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# Member Portal Screen Shots & How-Tos



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## Contents

Registration.....	3
Security Question.....	4
Choose Log In Email.....	5
Confirm Account Set-Up.....	6
Create A Secure Password.....	7
Log In.....	8
Screen Tips.....	9
Menu.....	10
Home Page.....	11
My Coverage.....	12
My Coverage – Coverage Details.....	13
Submit A Claim – Qualifying Questions.....	15
Submit A Claim – Other Coverage.....	16
Submit A Claim – Submit Receipts.....	17
My Information – My Profile.....	18
My Information – My Banking.....	19
Annual Payments.....	20
Monthly Payments.....	21
Premium Receipts.....	22
Direct Deposit.....	23
My Information – My Documents.....	24
Send A Document.....	25
My Information – Member Card.....	26
Preferences – Settings & Security.....	27
Change Your Password.....	28
Change Log In.....	29
Manage Your Communication Preferences.....	30
Contact Us.....	31

## Registration

**SASKATCHEWAN BLUE CROSS**

### Let's start by finding your Personal Health Plan!

ID Number	Birthdate	Name
0000234567	30/09/1990-01-01	Policyholder
0000234568	30/09/1990-01-01	Spouse/Dependent
0000234569	30/09/1990-01-01	Spouse/Dependent
0000234570	30/09/1990-01-01	Spouse/Dependent
0000234571	30/09/1990-01-01	Spouse/Dependent

**1** Policyholder ID Number \*  
Enter ID number

**1** Policyholder First Name Initial \*  
Enter first name initial

**1** Policyholder Last Name \*  
Enter last name

**2** Policyholder Age \*  
Select your age bracket

**2** Number of people on the policy including you \*  
Select number of people on policy

**GREAT START**

**Next**

**1** The Policyholder will enter their information.

**2** This is the age of the policyholder, not necessarily the oldest member covered.

## Security Question



1

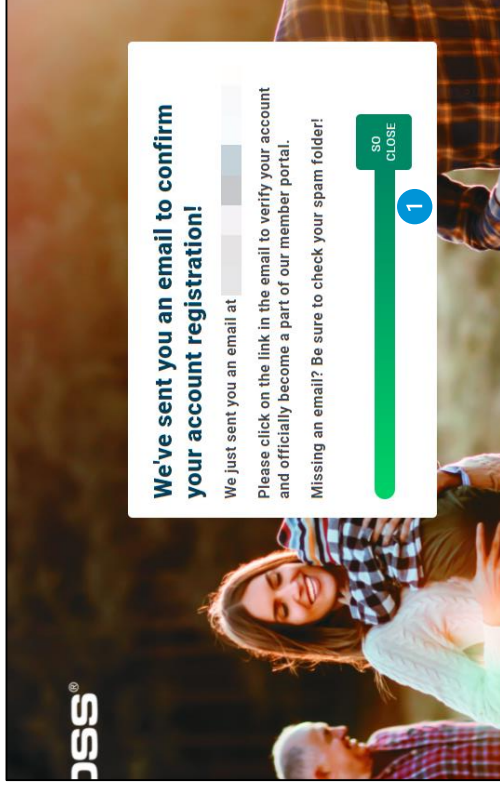
To validate their registration, the member will need to enter the amount of their last premium payment made. If a payment has not been processed on the policy yet, the member would enter 0.

## Choose Log In Email



- 1 Members enter their email address here
- 2 Members can choose to receive electronic communication from SBC. This preference can be changed at any time.
- 3 This generates a unique email to confirm registration.

## Confirm Account Set-Up



1

After clicking **'Send Registration Confirmation Email'** to complete their registration, the member will receive a notification that an email has been sent.

The email will provide a link to verify their registration.

2

The member verifies the account. by selecting **'Confirm Email'**.

The **'Confirm Email'** link will expire 45 minutes after it has been sent. If the registration is not completed before the 45-minute period has passed, the member will need to restart the registration process.

## Create A Secure Password



**Let's create a secure password.**  
If you forget it, don't worry - you can always reset it.

1

What makes a strong password?

- The longer the better (minimum 8 characters)
- A mix of upper and lowercase letters
- Numbers, symbols and spaces
- No ties to your personal information

We use Enzoic for real-time password monitoring. A password alert asking you to set a new password will be displayed on Member Portal if your password has been identified as potentially compromised and unsafe to use.

We take your security and privacy seriously and only use your information to ensure that we are providing you with the best service we can offer. Please take a moment to review our [Terms of Use and Privacy Code](#) in order to proceed.

I have read and agree to the Terms of Use and Privacy Code.

2

Log In Now

ALL DONE!

1

The member will be required to set up a password for their account. Passwords must contain:

- Minimum 8 characters
- A mix of upper and lowercase letters
- Numbers, symbols, and spaces
- No ties to your personal information

2

Before completing the registration, members will have to accept the Terms of Use and Privacy Code.



SK

## Log In

**SASKATCHEWAN BLUE CROSS**

**Log in to your Personal Health Plan Member Portal.**

Enter email \*

Enter password \*

**Log In**

[Forgot password or email?](#)

**1**

**Don't have an online account? Let's change that!**

Our member portal streamlines the process of submitting insurance claims and gives you a centralized platform to view your coverage benefits, make insurance premium payments and manage much more! If you have a Personal Health Plan with Saskatchewan Blue Cross, register for your online account today.

**Begin Registration**

f t in @

Need help or have questions? [Contact Us](#)

Privacy Terms of Use + SK

**1** If a member has forgotten their log in information, they can locate or reset the information by selecting the **'Forgot password or email?'** option.



## Screen Tips

**Health Plan Member Portal**

Next Renewal Date:

Renewal Date:

**My Member Card** **Submit**

**Statement**

Attachments: 1	Received - Dec 17, 2020
Attachments: 1	Received - Dec 16, 2020
Attachments: 1	Received - Dec 11, 2020
Attachments: 1	Received - Dec 11, 2020
Attachments: 1	Received - Dec 11, 2020
Attachments: 1	Received - Dec 11, 2020
Amount Covered: \$17.75	Processed - Mar 30, 2020
Amount Covered: \$17.75	Processed - Mar 30, 2020

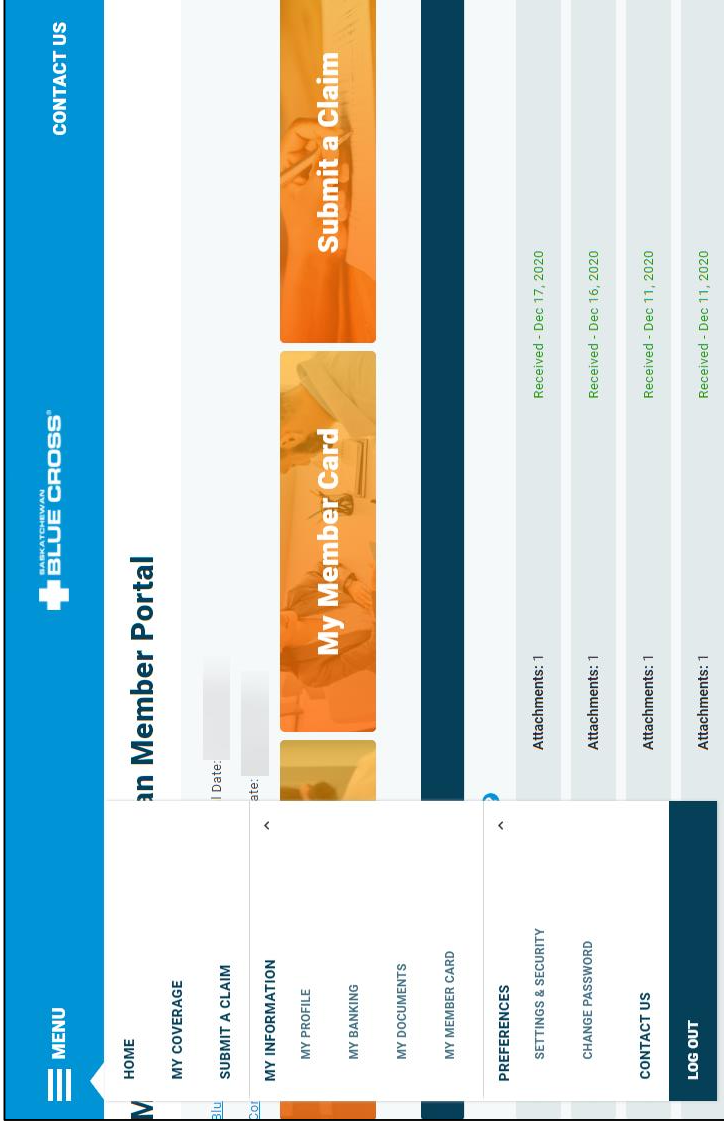
**How do I get a copy of my claims statement?**

You'll automatically receive an official Explanation of Benefits (EOB) claim statement in the mail shortly after your claim has been processed.

Anywhere you see the  icon, you can click to view additional information regarding the topic.

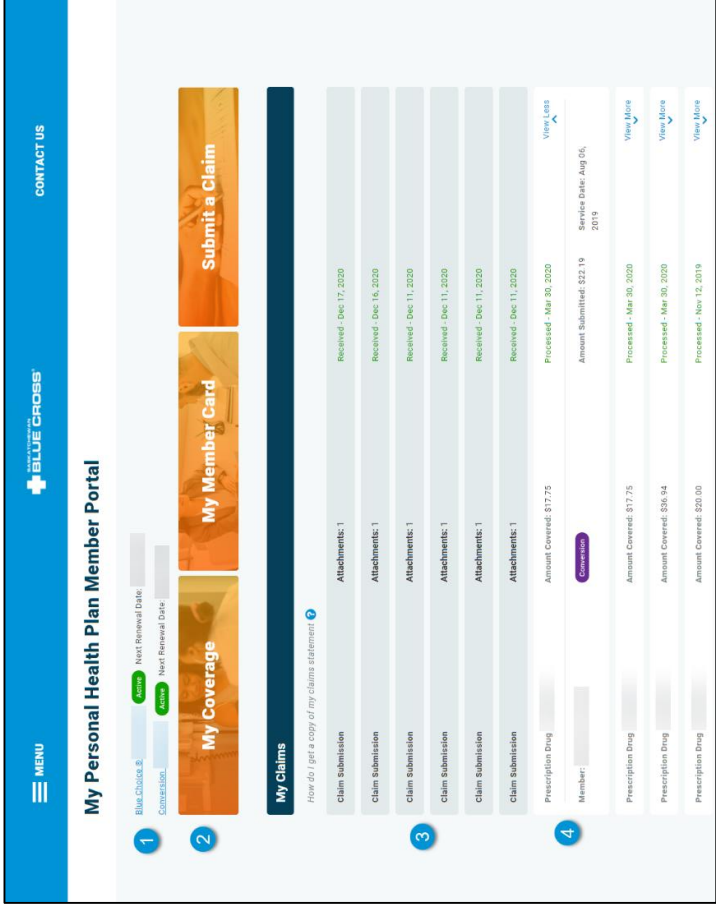


## Menu



Click the 'Menu' option gives you quick access to the entire portal from any screen.

# Home Page



**1** If members have more than one plan, they can switch between the information by selecting the policy number. All claims received will be listed here with their current status.

**2** Quick navigation buttons on the top and bottom of the pages allow for easy access to common pages.

**3** Once a claim has been assessed you can click more information to see the decision.

**4** Claims that have been assessed will appear in date order in the My Claims list. To view more information, select the View option at the end of the claim line.



# My Coverage



1

If the member has more than one plan the policy number and plan type will display which coverage information they are reviewing.

2

If a member has additional options their corresponding icons will appear to review the coverage.

3

This section contains the coverage information related to the Core Health benefits.

By selecting the "View More" icon, a specific list of coverage options will appear.

4

To view the coverage for a specific benefit, select the arrow icon.



## My Coverage – Coverage Details

☰ MENU
BLUE CROSS  
SASKATCHEWAN

### Message Therapist

This information is subject to the terms and conditions of the Policy and any amendments or exclusions you received in or Saskatchewan Blue Cross. Please note that coverage balances do not reflect pending or unprocessed claims.

← Previous Page

Coverage
Coverage Details
Claim Requirements

**Me (Policyholder)**

**Spouse/Partner**

<p><small>Name:</small></p> <p><small>Benefit Description:</small>  <b>100% coverage up to \$400 every policy year for treatments from a Registered Massage Therapist.</b>  <small>See Full Coverage Details</small></p> <p><small>Amount Remaining:</small>  <b>\$400.00</b></p> <p><small>Coverage Period:</small>  <b>Jul 01, 2020 to Jun 30, 2021</b></p>	<p><small>Name:</small></p> <p><small>Benefit Description:</small>  <b>100% coverage up to \$400 every policy year for treatments from a Registered Massage Therapist.</b>  <small>See Full Coverage Details</small></p> <p><small>Amount Remaining:</small>  <b>\$400.00</b></p> <p><small>Coverage Period:</small>  <b>Jul 01, 2020 to Jun 30, 2021</b></p>
---	---

1

Based on the benefit selected, the display may include a Benefit Description, Amount Remaining, Coverage Period or Next Eligible date, and any coverage restrictions for each participant on the policy.



**Message Therapist**

This information is subject to the terms and conditions of the Policy and any amendments or exclusions you received in writing from us at the time you became a valued member of Saskatchewan Blue Cross. Please note that coverage balances do not reflect pending or unprocessed claims.

← Previous Page

**Coverage**   **Coverage Details**   **Claim Requirements** <sup>1</sup>

Charges for diagnosis or treatment by a registered massage therapist, except when performed in a Hospital, up to \$400 per Insured per Policy year. A Physician referral may be required for the services of a registered massage therapist.

[View my policy booklet](#) <sup>2</sup>

1

The Coverage Details displays the standard benefit description from the Policy booklet.

2

This will link the member to an online copy of their Policy booklet.

**Message Therapist**

This information is subject to the terms and conditions of the Policy and any amendments or exclusions you received in writing from us at the time you became a valued member of Saskatchewan Blue Cross. Please note that coverage balances do not reflect pending or unprocessed claims.

← Previous Page

**Coverage**   **Coverage Details**   **Claim Requirements**

**Standard Requirements** <sup>1</sup>

Your submission should include itemized receipts or invoices which include the following:

- Patient's name
- Date(s) of purchase/service
- Description of the product/service
- Name, location, professional designation of the supplier/provider
- Amount charged

Please note: If expenses have been claimed under another source of coverage, a detailed Explanation of Benefits (EOB) statement from their benefit consideration must also be included.

1

This section lists all the information required to support the member's claim.

## Submit A Claim – Qualifying Questions

The screenshot shows a web form titled "Submit a Claim" with a progress indicator showing three steps: 1. Qualifying Questions (active), 2. Other Coverage, and 3. Submit Receipts. The form includes a "Previous Page" link, a "MENU" button, and a "CONTACT US" button. The main content area contains the heading "Let's Start With a Couple of Questions:" followed by two questions, each with "Yes" and "No" radio button options. A "Next" button is located at the bottom right of the form.

**Submit a Claim**  
What information or documents do I need to submit my claim?

← Previous Page

**1** Qualifying Questions

**2** Other Coverage

**3** Submit Receipts

**CONTACT US**

**Let's Start With a Couple of Questions:**

Are any expenses related to a medical emergency that occurred outside your province of residence? \*

Yes  
 No

Are any expenses related to a motor vehicle accident or workplace injury? \*

Yes  
 No

**1**

**Next**

When submitting a claim, members will be asked some qualifying questions to determine if the claim needs additional details from SGI or WCB. **1**

## Submit A Claim – Other Coverage

**Submit a Claim**  
What information or documents do I need to submit my claim?

1 Qualifying Questions

2 **Other Coverage**

3 Submit Receipts

**Let's Learn About Any Other Coverage You May Have:**

What is other coverage?

Do you or anyone else covered by your plan have:  
 • Coverage from another insurance company?  
 • Coverage from a different employer?  
 • Change to other coverage previously reported?  
 • Cancellations of other coverage previously reported?

Yes  
 No

Name of Insurance Company \*  
 Enter insurance company name

Policyholder's Name \*  
 Enter policyholder's name

Policyholder's Date of Birth (YYYY/MM/DD) \*  
 YYYY/MM/DD

Plan Number \*  
 Enter plan number

ID Number \*  
 Enter ID number

When did you start receiving benefits from this policy? \*  
 Enter effective date

Need help or have questions? [Contact Us](#)

[Back](#) [Next](#)

2

To manage a members Coordination of Benefits, members must complete the Other Coverage information if they have had a change in their existing Other Coverage details.

**Submit a Claim**  
What information or documents do I need to submit my claim?

1 Qualifying Questions

2 Other Coverage

3 **Submit Receipts**

**Tell Us More About Your Other Coverage:**

What, if anything, has changed about your previously reported other coverage (optional)?  
 Enter changes

If you had other coverage that has been cancelled, please provide the cancellation date (optional).  
 Termination Date (if applicable)  
 Enter termination date

Name of Insurance Company \*  
 Enter insurance company name

Policyholder's Name \*  
 Enter policyholder's name

Policyholder's Date of Birth (YYYY/MM/DD) \*  
 YYYY/MM/DD

Plan Number \*  
 Enter plan number

ID Number \*  
 Enter ID number

When did you start receiving benefits from this policy? \*  
 Enter effective date

Type of Coverage: \*  
 Group Plan (ex. employer plan)  
 Individual Plan (ex. personal plan)

Benefits: \*  
 Drugs  
 Vision  
 Dental  
 Other Health

What, if anything, has changed about your previously reported other coverage (optional)?  
 Enter changes

If you had other coverage that has been cancelled, please provide the cancellation date (optional).  
 Termination Date (if applicable)  
 Enter termination date

[Back](#) [Next](#)

3

The Other Coverage detail screen will ask the member for their other insurance policy, coverage and change information.





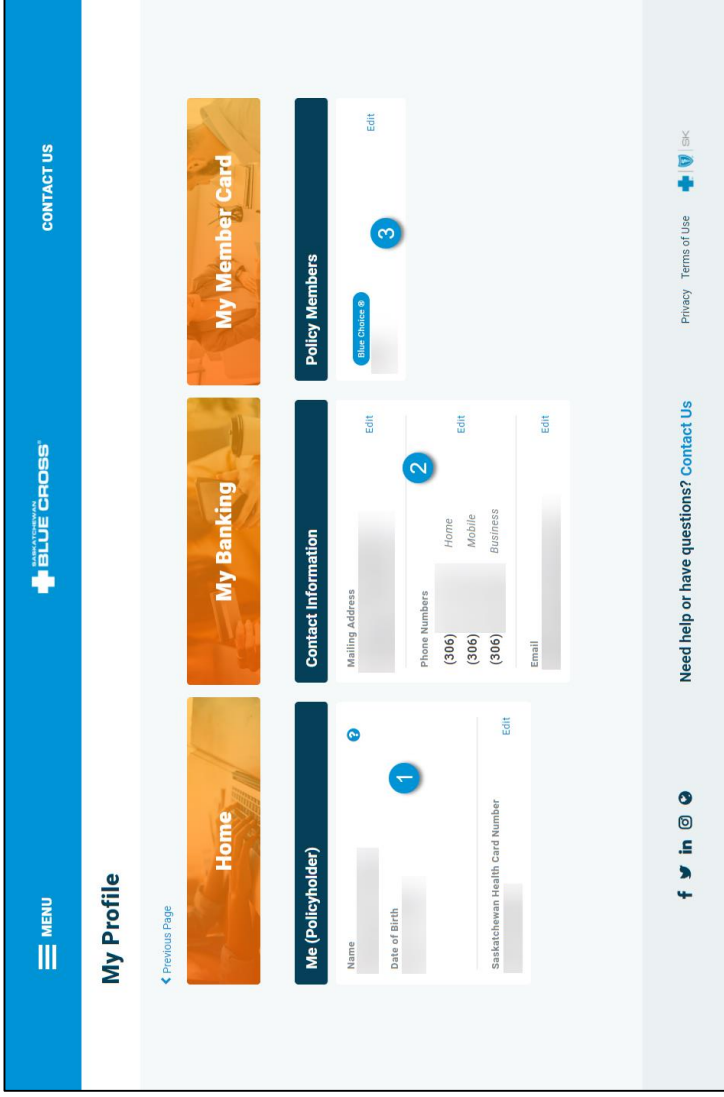
## Submit A Claim – Submit Receipts

**4** The members can upload up to 5 claim documents per submission.

**5** Uploaded documents will appear in the review section for confirmation.  
The documents cannot be selected to see the details. Only the title of the document will be displayed.

**6** Any corresponding details about the claim can be entered for assessors.  
The member will then have to accept the Online Claim Submission Agreement before selecting Submit.

## My Information – My Profile



1

The policy holder's personal information will be displayed for review.

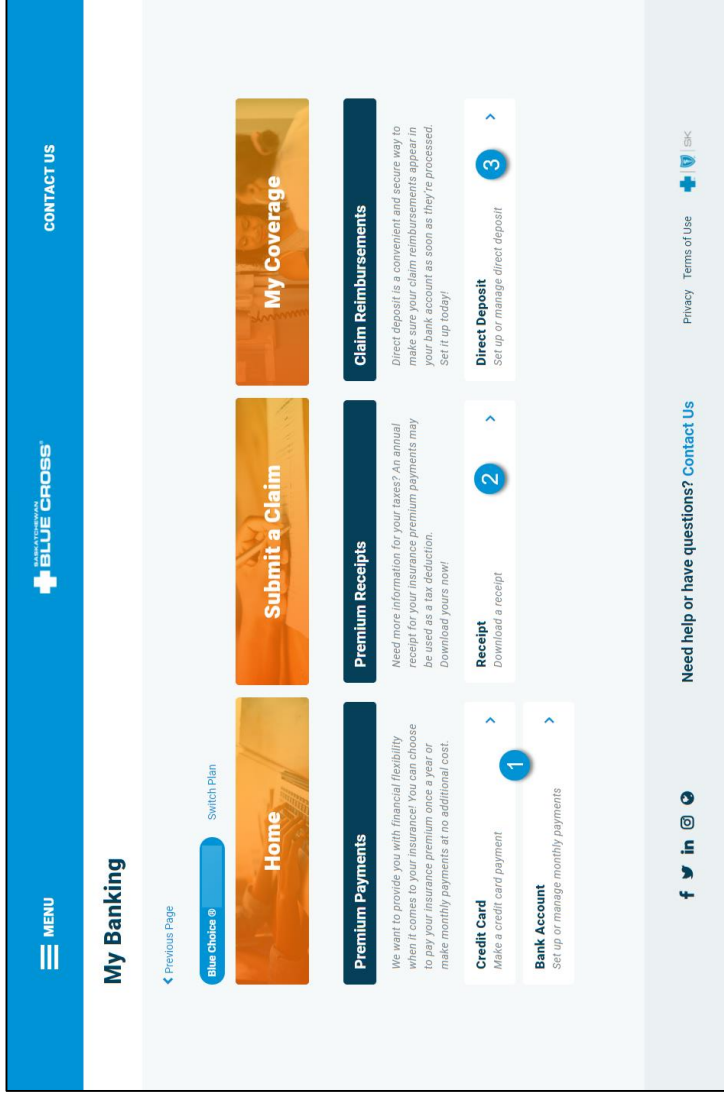
2

Member's contact information will be displayed and can be edited.

3

Any covered members will be listed for review and editing.

## My Information – My Banking



1

Premium payments can be made annually with a Credit Card or monthly by setting up and managing their banking information.

2

Premium tax receipts can be downloaded for personal use.

These receipts will only be able to go back to 2019.

3

Direct deposit for claim reimbursement can be set up and managed.

# Annual Payments

**MENU** **BLUE CROSS** **CONTACT US**

## Make a Credit Card Payment

*How is my credit card information managed?*

← Previous Page

**STEP 1** Provide Your Payment Amount & Type

Enter your payment amount \*

\$ 0.00

Select your payment type \*

**Select payment type**

Select payment type

- Annual Premium Payment
- Payment Resubmission
- Claim Repayment
- Other

**STEP 2** Provide Your Credit Card Details

Cardholder Name \*

Enter Cardholder Name

---

Credit Card Number \*

XXXX XXXX XXXX XXXX (15-16 digits)

---

Expiry Date \*

MM/YY

CVV \*

XXXx (3-4 digits)

Where can I find my CVV?

**STEP 3** Provide Your Consent

When you submit your payment, your name and credit card information will be sent to our authorized third-party credit card processor for verification. Saskatchewan Blue Cross will not retain your information.

**Cancel** **Make Payment**

**1** Members can select the amount and type of payment.

**2** In the Credit Card details section, the member will enter the corresponding information for the payment.

**3** Before the member selects Make Payment, they will have to provide consent.

# Monthly Payments

**Set Up or Manage Monthly Payments**  
Why is my banking authorization permission required?

← Previous Page

Set up monthly premium payments from your bank account in three easy steps! Payments will be automatically withdrawn from your account every month, so you don't have to worry about remembering to make payments until next year.

**STEP 1 Provide Your Banking Details**

Branch/Transit Number \*  
XXXXX (5 digits)

Bank/Institution Number \*  
XXX (3 digits)

Account Number \*  
XXXXXXXXXXXX (7-12 digits)

Where can I find my bank account information?

**STEP 2 Confirm Your Bank Account Usage**

**Withdraw Premium Payments**

Select the policies that you want to pay premiums for using this bank account:

**Direct Deposit**

PLEASE NOTE: You only need to check the direct deposit box if you add new banking information or change your banking information and want it applied to direct deposit as well. If your direct deposit information is already indicated as active on your policy, no consent is required unless you'd like to make a change.

I also want to use this bank account for all direct deposit claim reimbursements. By consenting, you will not have to set up direct deposit separately.

**STEP 3 Provide Your Consent**

PLEASE NOTE: You only need to check the consent box and submit if you add new banking information. If your banking information is already active and shown on this page, no consent or submit action is required.

I consent to the collection, use and retention of my banking information.

Any changes to your banking information (including initial set up) will be processed within 3-5 business days.

New payment information must be received at least 5 business days before the monthly pre-authorized payment is taken.

Cancel Submit

**1** To make monthly payments for their premiums, members can enter the corresponding bank account information.

**2** If the member has more than one policy, they will be able to choose which account(s) they would like the payments to be processed for.

**3** Before the member selects Submit, they will have to provide consent.

Members will also be able to set up for Direct Deposit of claim reimbursements during this process if they would like.



# Premium Receipts

**Download a Receipt**

Need an annual premium receipt? Simply select the calendar year you want to view from the list below. You'll be able to print or save your receipt after you download, so it's always easily accessible when you need it.

If you need a receipt for a year that's not in the list, simply Contact Us and we'd be happy to help!

Select calendar year

2020  
2019

Cancel Download

Need help or have questions? Contact Us Privacy Terms of Use

1

To obtain a receipt for the premiums paid, members would select the desired calendar year.

2

If the desired year does not appear the member would have to wait until all payments are processed before the year option would be available.



# Direct Deposit

**Set Up or Manage Direct Deposit**  
How is your direct deposit information managed?

Want to receive claim reimbursements as soon as they're processed? Set up direct deposit to get them deposited into your bank account quickly and securely.

**STEP 1 Provide Your Banking Details**

Branch/Transit Number \*  
XXXXX (5 digits)

Bank/Institution Number \*  
XXX (3 digits)

Account Number \*  
XXXXXXXXXXXX (7-12 digits)

Where can I find my bank account information?

**STEP 2 Confirm Your Bank Account Usage**

Select the policies that direct deposit should be applied to:

**STEP 3 Provide Your Consent**

I hereby authorize Saskatchewan Blue Cross to directly deposit payments to the bank account identified, and to withdraw funds required to correct amounts that may have been deposited in error.

Any changes to your direct deposit information (including initial set up) will be processed within 3-5 business days.

Cancel Submit

Need help or have questions? Contact Us

Privacy Terms of Use

1

To set up for Direct Deposit of claim reimbursements, the members would enter their bank account information.

2

If the member has more than one account, they can select which account(s) they would like to assign the Direct Deposit for.

3

Before the member selects Submit, they will have to provide consent.



## My Information – My Documents

MENU
BLUETHE CROSS  
A MEMBER OF THE UNITED WAY
CONTACT US

### My Documents

[← Previous Page](#)

Home

My Profile

My Banking

**Need to Send Us a Document?**

Use the "Send a Document" button below to securely upload and send us your power of attorney, doctor's letter, application forms and more.

Send a Document 1

**Submitting a Claim?**

If your documents are related to a claim that you want to submit, visit our [Submit a Claim](#) page. We'll walk you through the process and make sure you're sending us all the required documentation!

**Document History**

Here's the list of documents we've received from you.

Type	Date	File
Doctor's Letter	Jan 01, 1900	More Value.jpg
Power of Attorney / Authorization Letter	Jan 01, 1900	Benefit enhancements.jpg

1 to 2 of 2 items

**1**

In the My Documents section, members will be able to attach documents to send to SBC.

**2**

Any documents that have been sent will give a short description for the member to review.



## Send A Document

The screenshot shows a web form titled "Send a Document" with a sub-header "How are my documents being used?". The form is divided into three numbered steps:

- Step 1: Select Your Document Type** - A dropdown menu labeled "Select document type \*" with "Select document type" below it.
- Step 2: Upload Your Document (remaining files: 5)** - A dashed box containing a plus icon and the text "Drag and drop your files or click to add."
- Step 3: Add a Message (optional)** - A text input field with the placeholder "Enter a message".

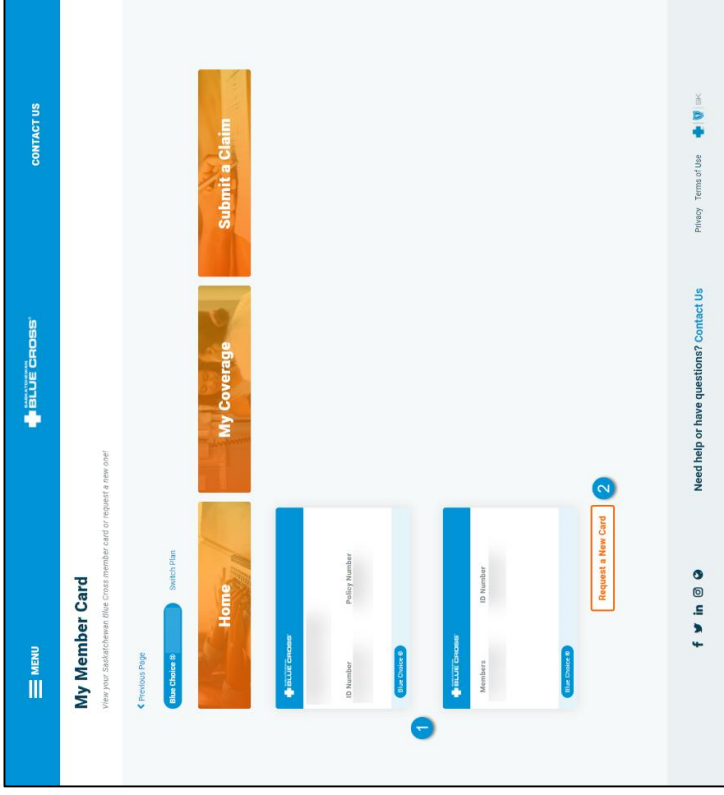
At the bottom of the form are two buttons: "Cancel" and "Send Document". The footer contains social media icons (Facebook, Twitter, LinkedIn, Instagram) and the text "Need help or have questions? Contact Us".

**1** To help designate the type of document being sent, you will select the corresponding Document Type for the document they are submitting.

**2** You can upload up to 5 documents per submission.

**3** If you would like to include a message with the document, you can enter the details in the Add a Message section.

## My Information – Member Card



1

In the Member Card section, the card details will be displayed.

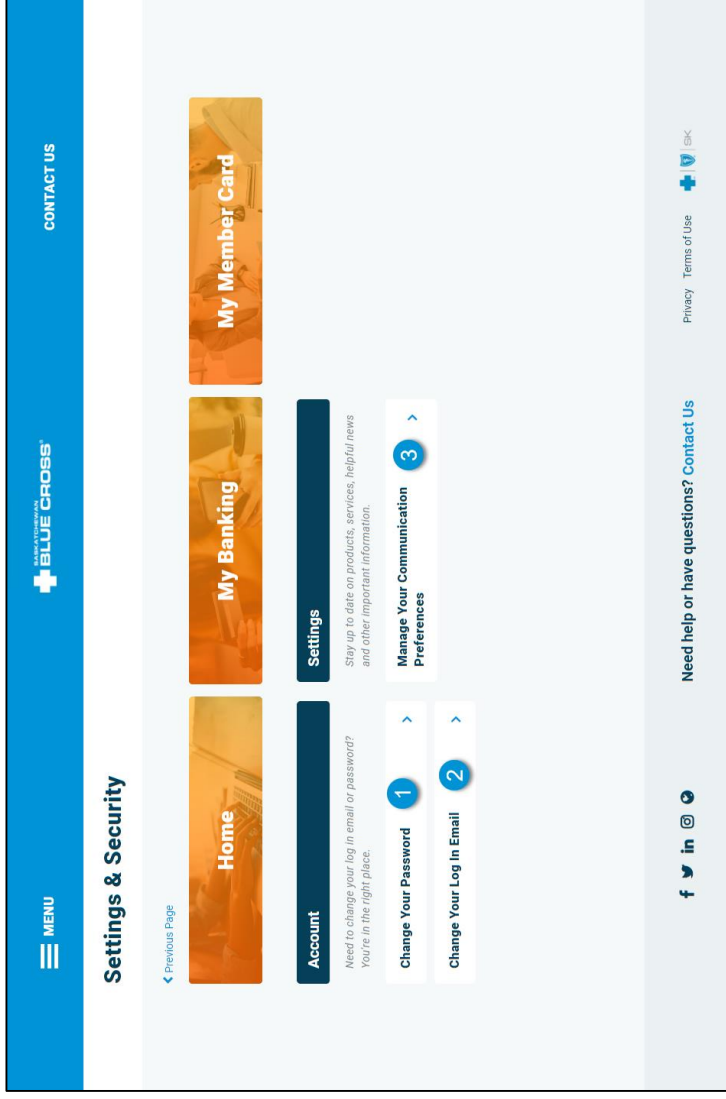
2

If the member would like a new set of cards sent out in the mail, they can select Request a New Card.

A maximum of two cards can be requested each day.



## Preferences – Settings & Security





**1** Members can change their passwords for logging into the portal.

**2** Members can change their log in email information.

**3** Members can change their communication preferences from within the portal.

## Change Your Password

 MENU


  
 BLUE CROSS

CONTACT US

---

### Change Your Password

[← Previous Page](#)

Time to update your password? Don't worry! If you forget it, you can always reset it by clicking "Forgot Password" on log in.

**Current Password \***

**New Password \***

**What makes a strong password?**

- The longer the better (minimum 8 characters)
- A mix of upper and lowercase letters
- Numbers
- No ties to your personal information

We use Enzolec for real-time password monitoring. A password alert asking you to set a new password will be sent to you if your password has been identified as potentially compromised and unsafe to use.

1

The member would enter their current password and their desired new password.

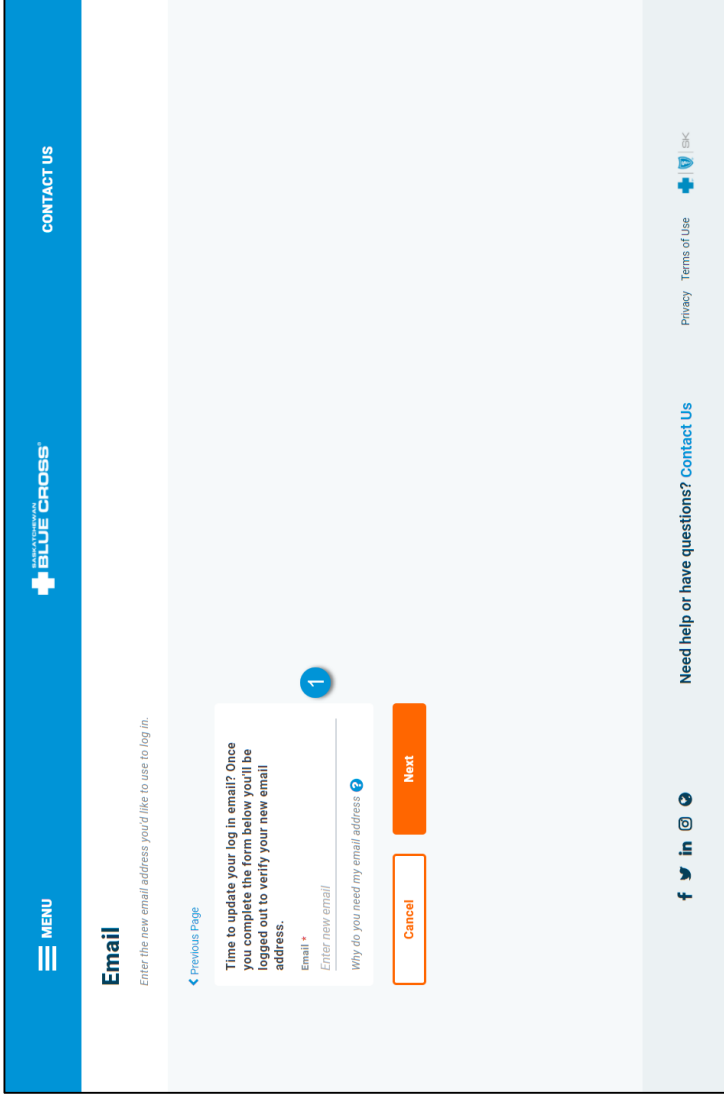
2

If they are unsure what requirements are needed for the password, a description of a strong password is listed. The member will receive an email confirming their password change.



SK

## Change Log In



1

To update the log in email address, the member would enter the new email information.

# Manage Your Communication Preferences

**Manage Your Communication Preferences**  
For additional information, review the Privacy Code

[Previous Page](#)

Saskatchewan Blue Cross follows the Canadian Anti-Spam Legislation (CASL). This means that we need your consent to keep you up to date about products, services, helpful news and other important information by electronic means. Can we connect with you?

Yes, Saskatchewan Blue Cross can communicate with me via email messages. I understand that all emails include an unsubscribe link.

Yes, Saskatchewan Blue Cross and its SMS service provider can send me text messages. I understand that standard message and data rates may apply. I can unsubscribe by replying to the message with the keywords "STOP", "ARRET".

[Cancel](#) [Save](#)

[f](#) [t](#) [in](#) [@](#) [Need help or have questions? Contact Us](#) [Privacy](#) [Terms of Use](#)

1

Members can choose to add or reduce the types of communications sent by SBC.

Depending on the communication preference, changes may take between 1-10 days to become effective.



# Contact Us



**1** Members can send us an email message to the Service inbox. If a member needs to add a document to their message, they will need to go to the My Documents section.

**2** Information to locate the SBC offices and the hours of operations will be displayed. The Our Office Locations links will open Google Maps to show our location for directions.

**3** Local brokers can be searched through the portal for easy navigation.

**4** The Emergency Travel Provider information is accessible.

**5** A list of Frequently Asked Questions can be located and reviewed by members.

