

About the SRA Health & Dental Plans

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 Dependand(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 GMS.
- GMS reserves the right to amend any benefit provisions, terms and conditions.

Eligibility

To be eligible for coverage, applicants must be:

- A member of the SRA.
- Insured under a provincial government health insurance plan.

Applicants must apply within 60 days of the latest of:

- a. the date the you retire from active work;
- b. the cancellation date of your spouse's group plan; or
- c. the cancellation date of any other group extended health plan.

If applying more than 60 days after the latest of the dates listed above, you must complete and submit a SRA Medical Questionnaire form with your application subject to medical underwriting and prior approval of GMS.

Effective Date of Coverage

Your coverage becomes effective on the 1st of the month. The effective date must begin within 60 days of your retirement date.

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 enrolment in the SRA Health and Dental Plans can be processed.
- Obtain your SRA Membership Application Form at www.saskretirees.org
- Obtain your SRA Health & Dental Plans Enrolment Form at www.saskretirees.org
- Please forward ALL forms (SRA Membership Application Form, SRA Health & Dental Plans Enrolment Form and GMS Pre-Authorized Debit Form) plus the appropriate SRA fees and GMS premium along with a voided cheque to:

Saskatchewan Retirees Association Inc.

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

For more information:

Call: 306.584.5552 (voice mail)
Email: info@saskretirees.org
www.saskretirees.org

Saskatchewan Retirees Association

Health & Dental Plans



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Underwritten By

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SRA Health & Dental Plans

The following benefits are available to SRA members who are enrolled in the Plans.

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%)

One per policy per 5 Policy Years.

Breast Prosthesis and Surgical Brassieres (80%)

Unlimited for breast prosthesis. Two surgical brassieres per Policy Year.

Cardiac Rehabilitation (80%)

Up to \$225 per Policy Year.

Casts and Crutches (80%)

Unlimited fibreglass 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 \$300 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 per policy in the 5 most recent Policy Years.

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 travelling. \$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 Plan Option**

Eligible dental expenses are payable to a combined maximum (basic and major services) of \$1,200 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 6 months.

** Members must purchase the health plan in order to be eligible for the dental plan option.