



Superannuated Teachers of Saskatchewan Group Benefits Information

Effective Date: February 1, 2012

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This material summarizes the important features of our group program; it is prepared as information only; and does not, in itself, constitute an Agreement. The exact terms and conditions of our Group Benefits Program are described in the Group Benefits Policy held by STS.

General Information

Effective Date of Coverage

You are eligible to apply for benefits if you are an active member of the association of Superannuated Teachers of Saskatchewan, and you and/or your dependents, if applicable, are residents of Canada and are eligible for benefits under the provincial health care program in your province of residence.

Your coverage would become effective on the first of the month following the date of application provided the application is submitted prior to the 15th of the month; otherwise, the first of the subsequent month.

Late Enrollment

You would be required to submit evidence of good health if you apply for coverage more than 60 days after the date:

- you retire,
- coverage terminates under a spouse's group plan, or
- coverage terminates under any other group plan.

Coverage would begin on the date the insurer approves your application.

Eligible Dependents

Dependents are defined as your spouse, unmarried dependent children under 21 years of age, and unmarried children under 26 years of age who are attending an educational institution or training at a school of learning on a full-time basis. Dependent children who are physically or mentally infirm will be covered beyond the limiting age.

Termination of Benefits

Coverage would cease on the earliest of the date you are no longer a member of STS, or the termination date of the Group Contract.

Any change to, or cancellation of coverage must be received in writing to the Superannuated Teachers of Saskatchewan office by the 15th of the preceeding month.

Extended Health Care Benefits

An overall combined annual maximum of \$10,000 per person applies to the following benefits. Amounts shown are annual limits payable per covered person, unless otherwise stated.

Hospital Accommodations

- 100% of the difference between standard ward and semi-private or private hospital rates in your province of residence up to a maximum of 50 days.

The co-insurance for the following benefits is 80%:

Formulary Prescription Drugs

- A \$6.00 deductible is applied to each drug dispensed. Maximum benefit is \$1,700 per person per calendar year.
- Drugs which are prescribed by a physician or dentist, and that are included under the Saskatchewan Prescription Drug Plan Formulary.
- Coverage includes a \$500 lifetime maximum per person for payment of smoking cessation drugs which requires a prescription.
- Purchase quantities limited to a 90 day supply.

Ambulance Services

- The plan allows for unlimited licensed ambulance service, including the cost of air travel required to transport a patient to receive essential care.
- The plan limits non-essential transportation to place of residence to one trip per year.

Private Duty Nursing

- Services provided by an RN, RNA, LPN or VON, as an in-patient, or in the home (excluding nursing homes or for palliative care) to a maximum of \$5,000 in a calendar year.

Accidental Dental

- Treatment required following accidental damage (from an external blow to your mouth) to your natural or artificial teeth. Dental work must be rendered or reported within 6 months of accident. Maximum allowable expense is \$1,000 every calendar year.

Paramedical Services

- Licensed psychologist, speech therapist, podiatrist/chiropractor, acupuncturist, physiotherapist, chiropractor, naturo-path or registered massage therapist. Maximum of \$300 per specialty per calendar year.

Diagnostic and Other Procedures

- Radiology and blood transfusions.

Prescribed Health Educational Program

- Up to a limit of \$100 per calendar year when recommended by your physician.

Medical Equipment, Aids and Appliances

Purchase, when prescribed by a physician, or repair of:

- trusses, splints, crutches, casts, rib belts, cervical collars, artificial limbs or eyes, and braces which support a rigid support of metal or plastic (dental braces and sports braces are excluded) and other prosthetic appliances at the discretion of Saskatchewan Blue Cross
- wigs (maximum of \$500 per calendar year)
- breast prosthesis (one every 2 calendar years)
- mastectomy bra (2 every calendar year)
- custom-made orthopaedic shoes and orthotics (overall combined maximum of \$500 per 2 calendar years)
- surgical stockings, stump socks, burn garments (overall combined maximum of \$200 per calendar year)
- hearing aids (\$600 every 3 calendar years)
- diabetic, ostomy, and incontinence supplies
- blood pressure monitors (once every 5 calendar years)
- oxygen
- geriatric chair (\$1,000 lifetime maximum) (excluding use in nursing home)
- mobility aids
- cardiac rehabilitation (\$300 every Calendar Year)

Rental, when prescribed by a physician, of:

- wheelchair, patient walker, hospital-type bed, or other durable equipment (or purchase if approved by Saskatchewan Blue Cross). Lifetime maximum of \$1,500 per person.
- equipment for the administration of oxygen (or purchase if approved by Saskatchewan Blue Cross).
- respirator ventilator to a maximum of \$500 per person per calendar year.

Coverage, when prescribed by a physician, of:

- the costs for CPAP (continuous positive airway pressure) accessories including masks and tubing.

Referral Treatment Outside Canada

- Physician charges, hospital room and board at ward rates up to 31 days per period of disability. Services must be recommended by a physician in Canada for treatment not available in Canada. (\$50,000 maximum per course of treatment / lifetime maximum of \$100,000). Claim must have prior approval from the provincial government and the insurer. Payment will not be made for any illness commencing within 12 months of the effective date of group coverage.

The co-insurance for the following benefits is 100%:

Vision Care Benefits

- Prescription eyeglasses and contact lenses to a maximum of \$150 every 2 calendar years. If new corrective lenses are required due to surgery after the above maximum has been reimbursed, an additional lifetime limit of \$150 per person will be allowed.
- Eye Examinations – Charges for eye examinations, including eye refractions, performed by a licensed optometrist or ophthalmologist for insured persons who live in a province where eye examinations are not covered by a provincial or government plan. Overall maximum of \$100 per person in 2 calendar years.
Charges for one additional eye exam within the same two calendar year period as above to a maximum reimbursement of \$100 per exam, providing the eye exam is deemed medically necessary with a required physician's referral.
- Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus or Aphakia, to correct vision to at least a 20/40 level are payable at an additional maximum of \$150 per person every 2 calendar years.
- Refraction Exam post-surgery maximum \$100 per person per calendar year.

Outside Province Travel Benefits

In the event of an accident or unexpected illness occurring outside province of residence, reasonable and customary charges will be paid for the following expenses at 100% up to 65 days per trip with a lifetime maximum of \$2,000,000. The rate of exchange in Canadian currency will be determined at the date of service.

- **In-Patient Hospital Charges** up to the cost of semi-private accommodation.
- **Physicians' Charges**
- **Prescription Drugs**
- **Diagnostic Procedures**
- **Private Duty Nursing** up to \$5,000 per year.
- **Paramedical Services** of a physiotherapist, chiropractor or podiatrist to an annual maximum of \$300 per specialty.
- **Rental of a Wheelchair, Crutches and Canes** when ordered by a physician.
- **Medical Transportation**
 - Licensed ground or air ambulance for emergency transportation to the nearest medical facility, limit of one return trip per calendar year.
 - If medically necessary, round-trip economy transportation will be arranged and paid for a qualified medical attendant to accompany the patient.
 - Subject to medical advice to the contrary, evacuation of the patient to a hospital in their province of residence, where pre-authorized by the insurer.
- **Accidental Dental** emergency treatment when natural teeth have been injured or artificial teeth have been damaged by a direct, accidental blow to the mouth, or a fractured or dislocated jaw that requires setting, up to an annual maximum of \$1,000.
- **Transportation to bedside** for one member of your family to be with an insured person who has been confined to a hospital for at least 7 days, or to identify the deceased prior to release of the body. (limited to one round trip economy airfare).
- **Trip Interruption/Delay** if your trip is interrupted or delayed due to your (or your dependent's) hospitalization outside your province of residence (one way economy fare or the excess cost over and above any prepaid travel plan).
- **Return of Dependent Children** by the most direct route to their place of residence, if dependent children are left unattended while travelling when you or your spouse are hospitalized (one way economy transportation or the excess cost of pre-paid travel arrangements).
- **Vehicle Return** for the cost (up to \$2,000) of returning your vehicle to your home residence or a rental vehicle to the nearest appropriate rental agency, if an insured person is unable to do so due to sickness, injury or death.
- **Repatriation** up to \$5,000 of expenses to return the deceased to the home province.
- **Additional Expenses** for the cost of meals and hotel accommodation due to any covered person's hospitalization, up to a daily maximum of \$150 up to 10 days.
- **World Travel Assistance** When a medical emergency arises which requires hospitalization, your travel assistance centre must be contacted. Failure to call your travel assistance centre may invalidate your claim. The travel assistance centres phone numbers are listed on your Saskatchewan Blue Cross identification card. The following services are provided by your travel assistance centre:
 - 24 hour telephone services around the world;
 - confirming coverage and payment to a doctor and/or hospital;

- arrangement for medical evaluation by a qualified physician and then referral to a medical facility equipped to provide treatment;
- transfer of patient to another medical facility if required;
- assistance in contacting the family;
- referral to a local legal advisor and/or assistance in arranging for advances for your personal credit card and/or arranging for family/friends to post bail and pay legal fees;
- assistance in the replacement of necessary travel documents and/or tickets, in the event of theft or loss (the cost of obtaining replacement documents is your responsibility); and
- emergency response in any language.

Travel Exclusions and Limitations

Travel Benefits will not be payable for charges in connection with the following:

- a pre-existing condition, illness or injury for which symptoms occurred and/or which required medical investigation, diagnosis, treatment or hospitalization within 3 months immediately preceding departure date. Routine check-ups with no change in medication or treatment are not considered medical investigation, diagnosis or treatment;
- residents traveling outside their province of residence against their physician's advice;
- referral or elective (non-emergency) treatment, services not required for the immediate relief of acute pain or suffering which reasonably could have been delayed until returning to your province of residence,
- benefits payable by Saskatchewan Health or any other government agency,
- confinement due to childbirth and delivery if any portion of travel falls after the 32nd week of gestation,
- expenses incurred as the result of participation in professional sports or hazardous avocations (i.e. bungee jumping, parachuting, a flight accident unless riding as a fare paying passenger on a commercial airline/charter aircraft with a seating capacity of 6 people or more), criminal acts, war, or other hostilities,
- services as the result of substance abuse, or
- suicide or attempted suicide.

**If you are uncertain about your coverage, please contact the insurer prior to travel.

Dental Care Benefits

Dental benefits are based on the usual and customary charges up to the Dental Society Fee Guide for general practitioners in effect in the province of Saskatchewan.

Services over \$500 require pre-authorization in writing by the insurer. Dental claim forms are provided for this purpose.

Basic Dental Care Benefits

- 80% co-insurance - unlimited maximum.
- Complete oral exam (once every 3 calendar years), recall exam (2 every calendar year).
- X-rays: full mouth & panoramic (1 of either type every 3 calendar years), single, cephalometric (5 every 2 calendar years), occlusal (2 every calendar year), bitewing & temporo-mandibular joint (4 of each in a calendar year).
- Tests and laboratory examinations.
- Polishing (two units every calendar year), scaling (8 units every calendar year), and space maintainers.
- Fillings, recementing inlays and crowns, removal of inlays and crowns, and cement restorations.

- Denture adjustments, repairs, rebasing, and relining (1 every 2 calendar years), tissue conditioning, removal, repair and recementing fixed bridge.
- Surgical services.
- Eligible Dependent Children Only: fluoride treatments & oral hygiene instruction (2 per calendar year), pit and fissure sealants, protective athletic appliances (1 appliance per calendar year).

Minor Dental Care Benefits

- 80% co-insurance - \$1000 per person per calendar year
- Root canal therapy.
- Treatment of gums and bones.

Major Dental Care Benefits

- 50% co-insurance - \$1200 per person per calendar year
- Crowns, implants, inlays and onlays (not payable unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material).
- Fixed bridges - once per tooth in a five calendar year period (not payable for the initial installation/addition unless required primarily due to teeth missing, extracted or fractured after your effective date).
- Complete and partial dentures (one upper and one lower in a five calendar year period).
- Dental implants and/or services performed in conjunction with dental implants.

Dental Benefits for Late Applicants

If you, or your dependents, apply for dental benefits more than 60 days after you, or your dependents first become eligible, the maximum benefit will be limited to \$100 during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being injured or artificial teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

General Exclusions and Limitations

Health and Dental Benefits will not be payable for charges in connection with the following:

- convalescent, custodial or rehabilitation services,
- services/supplies normally provided without cost or at nominal cost by the government health plan,
- benefits received or entitled to receive from any government agency (i.e. Workers' Compensation), insurrection, war, or self-inflicted injuries,
- participation in the commission of a criminal offense,
- cosmetic services, or
- conditions not detrimental to health.

STS Group Benefits Plan Monthly Premiums							
Effective February 1, 2012							
<u>Extended Health</u>				<u>Dental</u>			
Age	Single	Couple	Family	Age	Single	Couple	Family
<55	\$50	\$100	\$110	<55	\$32	\$64	\$76
55-64	60	120	130	55-64	35	70	82
65-74	66	132	142	>65	38	76	88
>75	71	142	152				
<u>for eligible participants only</u>							
65-74	33	66	76				
>75	38	76	86				