

Superannuated Teachers of Saskatchewan Group Benefits Information

Effective Date: July 1, 2016

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

Coverage would begin on the date Saskatchewan Blue Cross approves your application.

Eligible Dependents

Dependents are defined as your spouse, unmarried, unemployed dependent children under 21 years of age, and unmarried, unemployed 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 per person per calendar year.

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 \$2,000 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 require 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 is limited to one return trip home per person per calendar year.

Private Duty Nursing

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

Accidental Dental

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

Paramedical Services

- Licensed podiatrist/chiropractor, acupuncturist, physio-therapist, chiropractor, naturopath, registered psychologist, registered speech therapist, registered massage therapist/reflexologist. Maximum of \$500 per practitioner per person 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, canes, casts, rib belts, cervical collars, artificial limbs or eyes, and braces which incorporate 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 two calendar years, two if a double mastectomy)
- surgical brassieres (two every calendar year)
- custom-made orthopaedic shoes and orthotics (overall combined maximum of \$500 per two calendar years)
- surgical stockings, embolic and/or compressions stockings, stump socks, burn garments (overall combined maximum of \$200 per calendar year)
- hearing aids and cochlear implants (\$750 every three calendar years)
- diabetic, ostomy, and incontinence supplies
- blood pressure monitors (once every five calendar years)
- oxygen
- mobility aids
- Chronic Disease Management Programs including Cardiac Rehabilitation, Diabetes and Stroke (\$300 every calendar year)
- C-PAP accessories (C-PAP machines are not covered under this plan)

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.
- geriatric chair (\$1,000 lifetime maximum excluding use in nursing home)
- 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.

Outside Province of Residence Referral

- Hospital room and board at ward rates up to 31 days per period of disability. Services must be recommended by a physician for treatment not available in your province of residence. (\$50,000 maximum per course of treatment / lifetime maximum of \$100,000). Claim must have prior approval from the provincial government and Saskatchewan Blue Cross. (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

- Corrective Eyeglasses: \$250 per person every two calendar years. Includes lenses, frames, contact lenses and sunglasses prescribed by a licensed optometrist or ophthalmologist. Corrective lenses required due to surgery after the maximum indicated are allowed up to an additional lifetime maximum of \$250 per person.
- Eye Examinations – \$125 per person every two calendar years, when eye examinations are not covered by a government plan. Two additional eye exams medically necessary with physician's referral within the same two calendar year period as shown on the Schedule of Benefits is covered up to a maximum of \$125 per person per exam.
- 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 \$250 per person every two calendar years.
- Refraction Exam post-surgery maximum \$125 per person per calendar year.

Excluded are non-prescription sunglasses, safety glasses, or any form of eyeglasses purchased for cosmetic purposes.

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 \$5,000,000. The rate of exchange in Canadian currency will be determined at the date of service.

Top-up travel insurance may be purchased; interested travelers should contact Saskatchewan Blue Cross directly.

- **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 calendar year.
- **Paramedical Services** of a licensed physiotherapist, chiropractor or chiropodist/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 Saskatchewan Blue Cross.
- **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 seven 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 travel companion'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 are hospitalized (one way economy transportation or the excess cost of pre-paid travel arrangements).
- **Vehicle Return** up to \$2,000 for private or rental, by commercial agency to your residence or nearest vehicle rental agency when you are unable due to illness or accident.
- **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** For emergency medical situations requiring hospitalization, your Travel Assistance Centre must be contacted (numbers listed on your Blue Cross ID card). Failure to call your Travel Assistance Centre may invalidate your claim. The following services are provided by your Travel Assistance Centre:
 - 24 hour telephone services around the world in any language.
 - 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).

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 required medical investigation, diagnosis, treatment or hospitalization within three 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 your provincial health plan 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 or aircraft with a seating capacity of six people or more).
- participation in criminal acts, war, or other hostilities.
- services as the result of substance abuse.
- expenses as a result of suicide or attempted suicide.

**If you are uncertain about your coverage, please contact Saskatchewan Blue Cross prior to travel.

Dental Care Benefits

Dental benefits are based on the usual and customary charges up to the current General Practitioners' Dental Fee Guide in effect in the province of Saskatchewan.

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

Basic Dental Care Benefits

- 80% co-insurance - unlimited maximum.
- Complete oral exam (once every three calendar years), recall exam (two every calendar year).
- X-rays: full mouth & panoramic (one of either type every three calendar years), single, cephalometric (five every two calendar years), occlusal (two every calendar year), bitewing & temporo-mandibular joint (four of each in a calendar year).
- Tests and laboratory examinations.
- Polishing (two units every calendar year), scaling (eight units every calendar year), fluoride treatments (two treatments in a calendar year), oral hygiene instruction (twice in a calendar year), space maintainers.
- Fillings, recementing inlays and crowns, removal of inlays and crowns, and cement restorations.

- Denture adjustments, repairs, rebasing, and relining (one every two calendar years), tissue conditioning, removal, repair and recementing fixed bridge.
- Surgical services.
- Eligible Dependent Children Only: pit and fissure sealants, protective athletic appliances (one appliance per calendar year).

Minor Dental Care Benefits

- 80% co-insurance - \$1,000 per person per calendar year
- Root canal therapy.
- Treatment of gums and bones.

Major Dental Care Benefits

- 60% co-insurance - \$1,500 per person per calendar year
- Crowns, inlays and onlays once per tooth in a five year period (not payable unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material).
- Fixed bridges (not payable unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material).
- 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 becoming 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, or any plan or arrangement.
- participation in an insurrection, war, or hostile action.
- committing or attempting to commit a criminal act.
- self-inflicted injuries, suicide, or attempted suicide.
- cosmetic services or experimental procedures.
- conditions not detrimental to one's health.
- missed appointments or completion of claim forms.
- replacement of lost or stolen prosthetic devices.

STS Group Benefits Plan Monthly Premiums							
Effective July 1, 2015							
<u>Extended Health</u>				<u>Dental</u>			
Age	Single	Couple	Family	Age	Single	Couple	Family
<55	\$57	\$114	\$134	<55	\$34	\$68	\$80
55-64	68	136	156	55-64	37	74	86
65-74	75	150	170	>65	40	80	92
>75	81	162	182				
<u>for eligible participants only</u>							
65-74	40	80	100				
>75	46	92	112				