

# Superannuated Teachers of Saskatchewan

All Members Residing Outside the  
Province of Saskatchewan



Member Benefits



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# **Superannuated Teachers of Saskatchewan**

Group Policy  
Number  
**93742**

## **Class**

A. All Members

## **Eligibility Period**

First of the month following the date of application provided the application is submitted prior to the 15th of the month; otherwise the 1st of the subsequent month.

## **Welcome to Your Group Benefit Program**

Group Policy Effective Date

Print Date

**01 January 2000**

**14 December 2018**

Blue Cross understands the importance of security, strength and stability in people's lives. This Group Benefit Program provides you with the assurance that you, and your family, are financially protected today and in the future.

This booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

The information contained in this booklet is important and we suggest it be kept in a safe place.

# Health and Dental Benefit Summary

## Health and Dental Benefit Summary

### Hospital Accommodation Benefits

Underwritten by  
Saskatchewan Blue Cross

Overall Combined Annual Maximum	An overall Combined Annual Maximum of \$10,000 per person applies to the Extended Health Care Benefits, Formulary Prescription Drug Benefits, Hospital Accommodation Benefits and Vision Care Benefits
Deductible	Nil
Reimbursement Level:	100%
Maximum:	Unlimited unless defined otherwise.
Semi-Private Accommodation	Included
Private Accommodation	Included Limited to a combined maximum of 50 days per person per calendar year for Semi-Private and/or Private Accommodation (must be in the Member's province of residence when requested by the participant)

### Extended Health Care Benefits

Underwritten by  
Saskatchewan Blue Cross

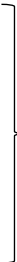
Overall Combined Annual Maximum	An overall Combined Annual Maximum of \$10,000 per person applies to the Extended Health Care Benefits, Formulary Prescription Drug Benefits, Hospital Accommodation Benefits and Vision Care Benefits
Deductible:	Nil
Reimbursement Level:	80%
Overall Maximum:	Unlimited unless defined otherwise.
▪ Accidental Dental:	\$1,000 per person per calendar year. Dental treatment or surgery as a result of external blow to the mouth for sound natural or artificial teeth or fractured or dislocated jaw requiring setting but not caused by an object placed in the mouth. Payment is based on the treatment or the least expensive procedure providing a professionally adequate result (including one set of artificial teeth when natural teeth are damaged)
▪ Ambulance, Air Ambulance:	Included
▪ Aerochambers, Nebulizers <i>Apnea Monitors</i>	** Included Not Included

# Health and Dental Benefit Summary

## Extended Health Care Benefits cont'd

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- Blood Pressure Monitors:
  - Purchase*                   \*\*   1 per person per 5 calendar years
  - Rental*                     \*\*   Included
  
- Braces:                         \*\*   Required to be custom fitted and incorporate a rigid support of metal or plastic
  
- Breast Prosthesis:             \*\*   Maximum of 1 per person per 2 calendar years (2 if a double mastectomy)  
*Surgical Brassieres*             Maximum of 2 per person per calendar year
  
- Cardiac Rehabilitation:       \*\*   \$300 per person per calendar year
  
- C-PAP Accessories:
  - C-PAP Machines*               \*\*   Included
  - \*\*   Not Included
  
- Diabetic Products:
  - Diabetic Equipment*             Not Included
  - Diabetic Supplies*             \*\*   Included
  
- Diagnostic and other Procedures:                                 Diagnostic procedures and radiology (not confined to hospital), blood transfusions and their administration.
  
- Prescribed Health Education Program:                         \*\*   Medically related program(s) up to a maximum of \$100 per person per calendar year
  
- Hearing Aids and Cochlear Implants:                             \*   \$750 per person per 3 calendar years for purchase and/or repair.  
  \*\*
  
- Incontinence Supplies:       \*\*   Included
  
- Intrauterine Device (I.U.D):   Not Included
  
- Medical Equipment:
  - Equipment for Administration of Oxygen - rental or repair*
  - Manual hospital-type bed - rental or repair*
  - Patient Walker - rental or repair*
  - Manual Wheelchair - rental or repair*
  - Other durable equipment – at Blue Cross discretion*
  - Geriatric chair (for use in home)*


  - \*\* Overall combined lifetime maximum of \$1,500 per person
  - \*\* Lifetime maximum of \$1,000 per person (excluding use in nursing home)
  
- Medical Supplies:   Overall Combined maximum of \$200 per person per calendar year
  - Stump socks, Burn garments*
  - Surgical stockings,*
  - Emboloc and/or compression stockings*

# Health and Dental Benefit Summary

## Extended Health Care Benefits cont'd

- Mobility Aids:
      - Bathroom rails, Raised toilet sets, Bath seats* \*\* Included
      - Reachers* \*\* Included
    - Orthopaedic Shoes - Purchase, repair, or replacement \*\* Overall maximum of \$500 per person every 2 calendar years  
Orthopaedic shoes that are attached to and form part of a brace are eligible for reimbursement with an unlimited maximum
    - Ostomy Supplies: \*\* Included
    - Outside Province of Residence Referrals: \*\* \$50,000 per course of specialized treatment per person to a lifetime maximum of \$100,000 per person. Room and board at ward rates up to 31 days per period of disability.
    - Oxygen and Oxygen Equipment \*\* Included
    - Paramedical / Health Practitioners:
      - Acupuncturist* \*\*\* \$500 per person per calendar year
      - Chiropodist, Podiatrist* \*\*\* \$500 per person per calendar year
      - Chiropractor* \*\*\* \$500 per person per calendar year
      - Naturopath* \*\*\* \$500 per person per calendar year
      - Physiotherapist* \*\*\* \$500 per person per calendar year
      - Reflexologist/Registered Massage Therapist* \*\*\* Combined maximum of \$500 per person per calendar year
      - Registered Psychologist* \*\*\* \$500 per person per calendar year
      - Registered Speech Therapist* \*\*\* \$500 per person per calendar year
      - Audiologist* Not Included
      - Dietitian* Not Included
      - Occupational Therapist* Not Included
      - Osteopath* Not Included
      - Registered Social Worker/counsellor* Not Included
    - Private Duty Nursing: \*\* \$5,000 per person per calendar year
    - Prosthetic Appliances:
      - Cervical Collars, Trusses, Rib belts* \*\* Included
      - Crutches, Casts, Canes, Splints* \*\* Included
      - Limbs, Artificial Eyes* \*\* Included
      - Wigs* \*\* \$500 per person per calendar year
    - Respirator Ventilator - rental: \*\* \$500 per person per calendar year

# Health and Dental Benefit Summary

## Vision Care Benefits

Underwritten by  
Saskatchewan Blue Cross

Overall Combined Annual Maximum	An overall Combined Annual Maximum of \$10,000 per person applies to the Extended Health Care Benefits, Formulary Prescription Drug Benefits, Hospital Accommodation Benefits and Vision Care Benefits
Deductible:	Nil
Reimbursement Level:	100%
Maximum:	
<i>Adult participants</i>	* \$250 per person per 2 calendar years
<i>Dependent Children</i>	* \$250 per person per calendar year
<i>Corrective Eyeglasses post-surgery</i>	** If new corrective lenses are required due to eye surgery after the Maximum has been reimbursed, an additional lifetime limit of \$250 per person will be allowed.
Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus or Aphakia	** An additional \$250 per person every two Calendar Years (when vision can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses)
▪ Eye Glass Lenses:	** Included
▪ Sunglass Lenses:	** Included
▪ Safety Glass Lenses:	** Included
▪ Frames:	** Included
▪ Contact Lenses:	** Included
▪ Laser Refractive Surgery:	Not Included
▪ Eye Examinations, Eye Refractions:	* \$125 per person per 2 calendar years (charges for 2 additional eye exams within the same 2 calendar year period to a maximum reimbursement of \$125 per exam, providing the eye exam is deemed medically necessary with a required physician's referral)
▪ Visual Training / Remedial Eye Exercises	Lifetime maximum of \$150 per person -- in addition to the Vision Care Benefit Maximum indicated above.
▪ Refraction Examination Post Surgery	\$125 per person per calendar year

# Health and Dental Benefit Summary

## Extended Health Care, Vision Care Benefit Limitations and Exclusions

- \* Maximum reimbursement is based on principal of Fixed Calendar Years, where the year of a participant's initial claim for a benefit establishes the perpetual frequency that subsequent maximum amounts become next available.
- \*\* Physician prescription, physician's written order, or physician's referral required. Vision Care benefits specifically require the benefit to be prescribed by a licensed optometrist or ophthalmologist. Orthopaedic Shoes benefits must be prescribed by an orthopaedic surgeon, physiatrist, pedorthist, orthotist, chiroprapist, podiatrist or physician.
- \*\*\* Paramedical / Health Practitioner must be a licensed professional in the field for which the service is being provided, and the service must not be performed in a hospital.

**Accidental Dental** - treatment must be rendered or reported within 6 months and approved for payment by Blue Cross within twelve months of the accident. Coverage does not include incidents where an object was wittingly or unwittingly placed in the mouth.

**Ambulance, Air Ambulance** - licensed ambulance service for transportation of a patient to and from the nearest hospital able to provide essential care, when medically necessary. Includes the expenses of an attendant that is not related to the patient. Limited to one return trip from hospital to home per person per calendar year.

**Braces** - replacement will not be covered unless replacement is required due to pathological change. Dental braces and sports braces are excluded.

**Cardiac Rehabilitation** – eligible expenses for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program for rehabilitation after myocardial infarction, coronary bypass surgery or valve replacement, or the management of angina pectoris or other diagnosed cardiac disease or chronic disease management after diagnosis of pulmonary disease, stroke or diabetes.

**Diabetic Supplies** – quantities must be deemed reasonable by Blue Cross

**Diagnostic and Other Procedures** – Radiology services must be medically necessary and have prior approval for payment from the appropriate Provincial Government Health program and/or from Blue Cross. Without extending the foregoing, radiology services for the following procedures are expressly excluded from coverage: Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scan, Positron Emission Tomography (PET) scan

**Hearing Aids** – Must be prescribed by an otologists or clinical audiologist. Batteries are excluded.



# Health and Dental Benefit Summary

## Extended Health Care, Vision Care Benefit Limitations and Exclusions cont'd

**Medical Equipment** - Blue Cross may approve purchase at its discretion.

**Orthopaedic Shoes** - Purchase, repair, or replacement for custom made orthopaedic shoes which are not part of a brace. Modification supplies including scaphoid pads, torque heels, insoles, metatarsal pads and molded arch supports are covered when prescribed by an orthopaedic surgeon, physiatrist, rheumatologist, or the attending Physician. Stock item footwear are excluded

**Outside Province of Residence Referral Benefit** - services performed outside of the province of residence which are recommended by physician and not available in the province of residence. Claims must have prior approval from the provincial government and Blue Cross. Ineligible for coverage: ambulance and ambulance attendant, any diagnosis and/or treatment of any illness commencing within 12 months of the effective date of group coverage, for which medical treatment or prescribed drugs have been received 12 months prior to the effective date of coverage, where the condition existed prior to the effective date of the group coverage, or is experimental or not approved by the Canadian Medical Association.

**Oxygen and Oxygen Equipment** – Purchase or rental of oxygen equipment for the administration of oxygen required both in the participant's province of residence and outside the Participants province of residence. If due to extended illness or disability, it is felt that the need for these items will be long term, Blue Cross may approve purchase at its discretion.

**Private Duty Nursing** – Nursing for private duty care of an inpatient, or in the patient's home. Nurse required be a registered nurse (RN, RNA, or LPN including V.O.N.). Services provided in nursing homes or for palliative care are excluded. Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded. Custodial (ie. Housekeeping), homemaking and companion services are not covered.

**Prosthetic Appliances** – When reasonable, repair of any items covered, replacements will not be covered unless replacement is required due to pathological change.

**Vision Care Benefits** – any form of eyewear purchased for cosmetic or aesthetic purposes are excluded.

# Health and Dental Benefit Summary

## Prescription Drug Benefits

Underwritten by  
Saskatchewan Blue Cross

Overall Combined Annual Maximum	An overall Combined Annual Maximum of \$10,000 per person applies to the Extended Health Care Benefits, Formulary Prescription Drug Benefits, Hospital Accommodation Benefits and Vision Care Benefits	
Deductible:	\$6.00 per prescription dispensed	
Reimbursement Level:	80%	
Overall Maximum:	\$2,000 per person per calendar year	
Payment Method:	Pay Direct Drug Card	
<ul style="list-style-type: none"> <li>▪ Saskatchewan Formulary Drug Products           <ul style="list-style-type: none"> <li><i>Prescription Drugs</i>                   **   Included</li> <li><i>Over the Counter Products</i>       **   Included</li> <li><i>Sera and Injectables</i>               **   Included</li> </ul> </li>   <li>▪ Non-Formulary Drug Products           <ul style="list-style-type: none"> <li><i>Allergy Serums, Allergy Shots</i>                                   Not Included</li> <li><i>Flu Shots</i>                               Not Included</li> <li><i>Over the Counter Products</i>       Not Included</li> <li><i>Prescription Drugs</i>                 Not Included</li> <li><i>Vaccines</i>                               Not Included</li> </ul> </li>   <li>▪ Generic Substitution:               Not applicable</li>   <li>▪ Mandatory Generic Substitution:   Not applicable</li>   <li>▪ Cosmetic Drugs:                     Not Included</li> <li>▪ Dietary Aids:                         Not Included</li> <li>▪ Experimental Drugs:               Not Included</li> <li>▪ Fertility Drugs:                      Not Included</li> <li>▪ Hair Growth Products:              Not Included</li> <li>▪ Sexual Dysfunction Drugs:         Not Included</li> <li>▪ Prescribed Smoking Cessation Drugs:   **   Lifetime maximum of \$500 per person</li> <li>▪ Over the counter Smoking Cessation Drugs   Not Included</li> <li>▪ Vitamins:                             Not Included</li> </ul>		

# Health and Dental Benefit Summary

## Prescription Drug Benefit Limitations and Exclusions

\*\* Physician and/or Dentist prescription required.

All eligible drugs and products must have been assigned a drug identification number in Canada, and have been dispensed by a licensed retail pharmacy or attending physician.

Where a drug or medication is provided in a quantity which, if consumed and used according to the directions of the prescription, would supply the patient for a period of more than 90 days, benefits are payable only for the charges that would have been made if the prescription had been made for a 90 day supply.

## Outside Province Of Residence Travel Benefits

Underwritten by  
Saskatchewan Blue Cross

Benefits are provided as a result of an unexpected medical emergency occurring outside the participant's province of residence.

Deductible:	Nil
Reimbursement Level:	100%
Lifetime Maximum:	\$5,000,000 per person (the rate of exchange in Canadian currency determined at date of service) Limited to 65 days per trip; the number of trips per year is unlimited (top-up travel insurance may be purchased; interested travelers should contact Saskatchewan Blue Cross directly; This is a special agreement between STS and Saskatchewan Blue Cross)
▪ Accidental Dental:	\$1,000 per person per calendar year
▪ Ambulance, Air Ambulance:	Annual limit of one return trip
▪ Diagnostic:	Included
▪ Friend / Family Transportation Expense:	** The most economical airfare, by the most direct route from Canada, will be reimbursed for one family member or friend to visit the Participant confined in hospital (inpatient for at least 7 days) or identify the deceased Participant prior to the release of the body.
▪ Hospital Accommodation:	Included
▪ Meals & Accommodation:	Limited to a combined daily limit of \$150 for no more than 10 days for additional boarding, lodging or similar expenses incurred by the Participant and any travelling companion(s) when the return trip is delayed due to the Participant's hospitalization.

# Health and Dental Benefit Summary

## Outside Province Of Residence Travel Benefits cont'd

- Medical Appliances (*purchase or rental*):

<i>Manual Wheelchair,</i>	**	Included
<i>Canes, Crutches</i>	**	Included
<i>Braces, Casts, Trusses,</i>		Not Included
<i>Slings, Splints</i>		
  
- Nursing Services:

\*\* Special Duty Nursing services, provided out of hospital to a maximum of \$5,000 per person per calendar year
  
- Paramedical / Health Practitioners:

<i>Chiropracist, Podiatrist</i>	***	\$300 per person per calendar year
<i>Chiropractor</i>	***	\$300 per person per calendar year
<i>Physiotherapist</i>	***	\$300 per person per calendar year
<i>Acupuncturist, Audiologist,</i>		Not Included
<i>Dietitian, Registered</i>		
<i>Massage Therapist,</i>		
<i>Registered Speech</i>		
<i>Therapist, Registered</i>		
<i>Psychologist, Social</i>		
<i>Worker, Occupational</i>		
<i>Therapist, Naturopath,</i>		
<i>Osteopath</i>		
  
- Prescription Drugs:

\*\* Included
  
- Physicians & Surgeons:

Included if allowed by government plan
  
- Return of Deceased:

Up to \$5,000 will be reimbursed towards the cost of preparation (including cremation) and homeward transportation to the first resting place in proximity to normal province of residence, of a deceased Participant.
  
- Return of Dependent Children:

One-way economy transportation or the excess cost of pre-paid travel arrangements for the return of Dependent Children by the most direct route to their normal place of residence if Dependent children are left unattended while travelling when the Participant is hospitalized. If necessary, charges for the round trip economy transportation of a qualified escort to accompany the Dependent Children on the return trip will be payable.
  
- Trip Interruption/Delay:

One-way economy fare or the excess cost over and above any pre-paid travel plan to return home or re-join the trip, if a trip is interrupted or delayed due to your or your travel companion's hospitalization outside of province of residence.
  
- Vehicle Return:

Limited to a maximum of \$2,000 for the cost of returning the Participant's vehicle, either private or rental, by commercial agency to the Participant's residence or nearest appropriate vehicle rental agency when the person is unable due to emergency or accident or death.

# Health and Dental Benefit Summary

## Outside Province Of Residence Travel Benefits cont'd

- Worldwide Travel Assistance:
  - 24 hour telephone and telex services around the world in the event of emergency medical situations requiring hospitalization; plus:
    - Coverage confirmation 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 or business partner,
    - referral to legal counsel and where possible, member is supported in areas of bail, embassy contact and service and family messaging,
    - 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 the Participants' responsibility) and
    - Emergency response in any language.

## Outside Province of Residence Travel Benefit Limitations and Exclusions

- \*\* Physician prescription, physician's written order, or physician's referral required.
- \*\*\* Paramedical / Health Practitioner must be a licensed professional in the field for which the service is being provided, and the service must not be performed in a hospital.

Outside Province of Residence Travel Benefits eligibility is available only as a result of an unexpected medical emergency occurring outside the participant's province of residence.

A Pre-existing condition will be covered as a benefit, provided the condition is stable and/or has been controlled by consistent treatment with prescribed medication for three months prior to travel, 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 same three months immediately preceding the departure date. Routine checkups with no change in medication or treatment are not considered medical investigation, diagnosis or treatment.

**Accidental Dental** – charges for dental treatment when natural or artificial teeth have been damaged by a direct, accidental blow to the mouth or a fractured or dislocated jaw requiring setting. Dental treatment must be rendered or reported and approved for payment by Blue Cross within six months of the accident. Eligible expenses will be the dentist's usual and customary fee according to the current Dental Fee Guide for general practitioners in effect where services are rendered.

# Health and Dental Benefit Summary

## Outside Province of Residence Travel Benefit Limitations and Exclusions cont'd

**Ambulance, Air Ambulance** – licensed ambulance service for transportation of a patient to the nearest qualified medical facility, as follows:

- Post Emergency Evacuation - Subject to medical advice to the contrary, evacuation of the patient, without dependents, to a hospital in their province of residence, where pre-authorized by Blue Cross.
- Where pre-authorized by Blue Cross, and upon written advice from either the attending physician or a commercial airline that a patient must be accompanied by a qualified medical attendant, Blue Cross shall pay the costs incurred for one direct round trip economy fare for the medical attendant.

**Diagnostic** – limited to X-rays, examinations, and diagnostic laboratory procedures.

**Nursing Services** – Nurse required be a registered nurse (RN, RNA, or LPN). Services provided in nursing homes or for palliative care are excluded. Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded. Prior approval from the Travel Assistance Provider is required.

**Return of Deceased** – Excludes the cost of burial, coffin or urn.

Benefits will not be payable for, and Blue Cross will not accept any liability relating to, claims for services, supplies, or charges that are:

- Failure to call the Travel Assistance Centre may invalidate your claim
- No benefits are available under this Policy for residents travelling outside their province of residence primarily or incidentally to seek medical and/or dental advice or treatment, even if such a trip is on the recommendation of a Physician.
- No benefits are available under this Policy for residents travelling outside their province of residence against their Physician's advice,
- payable by any government health plan or any other government agency,
- covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- incurred as a result of self-inflicted injuries; abuse of medications, drugs or alcohol; suicide or attempted suicide; or committing or attempting to commit a criminal offense,
- incurred as a result of participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, riot or public confrontation, civil commotion, or any other act of aggression,
- incurred as a result of training, practicing or participation in professional sports (receiving remuneration), a motorized speed test, race or contest, rodeo, scuba diving (when not certified by a ACUC, NAUI, PADI or SSI), or any other high risk activity including but not limited to; parachuting, bungee jumping, mountain climbing, rock climbing, spelunking, hang gliding, parasailing, sky diving,
- incurred as the result of a flight accident unless the participant is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more,
- for referral treatment,
- for elective (non-emergency) treatment or surgery,
- not required for the immediate relief of acute pain or suffering which reasonably could have been delayed until returning to the participant's province of residence, or
- associated with the required confinement of the participant due to childbirth and delivery if any portion of travel falls after the 32nd week of gestation.

# Health and Dental Benefit Summary

## Dental Care Benefits

Underwritten by  
Saskatchewan Blue Cross

Deductible	Nil
Fee Schedule	Current General Practitioners' Dental Fee Guide in effect in the Province of Saskatchewan.

## Basic Dental Benefits

Reimbursement Level:	80%
Maximum:	Unlimited unless defined otherwise.
▪ Diagnostic Services	
<i>Clinical Oral Examinations</i>	
- complete	1 per person per 3 calendar years
- recall	2 per person per calendar year
<i>X-ray Examinations</i>	
- single films	Included
- full mouth, panoramic	1 of either type per person per 3 calendar years
- cephalometric films	5 per person per 2 calendar years
- bitewing	4 per person per calendar year
- temporomandibular joint	4 per person per calendar year
- occlusal	2 per person per calendar year
<i>Tests, Laboratory Examinations</i>	Included
▪ Preventative Services	
<i>Polishing</i>	2 units per person per calendar year
<i>Scaling</i>	8 units per person per calendar year
<i>Fluoride Treatments</i>	2 treatments per person per calendar year
<i>Oral Hygiene Instruction</i>	2 treatments per person per calendar year
<i>Pit and Fissure Sealants (posterior permanent teeth)</i>	Included for eligible Dependent Children only
<i>Space Maintainers</i>	Included
<i>Protective Athletic Appliances</i>	1 appliance per Dependent Child per calendar year

# Health and Dental Benefit Summary

## Basic Dental Benefits cont'd

▪ Restorative Services	
<i>Caries, trauma and pain control</i>	Included
<i>Fillings, Amalgam (metal) and tooth colored (plastic) restorations</i>	Included
<i>Full coverage prefabricated restorations (metal and plastic)</i>	Included
<i>Repairs to inlays, onlays or crowns</i>	Included
<i>Removal of inlays, onlays, crowns or veneers</i>	Included
<i>Recementation/rebonding of inlays, onlays, crowns or veneers</i>	Included
<i>Retentive pins</i>	Included
▪ Adjunctive Services - Office or institutional visit	Included
▪ Prosthodontic Services	
<i>Denture repairs and additions</i>	Included
<i>Denture cleaning and polishing</i>	once per person per calendar year
<i>Denture relining</i>	1 upper and 1 lower per person per 2 calendar years
<i>Denture rebasing</i>	1 upper and 1 lower per person per 2 calendar years
<i>Tissue conditioning</i>	twice per person per 2 calendar years
<i>Soft liner</i>	twice per person per 2 calendar years
<i>Removal, repair and Recementing fixed bridge</i>	Included
▪ Surgical Services	
<i>Extraction of teeth</i>	Included
▪ Major Surgical Procedures	
<i>Surgical exposure of the tooth</i>	Included
<i>Surgical repositioning or transplantation</i>	Included
<i>Cutting of bone to aid in removal of teeth to permit insertion of denture</i>	Included
<i>Surgical shaping of gum tissue in order to support teeth</i>	Included
<i>Tumors and cysts</i>	Included
▪ Adjunctive General Services	
<i>Neuroleptanalgesia, Conscious Sedation and General anesthesia</i>	Included



# Health and Dental Benefit Summary

## Minor Restorative Dental Benefits

Reimbursement Level: 80%

Maximum: \$1,000 per person per calendar year

### ▪ Endodontic Services

<i>Diagnosis and treatment of the pulp chamber (Pulpotomy and Pulpectomy)</i>	Included
<i>Root Canal Therapy, treatment and apexification</i>	Included
<i>Periapical Services</i>	Included
<i>Apicoectomy/apical curettage</i>	Included
<i>Retrofilling</i>	Included
<i>Root Amputation</i>	Included
<i>Hemisection</i>	Included
<i>Perio-radicular lesion decompression</i>	Included
<i>Exploratory endodontic surgery</i>	Included
<i>Intentional removal of tooth, apical filing and replantation</i>	Included
<i>Emergency opening and drainage of canal</i>	Included
<i>Bleaching (of endodontically treated teeth)</i>	Included
<i>Post removal to allow retreatment</i>	Included

### ▪ Periodontic Services

<i>Non-Surgical Services</i>	Included
<i>Application of displacement dressings, Management of oral infections, Desensitization</i>	
<i>Surgical Services</i>	Included
<i>Gingival curettage, Gingivoplasty, Gingivectomy, Flap approach surgery, Grafts, Guided tissue regeneration, distal wedge procedure, periodontal abscess or pericoronitis</i>	
<i>Adjunctive Periodontal Services</i>	Included
<i>Provisional splinting or ligation</i>	Included
<i>Occlusal adjustment/equilibration</i>	\$250 per person per calendar year
<i>Periodontal Appliances</i>	1 upper or 1 lower of any type per person per 2 calendar years
<i>- Temporomandibular joint (TMJ) appliances; Myofascial Pain Syndrome appliances; maintenance, adjustments, repairs and relines</i>	

# Health and Dental Benefit Summary

## Major Restorative Dental Benefits

Reimbursement Level: 60%

Maximum: \$1,500 per person per calendar year

- Extensive Restorative Services
  - Inlay and Onlay Restorations* \*\* Included
  - Crowns* \*\* Once per tooth per person per 5 calendar years
  - Fixed bridges* \*\* Included
- Prosthodontic Services
  - Complete dentures*
    - *Standard* 1 upper and 1 lower per person per 5 calendar years
    - *Transitional/Provisional* 1 upper and 1 lower per person per 5 calendar years
    - *Overdenture* Included
    - *Attached to Implants* Included
  - Partial dentures*
    - *Standard* 1 upper and 1 lower per person per 5 calendar years
    - *Transitional/Provisional* 1 upper and 1 lower per person per 5 calendar years
  - Fixed bridge* Included
- Dental Implants
  - Dental Implants and/or services performed in conjunction with implants* Included

## Dental Benefit Limitations and Exclusions

- \*\* Dental Care Benefits will not be payable for construction of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material.

Dental services in excess of \$500 require pre-authorization by Saskatchewan Blue Cross, in writing in the form of a "Treatment Plan". Dental claim forms are provided for this purpose.

Services for cosmetic purposes or conditions not detrimental to the Participant's health, experimental procedures, replacement of lost or stolen prosthetic devices or charges for missed appointments or completion of claim forms are excluded.

If application for dental benefits (Member or dependent) is made more than 60 days after the date on which the Member and/or dependent first becomes eligible, the maximum benefit will be limited to \$100 per participant during the first 12 months of coverage. This restriction in benefits does not apply to services required as a result of natural teeth being damaged by a direct accidental blow to the mouth which occurs after the effective date of the Late Applicant's coverage.

### General Information

#### Eligible Members

A Member is a person who is an active member of the association of Superannuated Teachers of Saskatchewan. A Member must belong at all times to the classes or classes of Members for which the benefit is being offered. All Members must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

#### Eligible Dependents

Dependents are defined as the Member's legal spouse and/or children, as described below.

Spouse means the person who is legally married to the Member, or has continuously resided with the Member for not less than one full year having been living in a conjugal relationship. A Spouse shall also mean a person who is in a civil union with the Member as defined by the Civil Code of Quebec. The Member requesting coverage for spouse or a "common-law" spouse must give written notice to Saskatchewan Blue Cross. Unless such written request is made, the person legally married to the Member shall be considered to be the covered spouse. Discontinuance of cohabitation with the Member shall terminate coverage of the "common-law" spouse. At no time will Saskatchewan Blue Cross provide coverage for more than one Spouse.

Children, also referred to as child, means the natural, adopted, or stepchildren of the Member or the Member's Spouse; or any other Children for whom the Member or the Member's Spouse have been appointed as a guardian.

Dependent children are eligible for benefits if they are:

- dependent upon the Member for financial care and support, and
- not legally married or in a common-law relationship that is one full year or more in duration, and
- less than 21 years of age; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried children over 21 years of age shall qualify if they are dependent upon the Member by reason of a mental or physical disability and have been continuously disabled prior to their attaining the age of 21. Unmarried Children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously disabled since that time shall also qualify as a dependent. A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Saskatchewan Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

Dependents specifically excluded include:

- any spouse residing outside of Canada, or
- any person for whom evidence of insurability, if required, is not approved by Saskatchewan Blue Cross.

## Evidence of Health

Evidence of Health are the statements or medical evidence of a person's health and other information when required by Saskatchewan Blue Cross, in determining the person's acceptability for coverage.

Member applications for coverage are to be completed, signed and submitted within the later of:

- 60 days from the date the Member receives, or is eligible to receive, a pension or survivor allowance,
- 60 days from the date of termination of coverage under a Spouse's group plan or,
- 60 days from the date of termination of coverage under any other group plan.

If applications are submitted after these dates Saskatchewan Blue Cross may request evidence of health at the Members' own expense, for the Member and/or the Member's dependents (if applicable). Any request by Saskatchewan Blue Cross for evidence of health will be in correlation to the specifications in the group contract.

## Access to Information

For insured benefits, where provided for in applicable legislation, the Member is allowed to obtain copies of the following documents:

- The Member's enrolment form or application for insurance;
- Any written statement or other record, not otherwise part of the application provided to the insurer as evidence of insurability;
- With reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to the Member. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Saskatchewan Blue Cross at 1.800.667.6853.

## Limitation Period for Legal Actions

Every action or proceeding against an insurer (i.e. the Company) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

## Co-ordination of Benefits

The Member and the Member's family may also be covered through another plan for Extended Health Care benefits and/or Dental benefits.

Generally, when the Member and the Member's spouse have separate coverage, the Member should submit their claims to this plan first, then to their spouse's.

Claims incurred by the Member's spouse should be submitted to his/her plan first, and then to this plan.

Claims for children covered under two plans should initially be submitted to the plan of the spouse with the earlier birthdate in a calendar year. In any case, no more than 100% of the cost of eligible services or supplies is reimbursed.

## General Information

### **Termination of Benefits** *(Refer to the Group Contract for the exact terms and conditions)*

Unless otherwise indicated, a Member's coverage will terminate on the earlier of:

- the date of termination of this plan,
- the date the Member ceases to be an eligible Member,
- the end of the Grace Period for which any premium has not been paid in full,

Unless otherwise indicated, a dependent's coverage will terminate on the earlier of:

- the date of termination of this plan,
- the date the Member no longer meets eligibility requirements or ceases to be covered under this plan,
- the date the dependent ceases to be an eligible dependent,
- the date of death of the Member

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

### **Health and Dental Survivor Benefits** *(Refer to the Group Contract for the exact terms and conditions)*

In the event of the Member's death, coverage for eligible dependents will continue for Health and Dental benefits (if applicable) with payment of premiums until the earliest of:

- the date similar coverage is obtained elsewhere, or
- the termination date of the Group Contract or
- the date the Dependent no longer meets the definition of Dependent.

Upon remarriage of a deceased Member's survivor spouse, the new Spouse and any Dependent Children acquired by or resulting from the remarriage will be eligible to apply for coverage within 60 days.

### **Conversion Option - Health and Dental Benefits**

The Member may apply within 60 days to convert to one of the programs available to individuals through the local Blue Cross. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may also apply within 60 days of the change to convert to one of the programs available to individuals through the local Blue Cross at that time.

### General Limitations and Exclusions - Health and Dental Benefits

Benefit reimbursement is subject to any applicable deductible, co-insurance, and/or maximum amounts specified. Benefit reimbursement will be limited to the Usual, Customary and Reasonable charges for eligible expenses in excess of the amount paid by any provincial government plan. Usual, Customary and Reasonable means the normal charges made by other service providers of the same standing in the locality or geographical area where the charge is incurred. In the event charges are incurred from a provider of services and supplies whose profession has published a fee schedule for its members, "Usual, Customary and Reasonable" charges are considered to be consistent with the amounts specified in such fee guides.

Health and Dental Benefits will not be payable for, and Blue Cross will not accept any liability relating to, claims for services, supplies, or charges that are:

- covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- Medical examinations or routine general checkups required for the use of a third party.
- rest cures, convalescent care, custodial care (i.e. housekeeping), homemaking and companion services are not covered, rehabilitation services in a Hospital for the chronically ill or a chronic care unit of a general Hospital, or charges incurred by the person when, in the opinion of Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill.
- elective services obtained by a person outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the person's province of residence.
- for which the government prohibits the payment of benefit,
- the person is entitled under any Workers' Compensation statute or any other legislation,
- rendered by a person who does not normally reside in the Member's home and is not the Member's immediate family,
- normally not be made if the person were not covered by this plan.
- cosmetic purposes or conditions not detrimental to a person's health.
- normally available without cost, or at a nominal cost, under any government statute on the effective date of this plan.
- Mileage and/or delivery charges to or from a Hospital, Physician, Dentist, Health Care Practitioner, Medical Specialist, or other provider of services or supplies.
- as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide.
- as a result of active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, or participation in any riot, public confrontation, civil commotion, or any other act of aggression.
- Any item or service not listed as a benefit in this plan.
- Medications restricted under federal or provincial legislation which are prescribed and/or dispensed despite such regulations.
- Registration charges or non-resident surcharges in any Hospital.
- Services or supplies required as a result of committing or attempting to commit a criminal act.
- Services performed by an unqualified practitioner.
- Charges for missed appointments or the completion of claim forms.
- Services or supplies which are normally paid for directly or indirectly by the employer.
- Services or supplies incurred prior to the effective date of coverage or after termination of coverage.
- experimental procedures,
- for replacement of lost or stolen prosthetic devices.

### Privacy Information

#### What are your rights under the plan?

In the course of providing customers with quality life, income replacement, health, dental and travel coverage, Blue Cross acquires and stores certain personal information about its clients and their dependents.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

#### What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

#### How is your personal information used?

Your personal information is necessary for Blue Cross to process your application for coverage under its life, income replacement, health, dental and travel plans. Your personal information is used to provide the services outlined in your group policy of which you may be an eligible Member, to understand your needs so that we can recommend suitable products and services, and to manage our business.

#### To whom could this personal information be disclosed?

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in the group plan of which you may be an eligible member:

- other Canadian Blue Cross organizations in order to administer your benefit plan
- specialized health care professionals when required to assess benefit eligibility;
- government and regulatory authorities in an emergency situation or where required by law ;
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer your benefits; or
- the plan member in any contract under which you may be a participant.

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your Dependents is not released to a third party without permission unless necessary to fulfill the services Blue Cross is contracted to provide to you.

By becoming a Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above.

Additional information regarding our privacy protection practices is available on our website at [www.sk.bluecross.ca](http://www.sk.bluecross.ca) or by contacting Blue Cross directly.

### Claiming Information

If the Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

#### Health and Dental Benefit Claiming Information

The participant must obtain official receipts and/or statements indicating the services received. These receipts, along with a completed Group Extended Health Benefits and/or Dental claim form, should be submitted to Blue Cross within four months of receiving the services or supplies if it is reasonably possible. Should a claim not be submitted within twelve months of the date of service, the claim will be considered ineligible. Appropriate claim forms are available from the employer, may be obtained directly from Blue Cross, or accessed via the internet at [www.sk.bluecross.ca](http://www.sk.bluecross.ca).

All Health, Dental and/or Travel claim forms should be forwarded to Blue Cross.

Saskatchewan Blue Cross  
PO Box 4030, 516 2nd Ave N  
Saskatoon SK S7K 3T2

#### Travel Benefit Claiming Information

If the group plan includes Group Travel Benefits, an Emergency Out of Province claim form must be completed and submitted along with statements or receipts outlining the services received. Appropriate claim forms may be requested by contacting Blue Cross.

All hospital/medical accounts must first be assessed by the provincial government health plan. Reimbursement will be made by Blue Cross directly to the insured upon receipt and appraisal of the necessary information. Payment is made in Canadian currency based on the rate of exchange in effect at the conclusion of services, as determined by Blue Cross' chartered bank.

All Health, Dental and/or Travel claim forms should be forwarded to Saskatchewan Blue Cross (indicated above).

#### Travel Assistance

The Travel Assistance Provider should be called only for emergency medical assistance when travelling outside province of residence.

For Out of Province emergency assistance call:

Canada or the U.S.A. (including Alaska and Hawaii)

Toll Free: 1-866-330-3633

In all other countries (or if there is difficulty with the toll free number)

Collect: 306-667-5299

#### Plan Termination

In the event this group benefit plan is terminated, claims for:

- any insured benefits will be accepted for adjudication if submitted within the indicated time limitation.

**Customer Inquiries:**

1.888.873.9200











[sk.bluecross.ca](https://sk.bluecross.ca)  
1.800.667.6853

**SASKATOON**

516 2nd Avenue North PO Box 4030

Saskatoon SK | S7K 3T2 | 306.244.1192

**REGINA**

100, 1870 Albert Street

Regina SK | S4P 4B7 | 306.525.5025

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