

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

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

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

Group Medical Services was born.

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

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

SRA Health & Dental Plans provided by Group Medical Services.

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General Information

- All benefits are per person, per Policy Year unless otherwise stated.
- Premiums are due monthly, the contract renews July 1st of each year. Monthly premium payments are debited from your bank account on the 1st or 15th of the month.
- This brochure is an overview of your coverage. Upon purchase, a detailed booklet will be issued by GMS.
- GMS reserves the right to amend any benefit provisions, terms and conditions.

Eligibility

To be eligible for coverage, applicants must be:

- a member of the SRA; and
- insured under a provincial government health insurance plan.

Applicants must apply within 60 days of:

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

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

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

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

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

Effective Date of Coverage

Your coverage becomes effective on the 1st of the month. The effective date must begin within 60 days of your retirement date.

Calculating Premium Payment Amounts

- For Monthly Pre-Authorized Debit, refer to the Coverage Selection section of the enrolment form to determine the total monthly premium.

To Enrol in the Plan

- The SRA must approve and sponsor your SRA Membership Application before your enrolment in the SRA Health and Dental Plans can be processed.
- Obtain your SRA Membership Application Form and Health & Dental Plans Enrolment Form at www.saskretirees.org.
- Please forward ALL forms (SRA Membership Application Form, SRA Health & Dental Plans Enrolment Form and GMS Pre-Authorized Debit Form) plus the appropriate SRA fees and GMS premium along with a voided cheque to:



**Saskatchewan Retirees
Association**

Walter Scott Building
3085 Albert St.
Regina, SK S4S 0B1

For more information:

call: 306.584.5552 (voice mail)
email: skretireesinfo@gmail.com
web: www.saskretirees.org

Group Medical Services

2055 Albert St. PO Box 1949
Regina, SK, S4P 0E3

toll-free: 1.800.667.3699 email: info@gms.ca
www.gms.ca

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Underwritten by Group Medical Services

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Health and Dental Plans

Effective July 1, 2024





Health Benefits

Health benefits are payable to a combined overall maximum of \$10,000 per person per Policy Year.

ACCIDENTAL DENTAL INJURY (100%)

Up to \$2,000 per Policy Year.

AMBULANCE (100%)

Unlimited emergency transport; 50% of trip home for those who are bedridden.

ARTIFICIAL LIMBS, EYES & LARYNX (80%)

Unlimited.

BLOOD PRESSURE MONITORS (80%)

One per policy per 5 Policy Years.

BREAST PROSTHESIS & SURGICAL BRASSIERES (80%)

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

CARDIAC REHABILITATION (80%)

Up to \$225 per Policy Year.

CASTS & CRUTCHES (80%)

Unlimited fibreglass casts and purchase or rental of crutches.

CUSTOM FOOT ORTHOTICS (80%)

Up to \$400 once in the 3 most recent Policy Years.

DIABETIC EQUIPMENT (100%)

Up to \$500 in the 5 most recent Policy Years.

DIABETIC SUPPLIES (100%)

Unlimited test strips and lancets for purchase for home use.

Up to \$2500 per Policy Year for Flash & Continuous Glucose Monitors for purchase for home use.

HEARING AIDS (80%)

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

HEALTH PRACTITIONERS (80%)

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

OSTOMY SUPPLIES (80%)

Unlimited for purchase for home use.

OUT-OF-PROVINCE REFERRAL (80%)

\$50,000 lifetime maximum.

OXYGEN EQUIPMENT (80%)

Up to \$500 per Policy Year for the cost of oxygen equipment rental and/or Continuous Positive Airway Pressure (CPAP) supplies.

Up to \$275 per person per Policy Year for CPAP machines.

PATIENT WALKERS (80%)

Up to \$300 in the 3 most recent Policy Years.

PREFERRED HOSPITAL WARDS (100%)

Unlimited private or semi-private rooms.

PRESCRIPTION DRUGS (100%)

Up to \$1,700 per Policy Year for formulary and non-formulary drugs (excluding pharmacist dispensing fee). Members can save on dispensing fees with Express Scripts Canada's online pharmacy. Learn more at pharmacy.express-scripts.ca/sra.

PRIVATE DUTY NURSING (80%)

Up to \$5,000 per Policy Year.

THERAPEUTIC SHOES (80%)

Up to \$200 per Policy Year.

VISION (80%)

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

WHEELCHAIRS, MOTORIZED SCOOTERS & HOSPITAL BEDS (80%)

Up to \$500 combined maximum per policy in the 5 most recent Policy Years.

OTHER HEALTH BENEFITS (80%)

Up to a \$500 overall maximum per Policy Year for splints, wigs, knee braces with metal components, trusses, rib belts, air casts, clavicle straps, cervical collars, sacroiliac corsets, embolic stockings (maximum of 4 pairs per person per Policy Year) and aero chambers.

GMS Care Network

GMS Care Network has health and wellbeing services to help you and your dependants. Access by phone, online or through the mobile app. Crisis support and other services are available 24/7 and include:

TELEMEDICINE

Connect confidentially with a Canadian-licensed general practitioner by phone, video or text message to get help with minor medical needs, prescriptions, and more. You own and manage your health record of these consultations.

MENTAL HEALTH AND WELLBEING SUPPORT

Connect with counsellors by video, phone, or in-person for support with a variety of concerns such as:

- self-esteem
- anxiety, stress, depression
- grief and loss
- health and nutrition
- legal and financial matters
- life transitions
- individual and couples counselling

Don't feel that your provider is a good fit? Unmatch yourself and choose a new provider. It's that simple.

DIGITAL COGNITIVE BEHAVIOURAL THERAPY

Support your mental health and work at your own pace using this online cognitive behavioural therapy program.

GMS Care Network services are provided by Greenshield+.

Travel

Comprehensive emergency medical coverage while travelling. \$1,000,000 lifetime maximum per person.

EMERGENCY MEDICAL TRAVEL COVERAGE*

- In-Canada: 180 days per trip.
- Out-of-Canada: 60 days per trip.

* For Members under age 75, if you have received treatment or experienced symptoms within 90 days before your trip, certain exclusions may apply.

For Members 75 or older, if you have received treatment or experienced symptoms within 180 days before your trip, certain exclusions may apply.

A detailed benefits booklet will be issued.

Please be sure to read and understand the travel coverage information before you travel.

Dental Care – Optional

Members must purchase the health plan in order to be eligible for the dental plan option.

Eligible dental expenses are payable to a combined maximum (basic and major services) of \$1,200 per person per Policy Year.

BASIC DENTAL SERVICES (80%)

Oral exams, scaling, polishing, fillings, extractions, periodontics, endodontics, anaesthetics and repairs to dental appliances.

MAJOR DENTAL SERVICES (65%)

Crowns, bridges, dentures, inlays and onlays.

