

# Blue Flex<sup>®</sup>

## FlexPlan

Designed for the self-employed  
and for anyone with or  
without remunerative work

**Even greater flexibility...**



# FlexPlan

The **FLEX PLAN** is designed to meet all your insurance needs. Some of the benefits are designed for the self-employed, others are for individuals with or without remunerative work, no matter what their occupation.

The **FLEX PLAN** offers protection 24 hours a day in case of accident or illness. It can be customized to **your individual needs** and yet still offers many of the advantages of a group plan. The **FLEX PLAN** is offered to you, your spouse or your family, depending on the coverage you select.



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
- ◆ Blue Advantage Member Discounts



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

## FLEX PLAN eligibility

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

- ◆ You must be a beneficiary in the meaning of the health and hospital insurance legislation in your province of residence.
- ◆ You may not be hospitalized and/or disabled on the day the contract comes into effect.

## FLEX PLAN benefit commencement

FLEX PLAN benefits take effect when the application is approved by Blue Cross®, provided it is approved without modification, and that no changes in your insurability have occurred since the application was signed.

Otherwise, the benefits only take effect when delivered to the policyholder, provided no changes in your insurability have occurred since the application was 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.

### Contract amendment

On renewal, Blue Cross sets the premium amount for the next 12 months. You 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.

# DISABILITY

## A choice according to your professional category...

This essential benefit protects you anywhere in the world 24 hours a day in case of total disability due to accident only or to accident and illness, as you choose.

ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$100 increments)	
Age 16 to 59	\$500 to \$6,000

In addition, you must work at least 20 hours a week.

BENEFIT PERIOD		
2 years	5 years	To age 65

WAITING PERIOD (days)					
0*	14	30	60	90	120

\* This waiting period is available for the DISABILITY DUE TO ACCIDENT benefit only.

If you select a waiting period less than 120 days, and your disability requires hospitalization for more than 18 hours, benefits are payable as of the first day following your hospitalization.

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

Consecutive periods of disability (minimum five days per period) for the same cause may be accumulated to satisfy waiting periods of 30 days or more.

### (Categories 4A and 3A)

Consecutive periods of disability may be accumulated over a period of 365 days.

### (Categories 2A, A and B)

Consecutive periods of disability may be accumulated over a period of 180 days.

## Premium determination - DISABILITY DUE TO ACCIDENT

The premium is levelled until the contract anniversary coinciding with or following your 65th birthday and determined based on your age at issue.

Thereafter, the premium is established in accordance with the limitations on the benefit period and the new amount insured under this benefit.

## Premium determination - DISABILITY DUE TO ILLNESS

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on your age at issue.

## Increase in benefit

Should a total disability prevent you from performing unassisted at least two activities of daily living, as described under IMPORTANT DEFINITIONS, your monthly benefit is increased by 25%.

## Automatic benefit increase

If you are under 55 years of age, you may select this benefit, which automatically increases the amount of your insured monthly benefit on the date your contract is renewed.

## Return-to-work bonus

To give you a chance to adjust to an active return to your work environment, Blue Cross will pay you a lump-sum bonus benefit. The amount of the bonus benefit is based on the monthly benefit payable in the month preceding your return to work and is determined as follows:

DURATION OF DISABILITY	BONUS BENEFIT
24 to 59 months	3 x monthly benefit
60 months or more	6 x monthly benefit

## Organ donation - DISABILITY DUE TO ILLNESS

If you become totally disabled due to transplant of an organ from your body to another person, you are eligible for organ-donation related disability insurance benefits, provided your disability insurance protection was effective for at least 12 months before the onset of disability.

## 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 expiration date of the waiting period and for as long as you remain totally disabled, though not beyond the contract anniversary coinciding with or following your 65th birthday.

## Indexation of benefits (optional clause)

After a disability lasting more than 12 months, benefits paid for a continuing total disability are indexed every year on January 1 according to the *Consumer Price Index* published in October of the previous year by *Statistics Canada*, to a maximum indexation of 3%.

## Integration

For the first 36 months of disability benefit payments, the first \$1,200 are guaranteed and the INTEGRATION and COORDINATION OF BENEFITS clauses do not apply. During that 36-month period, only the amount in excess of \$1,200 is reduced by the amount of any benefits payable under other plans.

Thereafter, the total benefit is reduced from the initial amount payable for total disability in consideration of the following:

- ◆ Any federal or provincial plan
- ◆ Any other federal or provincial law

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.

## Partial disability

### (Categories 4A and 3A)

#### (with remunerative work at the onset of disability)

In the event of partial disability due to accident or illness, Blue Cross undertakes to make monthly benefit payments equal to the following:

- ◆ 50% of the benefit under your contract for the first 24 months of partial disability, and
- ◆ 25% of the benefit under your contract for any partial disability, and lasting more than 24 months, without exceeding the benefit period under your contract.

**(Categories 4A and 3A)  
(without remunerative work at the onset of disability)**

In the event of partial disability as a result of a total disability due to accident or illness and lasting at least the duration of the waiting period and not less than 30 days, Blue Cross undertakes to make monthly benefit payments equal to the following:

- ◆ 50% of the benefit under your contract for the first 24 months of partial disability, and
- ◆ 25% of the benefit under your contract for any partial disability, and lasting more than 24 months, without exceeding the benefit period under your contract.

**(Categories 2A, A and B)**

In the event of partial disability as a result of a total disability due to accident or illness and lasting at least the duration of the waiting period and not less than 30 days, Blue Cross undertakes to make monthly benefit payments equal to 50% of the benefit under your contract for a maximum benefit period of 12 months.

**Lump-sum payment upon permanent total disability  
DISABILITY DUE TO ACCIDENT**

Twelve months after any accident that causes permanent total disability, Blue Cross undertakes to pay, in addition to any other amounts provided for in the contract, a lump sum equal to 50 times the monthly benefit chosen (to a maximum of \$100,000), provided you are still surviving at that time.

Permanent total disability as defined in this benefit must be proved to the Insurer's satisfaction within 12 months of the accident and before your 65th birthday.

**Death benefit**

If you are totally disabled for more than 12 months and your disability results in death, an amount equal to the last three monthly benefit payments will be paid to your estate.

**Extension of benefits**

If you work on commission and you are totally disabled for more than six months, you are entitled, on your return to work, to a maximum of three additional months of benefits per disability.

The amount of the additional benefit shall be a percentage of the monthly benefit payable during the month preceding your return to work:

75%	for the first month of your return to work
50%	for the second month of your return to work
25%	for the third month of your return to work

**Insurance extension in case of unemployment  
DISABILITY DUE TO ACCIDENT**

During a period of unemployment, you remain insured for the first 12 months of unemployment in case of total disability due to accident.

**Insurance extension in case of unemployment  
DISABILITY DUE TO ILLNESS**

You remain insured for the first 12 months of a period of unemployment in case of total disability due to one of the following diseases: cerebrovascular accident (stroke), cancer, heart attack, terminal renal insufficiency (kidney failure) or coronary artery bypass.

**Limitations - DISABILITY DUE TO ACCIDENT**

On the contract anniversary coinciding with or following your 65th birthday, the monthly benefit for disability due to accident may not exceed \$500 and the maximum benefit period is one year.

**Important definitions**

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

**Total disability  
(if you are less than 65 years of age)**

**Occupational category 4A**

- ◆ **Total disability** 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 onset of total disability.

**Occupational category 3A**

- ◆ **Total disability** means, during the first 60 months of benefit payments, 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 onset of total disability.

Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

**Other occupational categories: 2A, A and B**

- ◆ **Total disability** means, during the first 24 months of benefit payments, 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.
- ◆ Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

For all occupational categories, to be considered **totally disabled**, you must be under the continuous medical 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 are 65 years of age or older)**

- ◆ **Total disability** means that you are unable, due directly to accident or illness independently of any other cause, to perform all of the normal activities of a person of your age and sex.

However, you cannot be considered **totally disabled** during any period in which you are not under the continuous care of a physician or you are engaged in remunerative work.

**All occupational categories**

**Total disability in case of unemployment** means that you are unable, due directly to accident or illness independently of any other cause, of looking for remunerative work for which you are reasonably suited by education, training or experience.

**Permanent total disability** means a permanent and irreversible inability to perform unassisted at least one activity of daily living and any remunerative work.

**Partial disability** means that you are not totally disabled but that one of the following applies due to accident or illness, depending on the benefit you have selected:

- ◆ You are unable to perform one or more of the major duties of your occupation.
- ◆ You are unable to work more than half the normal required hours per week.

In all cases, you must be under the continuous care and treatment of a physician.

**End of coverage - DISABILITY DUE TO ILLNESS**

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

# REGULAR OCCUPATION DISABILITY

Depending on your occupational category, you can improve the definition of total disability in the "Disability" benefit or benefits you selected.

OCCUPATIONAL CATEGORIES	REGULAR OCCUPATION BENEFIT PERIOD
B, A and 2A	5 years
B, A, 2A and 3A	To age 65

**ELIGIBILITY**  
Age 16 to 59

### Premium determination

If you selected the LEVEL-PREMIUM option for the DISABILITY DUE TO ILLNESS benefit, the premium is levelled and determined based on your age at issue.

### Specific definitions

**If you have remunerative work at the onset of disability, the following definition applies:**

**Total disability** means that you are unable, due directly to illness or accident independently of any other cause, to perform the major duties of the occupation in which you were engaged at the onset of disability.

This definition applies for the waiting period and for the regular occupation benefit period you have selected.

Thereafter, **total disability** means that you are unable, due directly to illness or accident independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

In all cases, you must be under the continuous care of a physician providing medical care suitable for the disability at an appropriate frequency and must not be engaged in any remunerative work.

**If you are without remunerative work at the onset of disability, the following definition applies:**

**Total disability** means that you are unable, due directly to illness or accident 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.

You must be under the continuous care of a physician providing medical care suitable for the disability at an appropriate frequency and must not be engaged in any remunerative work.

This definition applies for the waiting period and for the benefit period you have selected.

### End of coverage

Coverage under this benefit ends on the earlier of the following dates:

- ◆ The contract anniversary coinciding with or following your 65th birthday
- ◆ The date on which your "Disability" benefit or benefits end

# PREMIUM REFUND (65) - DISABILITY

Under this benefit, Blue Cross will refund a percentage of the premiums you paid for the "Disability" benefit or benefits you selected.

On the contract anniversary coinciding with or following your 65th birthday, Blue Cross will refund a percentage of the premiums paid for this benefit and for the DISABILITY DUE TO ACCIDENT or the DISABILITY DUE TO ACCIDENT and ILLNESS benefit.

The percentage applicable is indicated below and depends on your age at the time the application was signed.

AGE WHEN THE APPLICATION WAS SIGNED	PERCENTAGE OF PREMIUMS REFUNDED
Age 16 to 45	50%
Age 46 or over	0%

In all cases, claims paid under the DISABILITY DUE TO ACCIDENT and the DISABILITY DUE TO ILLNESS benefits are subtracted from the refund.

**ELIGIBILITY**  
Age 16 to 45

### Early refund

If you terminate this benefit before your 65th birthday, Blue Cross will reduce the refund by 0.416% for every month prior to your 65th birthday that this benefit is not in effect.

In any case, the refund may not be made before your 60th birthday.

### Premium determination

The premium is levelled and determined based on your age at issue.

### End of coverage

Coverage under this benefit ends on the earlier of the following dates:

- ◆ The date on which the full refund to which you are entitled under this benefit is paid
- ◆ The date on which your "Disability" benefit or benefits end



# MONTHLY INDEMNITY

You can select disability protection that covers you 24 hours a day anywhere in the world in case of accident only or accident and illness.

## Monthly indemnity due to accident

### ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$100 increments)

#### IF YOU HAVE REMUNERATIVE WORK

Age 16 to 69	\$100 to \$2,000
Age 70 to 79	\$100 to \$500

#### IF YOU DON'T HAVE REMUNERATIVE WORK

Age 16 to 69	\$100 to \$1,000
Age 70 to 79	\$100 to \$500

### BENEFIT PERIOD

1 year   2 years   5 years   To age 65

Benefit period offered after age 69 is one year.

### WAITING PERIOD

0 days   14 days   30 days   120 days

## Monthly indemnity due to illness

### ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$100 increments)

#### IF YOU HAVE REMUNERATIVE WORK

Age 16 to 59	\$100 to \$2,000
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#### IF YOU DON'T HAVE REMUNERATIVE WORK

Age 16 to 59	\$100 to \$1,000
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### BENEFIT PERIOD

1 year   2 years   5 years

### WAITING PERIOD

14 days\*   30 days\*   120 days

\* The waiting period does not apply if the illness requires day surgery or hospitalization for more than 18 hours.

## Bonus benefit - MONTHLY INDEMNITY DUE TO ACCIDENT

Blue Cross will pay you a lump-sum amount equal to one monthly benefit payment if you become paralyzed as a result of a disability caused by an accident.

## Bonus benefit - MONTHLY INDEMNITY DUE TO ILLNESS

Blue Cross will pay you a lump-sum amount equal to one monthly benefit payment if you become disabled as a result of one or more of the following critical illnesses:

- ◆ Cancer
- ◆ Cerebrovascular accident (stroke)
- ◆ Coronary artery bypass
- ◆ Heart attack
- ◆ Terminal renal insufficiency (kidney failure)

## Lump-sum payment upon permanent, total disability MONTHLY INDEMNITY DUE TO ACCIDENT

Twelve months after any accident that causes permanent total disability, Blue Cross undertakes to pay, in addition to any other amounts provided for in the contract, a lump sum equal to 50 times the monthly benefit chosen, provided you are still surviving at that time.

Permanent total disability as defined in this benefit must be proved to the Insurer's satisfaction within 12 months of the accident and before your 65th birthday.

## Increase in benefit

Should a total disability prevent you from performing unassisted at least two activities of daily living, as described under IMPORTANT DEFINITIONS, your monthly benefit is increased by 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 the contract anniversary coinciding with or following your 65th birthday.

## Premium refund

If you are less than 45 years of age when you sign the application, we will refund 50% of the premiums paid for this benefit when you reach age 65.

If you cancel this benefit before you reach age 65, the refund will be reduced by 0.416% for each month of early termination. In all cases, the refund may not be made before your 60th birthday.

Any claims paid for any benefits provided for in your contract are deducted from the refund.

## Integration

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.

After 24 months of disability benefit payments, the total benefit is reduced from the initial amount payable for total disability in consideration of the following:

- ◆ Any federal or provincial plan
- ◆ Any other federal or provincial law

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.

## Partial disability

Should you become partially disabled for a period of time equal to that of the waiting period as a result of an accident or illness that entitles you to benefit payments, Blue Cross will pay you a monthly benefit equivalent to 50% of the benefit provided for in your contract, for a maximum of 30 days.

## Important definitions

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

**Partial disability** means that you are unable, due to accident or illness, to perform many of your usual daily duties or tasks. This definition applies whether or not you have remunerative work.

**Total disability, if you have remunerative work,** means, during the first 24 months of benefit payments, 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.

Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training 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 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.

**Permanent total disability** means a permanent and irreversible inability to perform usual daily tasks or any remunerative work.

## Limitations - MONTHLY INDEMNITY DUE TO ACCIDENT

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

At age 70, the monthly benefit may not exceed \$500 and the maximum benefit period is one year. Any reduction in the amount of insurance coverage due to age applies only to renewal following your birthday.

## Limitations - MONTHLY INDEMNITY DUE TO ILLNESS

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 ILLNESS

The MONTHLY INDEMNITY DUE TO ILLNESS coverage ends on the contract anniversary coinciding with or following your 65th birthday.

# OVERHEAD EXPENSES

This benefit pays office expenses in case of total disability due to accident or illness.

Premiums for this benefit may be included in your business expenses.

## ELIGIBILITY AND AMOUNTS OF INSURANCE OFFERED (in \$100 increments)

Age 16 to 59	\$300 to \$6,000 for categories 4A, 3A, 2A, A and B
Age 16 to 59	\$300 to \$2,000 for other occupations

## Eligible overhead expenses

100% of costs incurred during total disability for heating, telephone, electricity, rent, depreciation of assets, wages of your employees (firms with five employees or less only), business taxes, accounting services and other usual fixed costs necessary to run an office.

Excluded are costs of merchandise, accessories, professional books, equipment or supplies, your salary and the salary of any colleague who replaces you.

If you exercise your profession as a partner in a firm or if you have an agreement with one or more people to share facilities necessary for the exercise of your profession, your eligible business overhead expenses may not exceed 75% of the costs you must pay.

## WAITING PERIOD

30 days    30M days

If you select the 30M-day waiting period, the benefit is payable on the first day following an accident or a hospitalization of more than 18 hours. No waiting period applies in case of total disability due to accident.

## BENEFIT PERIOD

2 years

## Premium determination

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on your age at issue.

## Important definition

**Total disability** 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.

## 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 the contract anniversary coinciding with or following your 65th birthday.

## End of coverage

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

# HOSPITAL ALLOWANCE

This coverage provides for payment of a daily allowance if you or a member of your family are hospitalized 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

## WAITING PERIOD

None

If you elect the family or single-parent plan, the amount offered for your child or children is equivalent to 40% of the amount of insurance you have selected.

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.

### Moving allowance

If you have to 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.

### Maximum benefit

The maximum lifetime benefit is 1,000 days for each 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, your 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.

### Limitations

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.

No allowance shall be paid for the five years following the coming into effect or reinstatement of the insurance in the event of hospitalization for anything other than an accident if, on the commencement date or the reinstatement date of the contract and the benefit, you had acquired immunodeficiency syndrome (commonly known as AIDS) or were a carrier of HIV.

### Reduction

The benefit is reduced by 50% when you reach age 70.

## TERM LIFE 65

You can select an amount of insurance up to **\$1,000,000**.

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

Age 16 to 59  
\$5,000 to \$1,000,000

### Premium determination

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on the Primary Insured's age at issue.

### Automatic benefit increase

If you are under 55 years of age, you may select this benefit, which automatically increases the amount of your insurance on the date your contract is renewed.

### Conversion privilege

If you cancel this coverage, you are entitled to purchase an individual life insurance policy in the 31 days following termination of your insurance, provided you apply in writing using the application form provided for this purpose.

### 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 the contract anniversary coinciding with or following your 65th birthday.

### Suicide

In case of suicide or consequences of any suicide attempt within 24 months of the effective date or the reinstatement date of this coverage (or of any increase in the amount insured), whether or not you are of sound mind at the time of the suicide or suicide attempt, this benefit (or the increase, as the case may be) shall be null and void.

### Accelerated benefit

The accelerated benefit is an advance made in a single payment secured by the amount of life insurance under this coverage that bears interest at a rate set by Blue Cross when the request is approved. The amount of the lump-sum payment, plus any interest incurred, is deducted from the benefit payable on decease.

You are eligible for an accelerated benefit as of the third anniversary of the contract for this coverage.

You are entitled to 60% of the insured amount if you can demonstrate that you are terminally ill with a life expectancy of no more than 12 months.

The remainder of the insured amount will be paid at the time of death, provided that in the meantime the premiums have been regularly paid.

### End of coverage

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

## EXTENDED HEALTH BENEFIT

This benefit, available with or without drugs, covers costs of medical and hospital expenses incurred by you or a member of your family in case of illness, pregnancy or injury.

### ELIGIBILITY

Age 16 to 59

### DEDUCTIBLE

Primary insured: \$50

Family coverage: \$100

Couple coverage: \$100

Single-parent coverage: \$100



## ELIGIBLE EXPENSES COVERED AT 100% WITHOUT DEDUCTIBLE

### Hospitalization

- ◆ Semi-private room
- ◆ \$25/day starting the fourth day of hospitalization if you must stay in a ward because no semi-private rooms are available

### Convalescence and physical rehabilitation

- ◆ Semi-private room

## ELIGIBLE EXPENSES COVERED AT 100% WITH DEDUCTIBLE

### Hearing aids

- ◆ \$500 every 36 months (cost of purchase and repair)

### Prostheses and accessories

- ◆ Breast implant following mastectomy, up to \$200 (initial purchase cost)
- ◆ Initial cost of a wig required due to chemotherapy, up to \$300
- ◆ Support hose, up to \$100 per calendar year
- ◆ Orthopedic shoes or foot orthoses, up to \$200 per calendar year

## ELIGIBLE EXPENSES COVERED AT 80% WITH DEDUCTIBLE

A written recommendation from a physician is not required for the following services:

### Professional services

\$25 per visit and an overall maximum of \$500 per calendar year for each of the following specialists:

- ◆ Acupuncturist
- ◆ Audiologist or Audioprosthesis
- ◆ Chiropractor
- ◆ Dietician
- ◆ Kinesiologist
- ◆ Naturopath
- ◆ Occupational therapist
- ◆ Osteopath
- ◆ Physiotherapist
- ◆ Podiatrist
- ◆ Psychologist
- ◆ Speech therapist

**Ambulance**, unlimited reimbursement

**Ultrasound scans**, up to \$50 per calendar year

**X-rays by a Chiropractor**, up to \$25 per calendar year

**Ophthalmologist or Optometrist**, overall maximum of \$50 every 24 months

**Medical questionnaire**, up to \$75 per calendar year (to obtain travel insurance from Blue Cross)

**Intrauterine device**, up to \$75 every 24 months

**TENS machine**, up to \$500 per calendar year

A written recommendation from a physician is required for the following services:

**Purchase or rental of equipment**, unlimited reimbursement

**Laboratory tests**, unlimited reimbursement

**Magnetic resonance imaging (MRI)**, up to \$675 per calendar year

**Polysomnography**, up to \$400 every 24 months

**Varicose-vein injections (sclerotherapy)**, \$20 per visit and 15 visits per calendar year

**Massage therapist**, up to \$25 per visit and \$500 per calendar year

**Nursing services**, 160 hours of care and up to \$5,000 per calendar year

**Dental care following an accident**, up to \$1,000 per accident

**CT scan**, up to \$250 per calendar year

### Limitation

Maximum total lifetime benefit at age 65 is \$15,000.

### Drugs (optional if you are under age 65)

## ELIGIBLE EXPENSES COVERED AT 80% OR 100% NO DEDUCTIBLE

- ◆ You will be reimbursed for the deductible and the coinsurance payable under the basic prescription drug insurance plan provided for in the *Act respecting prescription drug insurance* and administered by the *Régie de l'assurance maladie du Québec (RAMQ)*.
- ◆ You will also be reimbursed for the cost of prescription drugs not listed on the RAMQ list of medications provided they meet the following criteria:
  - They are drugs required to treat an illness or injury, can be obtained only on prescription by a physician or a dental surgeon and are sold by a pharmacist.

## DENTAL CARE

This coverage provides for reimbursement of costs of the eligible services described below for you or a member of your family.

## ELIGIBILITY

Age 16 to 59

If you select the DENTAL CARE benefit, you must also purchase the EXTENDED HEALTH BENEFIT.

If you purchase the DENTAL CARE benefit after your contract comes into effect, a three-month waiting period applies before the benefit comes into effect.

If you discontinue your DENTAL CARE benefit, you are no longer eligible, unless you can prove that you were covered by the DENTAL CARE benefit of another contract during this period.

## DEDUCTIBLE

Primary insured: \$50    Couple coverage: \$50  
Family coverage: \$50    Single-parent coverage: \$50

Upon receipt of satisfactory proof, Blue Cross will pay you the part of the expenses that exceeds the deductible, subject to the reimbursement percentages applicable for each type of service.

### PREVENTIVE CARE (REIMBURSED AT 80%)

- ◆ Examinations and diagnostic services
- ◆ X-rays
- ◆ Laboratory tests and examinations
- ◆ Preventive services
- ◆ Space maintainers

### BASIC CARE (REIMBURSED AT 50%)

- ◆ Removal of erupted teeth (uncomplicated surgery)
- ◆ Restorative services
- ◆ Endodontics
- ◆ Periodontics
- ◆ Removable prosthesis (adjustment, rebasing)
- ◆ Oral surgery
- ◆ Anesthesia
- ◆ Temporary dressing for emergency pain relief
- ◆ Finishing restorations

All of the eligible services listed above are subject to the maximums specified in your contract.

### MAXIMUM OVERALL REIMBURSEMENT (per insured)

First calendar year*	\$500
Subsequent calendar years	\$1,000

\* For any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated for the number of complete months between the effective date of the benefit and December 31 of the same year.

#### End of coverage

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

## IMPORTANT DEFINITIONS

#### Occupational categories

##### Category 4A

Professionals whose jobs require little physical effort or movement.

##### Category 3A

Professionals or technical staff not included in category 4A; administrators or managers with jobs that demand a high degree of stability and responsibility.

##### Category 2A

People in certain technical fields who supervise workers in technical trades that are not dangerous or who perform specialized clerical duties.

#### Category A

Skilled workers in industries or trades that are not dangerous, including certain office employees and sales staff.

#### Category B

Manual labourers whose jobs, generally in construction or in a factory, are more physically demanding.

#### Category Other occupations

(available for the MONTHLY INDEMNITY and OVERHEAD EXPENSES benefits only)

All other occupations being refused or not classified in the categories mentioned above.

#### Exclusions

These EXCLUSIONS do not apply to all benefits described in this brochure 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

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

- ◆ Extended health benefit
- ◆ Dental care
- ◆ Hospital allowance

The following benefits are insured by Canassurance Insurance Company:

- ◆ Disability due to accident and illness
- ◆ Regular occupation – Disability due to accident and illness
- ◆ Premium refund (65) – Disability due to accident and illness
- ◆ Overhead expenses
- ◆ Monthly indemnity due to accident and illness
- ◆ Term life 65

This guide summarizes the Flex Plan benefits under the Blue Flex contract. It is not an 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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