

## About the SRA Health & Dental Benefits Plan

### General Information

- All benefits are per person, per Policy Year unless otherwise stated.
- Although monthly rates are quoted, contracts are annual with a renewal date of July 1st of each year. Monthly premium payments are debited from your bank account on the first banking day of each month. In the event that all or any portion of the plan is cancelled by a Member or their Dependant(s) during the year, the remainder of the annual premium becomes due.
- This brochure is an overview of your coverage. Upon purchase, a detailed booklet will be issued by Group Medical Services.
- GMS reserves the right to amend any benefit provisions, terms and conditions.

### Eligibility

To be eligible for coverage, Applicants must be:

- A retiree of the Saskatchewan government ministries or Saskatchewan government crowns, agencies, boards, or commissions; a Member of the SRA; insured under a provincial government health insurance plan; and must apply within sixty (60) days of the latest of: a) the date the Member retires from active work; b) the cancellation date of the spouse's group plan; or c) the cancellation date of any other group extended health plan. If applying more than sixty (60) days after the latest of the dates listed above, the Member will be required to provide medical evidence satisfactory to GMS.
- An SRA Member's coverage becomes effective on the 1st of the month closest to the date the member becomes eligible.

### Calculating Premium Payment Amounts

- For Monthly Pre-Authorized Debit, refer to the Coverage Selection section of the attached enrolment form to determine the total monthly premium.

### To Enrol in the Plan

- The SRA must approve and sponsor your SRA Membership Application before your application for the SRA Extended Benefits Program can be processed.
- Please forward your SRA Membership Application (available on the SRA website at [www.saskretirees.org](http://www.saskretirees.org)) and SRA membership fee to:

#### Saskatchewan Retirees Association

Walter Scott Building  
3085 Albert St., Regina SK, S4S 0B1

- SRA annual membership fee is due each year on January 1st. Members are encouraged to pay up to four years in advance for their convenience.

### Please forward your SRA Benefits Program Enrolment Form to:



#### Group Medical Services

2055 Albert Street PO Box 1949 Regina, SK S4P 0E3

**toll-free** 1.800.667.3699 **fax** 306.525.6360

**email** [info@gms.ca](mailto:info@gms.ca)

[www.gms.ca](http://www.gms.ca)

*Group Medical Services is the operating name for GMS Insurance Inc. in provinces outside Saskatchewan.*

Effective July 1, 2011 · 0107CA11

# Saskatchewan Retirees Association

Health & Dental Benefits Plan

Underwritten By:



Group Medical Services

Group Medical Services | looking after you and the ones you love



## Extended Health Benefits Plan

### In Canada

Health benefits are payable to a combined overall maximum of \$10,000 per person per Policy Year.

#### Accidental Dental Injury (100%)

Up to \$2,000 per Policy Year.

#### Air Ambulance (100%)

Unlimited emergency transport within your province of residence.

#### Ambulance (Ground) (100%)

Unlimited emergency transport 50% of trip home for those who are bedridden.

#### Artificial Limbs, Eyes & Larynx (80%)

Unlimited.

#### Blood Pressure Monitors (80%)

Once per policy per 5 Policy Years.

#### Breast Prosthesis and Surgical Brassieres (80%)

Up to \$325 for lateral mastectomy in the 2 most recent Policy Years, \$650 for two if bilateral. Two surgical brassieres per Policy Year.

#### Cardiac Rehabilitation (80%)

Up to \$225 per Policy Year.

#### Casts and Crutches (80%)

Unlimited fiberglass casts and purchase or rental of crutches.

#### Custom Foot Orthotics (80%)

Up to \$300 once in the 3 most recent Policy Years.

#### Diabetic Equipment (100%)

Up to \$500 in the 5 most recent Policy Years.

#### Diabetic Supplies (100%)

Unlimited supplies for purchase for home use (insulin and medications covered under Prescription Drugs).

#### Hearing Aids (80%)

Up to \$800 in the 3 most recent Policy Years.

#### Health Practitioners (80%)

Up to \$225 per practitioner per Policy Year for treatment by a (Acupuncturist, Chiropractor, Clinical Psychologist, Massage Therapist, Physiotherapist, Podiatrist and Speech Therapist).

#### Ostomy Supplies (80%)

Unlimited for purchase for home use.

#### Out-of-Province Referral (80%)

\$50,000 lifetime maximum.

#### Oxygen Equipment (80%)

Up to \$500 per Policy Year for the cost of oxygen equipment rental and/or Continuous Positive Airway Pressure supplies (excludes oxygen and CPAP machines).

#### Patient Walkers (80%)

Up to \$200 in the 3 most recent Policy Years.

#### Preferred Hospital Wards (100%)

Unlimited private or semi-private rooms. Prescription Drugs (100%)

Up to \$1,700 per Policy Year for formulary and non-formulary drugs (excluding pharmacist dispensing fee).

#### Private Duty Nursing (80%)

Up to \$2,500 per Policy Year.

#### Therapeutic Shoes (80%)

Up to \$200 per Policy Year.

#### Vision (80%)

Glasses/Contacts: Up to \$300 in the 3 most recent Policy Years. Eye Exams: Up to \$100 per Policy Year.

#### Wheelchairs, Motorized Scooters & Adjustable Beds (80%)

Up to \$500 combined maximum in the 5 most recent Policy Years (per policy benefit).

#### Other Health Benefits (80%)

Up to a \$500 overall maximum per Policy Year for splints, wigs, knee braces with metal components, trusses, rib belts, air casts, clavicle straps, cervical collars, sacroiliac corsets, embolic stockings (maximum

of 4 pairs per person per Policy Year) and aero chambers.

### Out-of-Province or Out-of-Canada Travel Medical

Comprehensive emergency medical coverage while traveling. \$1,000,000 lifetime maximum per person.

#### Emergency Medical Travel Coverage\*

- In-Canada: 180 days per trip.
- Out-of-Canada: 60 days per trip.

*\* For Members under age 75, if you have received treatment or experienced symptoms within 90 days before your trip, certain exclusions may apply. For Members 75 or older, if you have received treatment or experienced symptoms within 180 days before your trip, certain exclusions may apply. A detailed benefits booklet will be issued. Please be sure to read and understand the travel coverage information before you travel.*

### Dental Option\*\*

Eligible dental expenses are payable to a combined maximum (basic and major services) of \$1,000 per person per Policy Year.

#### Basic Dental Services (80%)

Oral exams, scaling, polishing, fillings, extractions, periodontics, endodontics, anaesthetics and repairs to dental appliances.

#### Major Dental Services (50%)

Crowns, bridges, dentures, inlays and onlays.

Coverage for major dental services shall not commence until the patient has been covered under this Policy for a continuous period of six (6) months.

*\*\* Members must purchase the Extended Health Care Plan in order to be eligible for the dental option.*