500	\$1,000

If you elect the family or single-parent plan, the lump sum for your child or children is equal to 50% of the lump-sum amount specified in the "Lump-Sum Payable" table.

### Limitations

- ◆ The amount payable for multiple fractures is limited to the highest amount payable for any one of the fractures.
- ◆ When you reach age 70, the lump sum payable according to the "Lump-Sum Payable" table, depending on the coverage selected, is reduced by 25%.
- ◆ When you reach age 75, the lump sum payable according to the "Lump-Sum Payable" table, depending on the coverage selected, is reduced by 50%.

### End of coverage

This coverage ends on the contract anniversary coinciding with or following your 80th birthday.

# POST-ACCIDENT ADAPTATIONS

This benefit covers costs of indispensable adaptations to your car and principal residence in case of permanent motor impairment as a result of an accident.

This benefit is offered to you or a member of your family.

**ELIGIBILITY AND AMOUNT  
OF INSURANCE OFFERED**

Age 16 to 69  
\$15,000

### Important definition

**Permanent motor impairment** means a physical impairment that prevents the production of a movement.

### End of coverage

This coverage ends on the contract anniversary coinciding with or following your 80th birthday.





## MEDICAL EXPENSES DUE TO ACCIDENT

Blue Flex will reimburse medical expenses related to an accident suffered by you or a member of your family.

**ELIGIBILITY**  
Age 16 to 69

### ELIGIBLE EXPENSES

#### Purchase or lease of equipment

Unlimited reimbursement

- ◆ Canes
- ◆ Casts
- ◆ Crutches
- ◆ Orthopedic corsets
- ◆ Oxygen systems
- ◆ Respirator
- ◆ Standard manual hospital bed
- ◆ Standard non-motorized wheelchair
- ◆ Trusses
- ◆ Walkers

#### Prostheses and accessories

\$100 per calendar year for the purchase of the following:

- ◆ Support hose

\$200 per calendar year for the purchase of the following:

- ◆ Artificial eye or an artificial limb
- ◆ Foot orthoses
- ◆ Orthopedic shoes

#### Ambulance

Unlimited reimbursement

#### Costs of laboratory tests

Unlimited reimbursement

#### Hospitalization

(semi-private room)

Unlimited reimbursement

- ◆ \$50 per day if costs are reimbursed by other insurance
- ◆ \$50 for any day surgery required due to an accident

#### Paramedical services

\$20 per treatment and an overall maximum of \$300 per calendar year

- ◆ Audiologist
- ◆ Chiropractor
- ◆ Osteopath
- ◆ Physiotherapist
- ◆ Podiatrist
- ◆ Psychologist
- ◆ Speech therapist

#### X-rays by a chiropractor

\$25 per calendar year

#### Nursing care

20 eight-hour periods per calendar year

#### Dental care

Up to \$1,000 per accident

### End of coverage

This coverage ends on the contract anniversary coinciding with or following your 80th birthday.

## TRAVEL INSURANCE

This is a complete travel insurance benefit that includes trip cancellation or interruption, baggage loss, delay or theft, hospital, medical and paramedical expenses, transportation costs and daily allowance, medical follow-up in Canada, as well as travel assistance 24 hours a day, seven days a week.

A simple and practical solution that lets you travel with peace of mind for up to 30 days anywhere in the world. This coverage is offered under the Blue Flex policy for you or a member of your family.

**ELIGIBILITY**  
Age 16 and over

### Cover trips of 30 days or less

This convenient (annual multi-trip plan) and flexible protection lets you take care of your travel insurance needs once and for all, allowing you to leave any time during the year for periods of 30 days or less, while enjoying a variety of benefits.

### \$5,000,000 hospital and medical benefit

No matter how often you travel during the year, you can count on a protection up to \$5,000,000.

### Hospital, medical and paramedical expenses

In the event of illness or injury, your medical costs are covered so that your sole concern can be your speedy recovery:

- ◆ Hospitalization in a private or semi-private room
- ◆ Physicians' fees
- ◆ Private nursing fees
- ◆ Laboratory tests costs
- ◆ Prescription drugs for emergency treatment
- ◆ Purchase or rental of medical equipment
- ◆ Costs associated with hospitalization
- ◆ Dental expenses due to an accident

### Transportation costs

Blue Cross will see to it that you get where you need to be to receive the health care services you require, while your family and loved ones are there by your side:

- ◆ Repatriation to your home province
- ◆ Land or air ambulance services
- ◆ Return of a private or rental vehicle
- ◆ Baggage return
- ◆ Family visits to covered persons in hospital
- ◆ Repatriation of the deceased

### \$3,000 subsistence allowance

If your return, or that of a family member must be delayed due to illness or injury, you are allowed up to \$3,000 to cover the costs of meals and accommodations (maximum of \$150 per day for up to 20 days).

### Round-the-clock CanAssistance travel assistance

As soon as you subscribe to our travel insurance plan, you receive automatic access to our free travel assistance services. Wherever or whenever the need arises, you can rest assured that our experienced team of specialists will be there to help... in any of 100 different languages.



## Travel insurance and more... a complete range of services

Wherever you may be, our expert medical team is committed to your care, ready to provide you with:

- ◆ Referrals to an appropriate physician, clinic or hospital
- ◆ Medical follow-up
- ◆ Interpreter services for emergency calls
- ◆ Communications with your family doctor
- ◆ Repatriation of an insured and his/her dependents to Canada
- ◆ Coordination of the return of a private or rental vehicle
- ◆ Coordination of claims with the *Régie de l'assurance maladie du Québec* and the *Société de l'assurance automobile du Québec*
- ◆ Payments and money transfers

### Medical follow-up in Canada

In case of repatriation to Canada at the Insurer's expense after a hospital stay out of Canada, this coverage reimburses the following costs if they are incurred within 15 days of the repatriation.

Semi-private room in a hospital, rehabilitation centre or a convalescent home	up to \$1,000
Home nursing care fees when medically required	up to \$50 per day for a maximum of 10 days
Rental of devices (crutches, standard walker, canes, trusses, orthopedic corset and oxygen)	up to \$150
Transportation (ambulance and/or taxi) to receive medical care	up to \$250

With the hospital and medical benefit, for example, this protection includes trip cancellation or interruption insurance, as well as protection against the loss or theft of your baggage.

Hospital and medical benefit	up to \$5,000,000
Trip cancellation or interruption benefit	up to \$2,500
Baggage benefit	up to \$500

### Important

Before departure, do not forget to refer to the PRE-EXISTING CONDITIONS for insureds age 61 and over, and the EXCLUSIONS AND REDUCTIONS applicable to this benefit.

## BASIC OR DELUXE HOME HEALTH CARE

The ideal coverage for a peaceful stay at home while recovering from an illness or accident that required hospitalization.

This benefit covers the eligible expenses described below when incurred in Canada if you or a member of your family are unable to perform at least two activities of daily living unassisted following hospitalization or medical consultation.

**ELIGIBILITY**  
Age 16 and over

### Important definition

**Activities of daily living:** eating, dressing, using the toilet, transferring, bathing/showering.

## ELIGIBLE EXPENSES COVERED AT 100%

The expenses below may not be combined.

### Certified nursing assistant or home health aide

Expenses for the services of a certified nursing assistant or an aide from an agency specializing in home care to help you perform at least two activities of daily living, to a maximum of \$50 per day for **basic** coverage and \$70 per day for **deluxe** coverage.

### Friend or relative

Expenses for the services of a friend or relative who does not reside with you to help you perform at least two activities of daily living, to a maximum of \$25 per day for **basic** coverage and \$35 per day for **deluxe** coverage.

Expenses in this SECTION and under TRANSPORTATION EXPENSES are subject to the number of days of coverage and the maximum period of incurring these expenses, as set forth in the following tables:

### NUMBER OF DAYS OF COVERAGE

Duration of short-term care hospitalization	Number of days of coverage
1 to 3 days	5 days
4 to 7 days	7 days
8 to 14 days	14 days
More than 14 days	21 days
Following medical consultation	5 days

### MAXIMUM PERIOD FOR INCURRING EXPENSES AS OF HOSPITAL DISCHARGE

Duration of short-term care hospitalization	Maximum period for incurring expenses
1 to 3 days	7 days
4 to 7 days	14 days
8 to 14 days	28 days
More than 14 days	35 days
Following medical consultation	7 days

## ELIGIBLE EXPENSES COVERED AT 80%

(Basic or Deluxe coverage)

### Transportation expenses

Costs of transportation to receive care or medical follow-up after hospitalization or medical consultation during the coverage period: \$0.25/km for use of a private automobile or for the cost of a taxi ride, to a maximum of \$50 of eligible expenses daily (including parking costs, if applicable) and a maximum payable amount of \$500 per calendar year.

If you have cancer, your transportation expenses are payable for a maximum period of three months, and the maximum amount payable is \$1,500 per calendar year.

The condition that you be unable to perform at least two activities of daily living unassisted does not apply to the TRANSPORTATION EXPENSES section.

### Medical supplies

Costs incurred for purchase of medical supplies required to treat an illness or in case of an accident when you receive care from a registered nurse in your home, to a maximum of \$150 of eligible expenses per calendar year.

## ELIGIBLE EXPENSES COVERED AT 80%

(Deluxe coverage only)

### Home conversion expenses

If you become totally disabled due to accident or illness and you are, as a result, permanently unable to perform at least two activities of daily living unassisted, Blue Cross will pay expenses to convert your home, to a maximum of \$5,000.

Home conversion costs must be incurred within six months of hospital discharge.

### Costs of meals and accommodation

If you must receive treatments (or follow-up treatments in case of cancer or transplant) in a specialized facility affiliated with a hospital in a city other than the city where you live, Blue Cross will reimburse your expenses for meals and accommodations in this facility, to a maximum of \$500 per calendar year.

### Monthly benefit

When you or your spouse, depending on the coverage selected, are unable due to accident or illness to perform at least two activities of daily living unassisted (as defined under IMPORTANT DEFINITIONS) Blue Cross will pay, subject to a 30-day waiting period, a monthly benefit of \$200 for **basic** coverage, to a maximum of three monthly benefit payments, and \$500 for **deluxe** coverage, to a maximum of six monthly benefit payments.

## MONTHLY INDEMNITY EXPRESS

Essential coverage that provides a monthly indemnity in case of accident only, or in case of accident and illness.

### Monthly indemnity due to accident Express

#### ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED

(in \$100 increments)

Age 16 to 59	\$500 to \$1,500
Age 60 to 64	\$500 to \$1,000

#### BENEFIT PERIOD

12 months

#### WAITING PERIOD

5 days\*

\* Benefits are payable retroactive to the first day if you are disabled at least five consecutive days.

### Monthly indemnity due to illness Express

#### ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED

(in \$100 increments)

Age 16 to 59	\$500 to \$1,500
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#### BENEFIT PERIOD

12 months

#### WAITING PERIOD

14 or 30 days

### Extension of benefit period

The benefit period is increased by one month for each year of insurance during which you did not receive any benefits under this coverage.

The maximum benefit period is 24 months.

The Insurer shall cease to increase the benefit period under this coverage when benefits are paid under this coverage. Thereafter, the benefit period remains fixed and is equal to the number of months accrued to the renewal date immediately preceding this period of disability.

For the MONTHLY INDEMNITY DUE TO ACCIDENT EXPRESS, when you reach age 65, the benefit period remains fixed and is equal to the number of months accumulated to this date.

### Integration

If you are enrolled in one or more DISABILITY INSURANCE, DISABILITY - HYBRID COVERAGE, MONTHLY INDEMNITY or MONTHLY INDEMNITY EXPRESS benefits with Blue Cross, then these benefits are treated like a single benefit and only one integration calculation is performed with the total of the amounts insured.

For the first 24 months of disability benefit payments, the first \$1,000 are guaranteed. Only the amount in excess of \$1,000 is reduced by the amount of any benefits payable under other plans.

### Important definitions

**Total disability, if you have remunerative work** means that you are unable, due directly to accident or illness independently of any other cause, to perform the major duties of the occupation in which you were engaged at the time you became totally disabled.

To be considered **totally disabled**, you must be under the continuous care of a physician providing care suitable for your disability at an appropriate frequency and you must not be engaged in any remunerative work.

**Total disability, if you don't have remunerative work**, means that you are unable, due directly to accident or illness independently of any other cause, to perform your usual daily tasks and any other tasks for which you are reasonably qualified by education or experience.

To be considered **totally disabled**, you must be under the continuous care of a physician providing care suitable for your disability at an appropriate frequency.

### Limitations - MONTHLY INDEMNITY DUE TO ACCIDENT EXPRESS

Benefits payable due to herniated disc, as cause or effect, are for a maximum of six months per event.

At age 65, the monthly indemnity is reduced by 50%.

Any reduction in the amount of insurance coverage due to age applies only at the renewal following your birthday.

### **Limitations - MONTHLY INDEMNITY DUE TO ILLNESS EXPRESS**

Benefits payable due to herniated disc, as cause or effect, are for a maximum of six months per event.

Benefits payable for total disability resulting from a muscular or spinal disorder are for a maximum of six months per event.

### **End of coverage**

#### **MONTHLY INDEMNITY DUE TO ACCIDENT EXPRESS**

This coverage ends on the contract anniversary coinciding with or following your 70th birthday.

### **End of coverage**

#### **MONTHLY INDEMNITY DUE TO ILLNESS EXPRESS**

This coverage ends on the contract anniversary coinciding with or following your 65th birthday.

### **Exclusions**

**These EXCLUSIONS do not apply to all benefits described in this guide and additional exclusions apply to certain benefits. For more information, refer to your insurance policy.**

No benefits are payable for claims arising directly or indirectly from any of the following:

- ◆ Abuse of alcohol or drugs, or use of illegal drugs
- ◆ An accident sustained by the insured while participating in a sport for remuneration or in any kind of motor vehicle competition, race or speed contest
- ◆ Care in a residential and long-term care facility or a private convalescent home
- ◆ Care, treatment, services or products other than those deemed necessary by concerned healthcare professionals for treatment of the injury or disease
- ◆ Cosmetic care or treatment
- ◆ Expenses payable under any other insurance plan or services insured under any federal or provincial legislation or its regulations
- ◆ Experimental care or treatments, or new procedures or therapies not yet commonly used
- ◆ Attempted suicide or intentional self-injury, regardless of the insured's state of mind
- ◆ Voluntary or involuntary inhalation of gas or ingestion of poison or drugs
- ◆ The insured's active participation in a public confrontation, riot, insurrection, war or act of war (declared or not) or any other warlike act
- ◆ The insured's direct or indirect commission or attempted commission of a criminal act under the Criminal Code or under a similar law in another country
- ◆ The insured's operation of a motor vehicle or a boat with an alcohol level exceeding 80 mg per 100 mL of blood or under the influence of any drug
- ◆ The insured's participation in a flight or a flight attempt in any aircraft in any sort in any capacity other than that of a passenger
- ◆ The insured's service as an active member of the armed forces of any country

No benefits are payable if critical illness results directly or indirectly from either of the following sports:

- ◆ Boxing
- ◆ Deep-sea diving

The following benefits are insured by Canassurance Hospital Service Association (a non-profit mutual benefit association):

- ◆ Home health care (basic or deluxe)
- ◆ Hospital allowance Express
- ◆ Premium refund upon death – Hospital allowance Express
- ◆ Medical expenses due to accident
- ◆ Post-accident adaptations
- ◆ Travel insurance

The following benefits are insured by Canassurance Insurance Company:

- ◆ Accidental death
- ◆ Accidental fracture
- ◆ Accidental loss of use
- ◆ Critical illness assistance
- ◆ Premium refund at termination date – Critical illness assistance
- ◆ Life, accidental death and loss of use – child
- ◆ Life Express
- ◆ Monthly indemnity Express due to accident and illness

This guide summarizes the Express Plan benefits under the Blue Flex contract. It is not a insurance contract. The terms and conditions of your insurance are described in the contract issued by Blue Cross including certain exclusions, limitations and reductions. You have 10-days to review your insurance contract. We suggest that you read it carefully.



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