

# Group Benefits Handbook

Superannuated Teachers  
of Saskatchewan

October 2017





# What Benefits are covered?

## Extended Health Benefits

The overall combined annual maximum per person is \$10,000.

### Hospital:

- 100% coverage for private/semi-private accommodation
- maximum of 50 days per person per calendar year

### Drugs:

- 80% coinsurance for Formulary Prescription drugs
- \$2,000 per person per calendar year maximum
- \$6 deductible per prescription is applied
- Pay Direct Drug card
- \$500 per person per lifetime maximum for prescription smoking cessation drugs

### Extended Health Care Benefit:

- 80% coinsurance
- Includes coverage for ambulance, private duty nursing, accidental dental, medical supplies, diabetic supplies, medical equipment, cardiac rehabilitation, etc.
- Paramedical/Health Practitioners: \$500 maximum for each practitioner per person per calendar year. Practitioners covered are: registered massage therapist/reflexologist, chiropractor/podiatrist, physiotherapist, chiropractor, naturopath, acupuncturist, registered psychologist, and registered speech therapist.
- Hearing Aids/Cochlear Implants: \$750 maximum per person in three calendar years when prescribed by an otologist or clinical audiologist

### Vision Care Benefit:

- 100% coinsurance
- Eyeglasses and contact lenses - \$250 maximum per person every two calendar years.
- Eye exams - \$125 maximum per person every two calendar years, with two additional eye exams when medically necessary and prescribed by a physician
- Refraction Exam post-surgery - \$125 maximum per person every calendar year

## Outside Saskatchewan Travel Benefits:

- 100% coinsurance
- Lifetime maximum of \$5,000,000
- Maximum of 65 days per trip
- A three month pre-existing condition clause applies

## Dental Care Benefit

- Basic Benefit – 80% coinsurance, unlimited maximum
- Minor Restorative Benefit – 80% coinsurance, maximum of \$1,000 per person per calendar year
- Major Restorative Benefit – 60% coinsurance, maximum of \$1,500 per person per calendar year

This is a brief summary of the Group Benefits Plan. For more information, visit [www.sts.sk.ca](http://www.sts.sk.ca).

<b>STS Group Benefits Plan Monthly Premiums</b>							
Premiums do not include the 6% PST applicable to Saskatchewan plan participants							
Effective July 1, 2015- June 30, 2018							
<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				

<b>Benefit Plan Updates</b>		
Benefit Plan Provision	Change	Effective Date of Change

***Prior to accessing the Saskatchewan Blue Cross appeal process, claimants should contact the STS Office if they would like their claim reviewed.***

## **How to Pursue an Appeal:**

Saskatchewan Blue Cross is committed to paying eligible claims. If you feel that your claim requires further review, you may appeal your claim denial or reimbursement decision as follows:

1. Submit a written request that outlines the basis for your appeal to the attention of Manager, Health and Dental Claims. This request should include any additional documentation in support of your claim that you would like considered. Your appeal, along with any additional documentation, must be received within 3 months from the date of the initial claim decision. Your claim will be carefully reviewed, and a written decision and explanation will be provided to you, in most cases within 30 days from the receipt of your appeal.

Please address your appeal as follows:

**Attention: Manager, Health and Dental Claims  
Saskatchewan Blue Cross  
516 2nd Avenue N  
Saskatoon SK S7K 2C5**

2. If you are still not satisfied with the claim decision, you may request a second and final level of appeal. Submit a written request to the attention of VP, Customer Service, and include any additional documentation in support of your claim that you would like considered. Your subsequent appeal, along with any additional documentation, must be received within 3 months from the date of the initial appealed decision. Your appeal will be carefully reviewed, and a written decision and explanation will be provided to you, in most cases within 30 days from the receipt of your appeal.

Please address your second appeal as follows:

**Attention: VP, Customer Service  
Saskatchewan Blue Cross  
516 2nd Avenue N  
Saskatoon SK S7K 2C5**

3. If you are still not satisfied with the claim decision, you may contact the OmbudService for Life and Health Insurance (OLHI) who provide independent assistance to consumers at no cost to you. Additional information about OLHI can be found on their web site [www.olhi.ca](http://www.olhi.ca) or by calling them directly at 1-888-295-8112.

## FAQ:

### 1) Can I enrol in the health plan after the open enrollment period?

You will have 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

### 2) What does evidence of good health mean?

Evidence of good health means you would be required to complete a statement of health in order to determine your eligibility for the plan. This is required if you did not join the Extended Health Care plan within the 60-day open enrollment window.

### 3) Can I add my spouse to the Group Benefits Plan?

A spouse can be added to the plan within 60 days of:

- termination of coverage under any group plan
- date of marriage
- one-year common law date

If a request is made to add a spouse after 60 days, he/she is considered a late applicant and must submit evidence of good health.

### 4) Can I suspend my STS Group Benefits if I go back to work?

Yes, if you have **group coverage** with an employer, you may suspend your STS Group Benefits. You may reinstate your STS Group Benefits within 60 days of the termination of your group plan. Coverage can be suspended or reinstated for the 1st of any month, provided the STS Office receives written notification **before** the 15th of the previous month. Notification must be from the member in writing, by email, mail or fax.

### 5) In the event of my death, can my spouse apply for the Group Benefits Plan?

The surviving spouse of a deceased superannuate may join the Group Benefit Plan within 60 days from the date of death of the superannuate without medical evidence, or at a later date with medical evidence. The surviving spouse of a deceased active teacher is also eligible to join the Group Benefits Plan within 60 days from the expiration of coverage under the STF Members Health Plan without medical evidence, or at a later date with medical evidence. In order to be on the Group Benefits Plan, he/she needs to become an STS member.

**6) What is the definition of an eligible dependent?**

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.

**7) Is the STS Group Benefits Plan the same as the STF Members' Health Plan?**

No, they are two completely separate plans. Please contact STF for information on the STF Members' Health Plan and the STS for information on the STS Group Benefits Plan.

**8) What drugs are covered under the Prescription Drug Benefits?**

Prescription drugs listed on the Saskatchewan Formulary are covered by the plan. Some drugs are listed on the Formulary as Exception Drug Status. Your pharmacy/physician must apply for Exception Drug Status and a copy of your approval letter must be submitted to Saskatchewan Blue Cross.

**9) Can the pharmacist submit drug claims directly?**

Yes, your plan is currently set up with a Pay Direct drug card so the pharmacy can submit your drug claims directly. You will still have to pay your \$6 deductible per prescription and your 20% coinsurance.

**10) Can we submit more than one month prescription at a time?**

The pharmacist can only submit one month worth of prescriptions on your behalf. You can submit additional months either by paper or online, however please indicate on them that they are not duplicates.

**11) Can diabetic supplies be submitted directly by the pharmacist?**

Diabetic supplies must be submitted either by paper or online; they cannot be submitted by the pharmacist as they are paid under the Extended Health Benefit and not the Drug Benefit. This is done so they do not go towards your yearly drug maximum.

**12) Is a doctor's prescription required each time orthotics are purchased?**

Yes, a prescription is required every time an orthotic is purchased.

**13) What is the Saskatchewan Seniors' Drug Plan?**

The Saskatchewan Seniors' Drug Plan is a program through the Government of Saskatchewan. Eligible seniors 65 years and older pay a maximum of \$25 for prescription drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. Eligibility is based on income. Applications can be obtained from your pharmacy.

**14) What do I do if I qualify for the Saskatchewan Seniors' Drug Plan?**

If you are the planholder and you qualify for the Saskatchewan Seniors' Drug Plan you will receive a letter from the Ministry of Health. You will need to forward a copy of that letter to the STS office in order to receive the reduced premium for your Extended Health plan.

**15) How do I submit a claim?**

All claims should be sent to Saskatchewan Blue Cross, whether you reside in Saskatchewan or in another province. The address is located on your claim form. You can also submit a claim online or through the mobile app.

**16) Where can I get a claim form?**

Claim forms can be printed from the Saskatchewan Blue Cross website at [www.sk.bluecross.ca](http://www.sk.bluecross.ca) or you can call the STS office at 306-373-3879 to request a form be mailed to you. You can also submit claims online on the Saskatchewan Blue Cross website or through the mobile app.

**17) What is a pre-existing condition?**

A pre-existing condition is any medical condition, illness or injury for which symptoms occurred or required medical investigation, diagnosis, treatment or hospitalization within three months immediately preceding the departure date. Routine check-ups with no change in medication or treatment are not considered medical investigation, diagnosis or treatment.

**18) Do my travel benefits provide coverage for pre-existing conditions?**

Pre-existing conditions are covered provided the covered person's condition is stable and/or has been controlled by consistent treatment with prescribed medication for the three months immediately preceding the day of departure, and medical attention is not reasonably anticipated during the travel period. To be considered stable a condition must not have required medical investigation, diagnosis, treatment or hospitalization in the three months immediately preceding the departure date. Routine checkups with no change in medication or treatment are not considered medical investigation, diagnosis or treatment, so they will not affect your coverage.

**19) What are considered high risk activities under the travel benefit?**

Participation in professional sports, any speed contest, parachuting, bungee jumping, mountaineering, spelunking, or a flight accident if the person is not riding as a fare paying passenger.

**20) What number do I contact in case of an emergency out of province?**

The Travel Assistance Provider must be called for emergency medical assistance when travelling outside your province of residence. Failure to call the Travel Assistance Provider may invalidate your claim. Telephone service is provided on a 24-hour basis around the world in any language.

If in Canada or the United States: 1-866-330-3633 toll free

All other locations: 306-667-5299 collect

**21) Do I need travel insurance if I am only travelling within Canada?**

Travel insurance is recommended even when travelling within Canada. Your STS travel benefits provide coverage for the first 65 days from your date of departure from your province of residence.

**22) How do I get additional days of travel beyond the 65 days of group coverage?**

For trips exceeding 65 days, it is your responsibility to purchase top-up insurance. Interested travelers should contact Saskatchewan Blue Cross directly. Remember that coverage under a top-up policy is not an extension of your STS travel benefits. The benefits and exclusions (including the pre-existing condition clause) may differ, so be sure you understand your top-up policy.

**23) What is considered Emergency Medical Care?**

Coverage is limited to emergency medical expenses incurred by a covered person as a result of a sudden illness or accident that occurs outside your province of residence.

Emergency medical coverage does not include medical services for elective, non-emergency, ongoing or follow-up treatment, or when travelling outside your province of residence to seek medical advice or treatment.

**24) Who do I contact to update my address?**

To update your address for your STS Group Benefits Plan or for *Outreach*, please contact the STS Office in writing. You can send an email to [sts@sts.sk.ca](mailto:sts@sts.sk.ca) or send it by mail to 2311 Arlington Ave, Saskatoon, SK, S7J 2H8. An address change form is available on our website, [www.sts.sk.ca](http://www.sts.sk.ca).

