

# Generations of Canadians have counted on us. **You can, too.**

In 1949, well over a decade before Saskatchewan would introduce the world to Medicare, a determined group of friends and neighbours joined an equally determined group of doctors in one common pursuit: quality, affordable health insurance.

Everyone would contribute a small sum each month to make sure that, in the event of unexpected illness or injury, they and their loved ones would be well taken care of – and so would the bill.

## Group Medical Services was born.

Today, GMS endures as a preferred provider of health and travel insurance, covering a vast range of costs government and other private benefit plans do not. And we've been extending our trademark combination of service, choice and value across Canada since 2003 – to enthusiastic and continually growing response.

Much has changed in over 70 years, but here's what never will:  
Our commitment to protecting you.

SRA Health & Dental Plans provided by Group Medical Services.

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## General Information

- All benefits are per person, per Policy Year unless otherwise stated.
- Premiums are due monthly, the contract renews July 1st of each year. Monthly premium payments are debited from your bank account on the 1<sup>st</sup> or 15<sup>th</sup> of the month.
- 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; and
- insured under a provincial government health insurance plan.

Applicants must apply within 60 days of:

- a. the date of retirement from active work; or
- b. the cancellation date of a spouse's group plan

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

SRA Members currently enrolled under an extended health and dental benefit plan with comparable benefits to this policy are not required to provide medical evidence to GMS if applying for coverage prior to the earlier of the following dates:

- a. 24 months of retiring from active work; or
- b. reaching age 70.

If applying after the earlier of the dates listed above, the Member will be required to provide medical evidence satisfactory to GMS, and may be subject to medical underwriting and prior approval of GMS.

## Effective Date of Coverage

Your coverage becomes effective on the 1<sup>st</sup> 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 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 and Health & Dental Plans Enrolment Form at [www.saskretirees.org](http://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](mailto:info@saskretirees.org)

[www.saskretirees.org](http://www.saskretirees.org)

### Group Medical Services

toll-free 1.800.667.3699 email [info@gms.ca](mailto:info@gms.ca)

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

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Effective July 1, 2021 • 01JULY21  
Underwritten by Group Medical Services

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# Health and Dental Plans

*Effective July 1, 2021*







## Health Benefits

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 & SURGICAL BRASSIERES (80%)**

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

**CARDIAC REHABILITATION (80%)**

Up to \$225 per Policy Year.

**CASTS & CRUTCHES (80%)**

Unlimited fibreglass casts and purchase or rental of crutches.

**CUSTOM FOOT ORTHOTICS (80%)**

Up to \$400 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 \$1,200 in the 3 most recent Policy Years.

**HEALTH PRACTITIONERS (80%)**

Up to \$400 per practitioner per Policy Year for treatment by an Acupuncturist, Chiropractor, Clinical Psychologist, Massage Therapist, Naturopath, Physiotherapist, Osteopath, Podiatrist, Reflexologist, 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 (CPAP) supplies.

Up to \$275 per person per Policy Year for 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 \$5,000 per Policy Year.

**THERAPEUTIC SHOES (80%)**

Up to \$200 per Policy Year.

**VISION (80%)**

Glasses/Contacts: up to \$400 in the 2 most recent Policy Years. Eye Exams: up to \$125 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.

## Member Assistance Program (MAP)

The Member Assistance Program (MAP) delivers a variety of resources and professional services to help you live well. MAP is accessible 24 hours a day, seven days a week, 365 days of the year.

The MAP is a benefit under your Saskatchewan Retirees Association Health Benefits plan - members and their dependants are eligible to receive MAP benefits.

**ONLINE SERVICES**

Access a range of online tools and resources such as articles about specific health topics, e-learning courses, and more.

**LIFESTYLE COACHING**

Over-the-phone services with supporting materials designed to allow users to take a proactive approach to managing everyday challenges. Some of the topics covered are nutritional coaching, smoking cessation, retirement and post-retirement planning, elder and family care, legal advisory, financial coaching, relationship solutions, and grief and loss.

**COUNSELLING**

Confidential counselling services to help members with personal challenges such as relationship or family concerns, anxiety, depression, addictions, grief, coping with health issues, etc.

## Travel

Comprehensive emergency medical coverage while travelling. \$1,000,000 lifetime maximum per person of which \$500,000 can be used towards a treatment for a positive COVID-19 diagnosis.

**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 Care – Optional

Members must purchase the health plan in order to be eligible for the 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 (65%)**

Crowns, bridges, dentures, inlays and onlays.

