

# Extended Medical & Dental Benefits with Health Care Spending Account

## Eligibility

- Must be an SMA member in active practice, or an employee working at least 15 hours per week.
- All employees (working at least 15 hours per week), including SMA member physician, must participate unless covered under a spouse's plan.
- A spouse (legally married, common-law or same-sex partner) and dependent children (under 21, or under 25 if a full-time student) may also be covered.
- Must live in Canada and be covered by your provincial health plan.
- Coverage ends upon request, non-payment of premium, end of employment or active practice, or at age 70, whichever occurs first.

## Special Features

- No medical underwriting requirements or waiting periods.
- Coverage begins on the 1<sup>st</sup> of the month following your application date.
- Extended medical and dental benefits, and Health Care Spending Account (HCSA).

## Medical Benefits

<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>▪ <b>Saskatchewan Formulary Drugs:</b> Reimbursed at <b>80%</b> coverage per prescription and diabetic supplies with Drug Card.</li> <li>▪ <b>Non-Saskatchewan Formulary Drugs*:</b> Reimbursed at <b>80%</b> coverage per prescription. Drugs not on the Saskatchewan Formulary are limited to drugs requiring a prescription, generic substitution and lowest cost therapeutic alternative of Brand Names when available. Excludes experimental drugs and drugs prescribed without an underlying medically necessitated condition for treatment.</li> </ul>
<b>Paramedical Services</b>	<ul style="list-style-type: none"> <li>▪ <b>No Deductible</b></li> <li>▪ <b>80%</b> reimbursement</li> <li>▪ <b>\$300</b> maximum per Chiropractor per year per person</li> <li>▪ <b>\$250</b> maximum per Licensed Practitioners per year per person: <ul style="list-style-type: none"> <li>- Massage therapist</li> <li>- Physiotherapist</li> <li>- Speech therapist</li> <li>- Naturopath</li> <li>- Osteopath</li> <li>- Podiatrist/Chiropodist</li> <li>- Psychologist/Social Worker/Psychotherapist/Counsellor</li> </ul> </li> </ul>
<b>Medical Equipment, Services, and Supplies</b>	<ul style="list-style-type: none"> <li>▪ <b>75%</b> reimbursement</li> <li>▪ Ambulance (including air ambulance) provided in Saskatchewan</li> <li>▪ Diagnostic services</li> <li>▪ Oxygen, blood or blood plasma</li> <li>▪ Artificial limbs or eyes</li> <li>▪ Crutches, splints, trusses, braces</li> <li>▪ Orthopaedic shoes maximum \$500 per year</li> <li>▪ Hearing aids – maximum \$500 per each consecutive 48-month period</li> <li>▪ Wigs or hairpieces, hospital beds, wheelchairs, breathing machines, traction kits, insulin infusion pump</li> </ul>
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>▪ <b>\$150</b> Benefit maximum every 24 months – lenses &amp; frames, contact lenses, laser vision correction</li> <li>▪ <b>One eye exam every 24 months</b>, subject to the reasonable and customary rate</li> </ul>
<b>Private Duty Nursing</b>	<ul style="list-style-type: none"> <li>▪ <b>100%</b> reimbursement</li> <li>▪ <b>\$10,000</b> annual maximum</li> </ul>
<b>Hospital</b>	<ul style="list-style-type: none"> <li>▪ <b>100%</b> reimbursement Semi-Private Room</li> </ul>



### Emergency Travel Benefits

<b>Emergency &amp; Travel Assistance Benefits Out of Country or Province</b>	<ul style="list-style-type: none"> <li>▪ <b>100%</b> reimbursement</li> <li>▪ <b>\$5 million</b> lifetime maximum per person</li> <li>▪ Coverage is limited to 180 days per trip</li> <li>▪ Medically stable in the 90 days before departure</li> </ul>
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### Dental Benefits

<b>Basic Services</b>	<ul style="list-style-type: none"> <li>▪ <b>50%</b> reimbursement , routine and periodontal work services</li> <li>▪ <b>\$2,000</b> Basic and Major combined annual maximum per person</li> </ul>
<b>Major Services</b>	<ul style="list-style-type: none"> <li>▪ <b>60%</b> reimbursement , major services, including dentures</li> <li>▪ <b>\$2,000</b> Basic and Major combined annual maximum per person</li> </ul>
<b>Orthodontics</b>	<ul style="list-style-type: none"> <li>▪ <b>60%</b> reimbursement , child orthodontic services</li> <li>▪ <b>\$2,500</b> lifetime maximum per child (ages 6 – 19)</li> </ul>

### Health Care Spending Account (HCSA)

<b>Minimum: \$250 Maximum: Units of \$500 each</b>	<ul style="list-style-type: none"> <li>▪ Non-taxable cash account that can be used to obtain reimbursement for eligible medical and dental expenses not covered as a result of deductible or co-insurance application.</li> <li>▪ Provides members and their employees with flexibility to use the cash account to supplement their health or dental plan coverage and potentially recover all or, a significant portion, of any out of pocket expenses as a result of deductibles or co-insurance being applied to their claims.</li> <li>▪ Account is set up for each participant group, i.e., single, couple or family (not per person).</li> <li>▪ Account is run on a "use it or lose it" basis for the calendar year. Unused funds do not carry over.</li> <li>▪ Changes to the account can be made annually in December for the following calendar year.</li> <li>▪ HCSA is not an insurance plan. Guidelines for its use come under the CCRA Income Tax Guidelines.</li> <li>▪ Minimum HCSA amount: \$250</li> <li>▪ Maximum HCSA amount: Units of \$500 each times number of family members covered by the plan. <i>Example:</i> physician, spouse and 3 children = \$500 x 5 = \$2,500 HCSA.</li> </ul>
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### Premiums

<b>Premiums</b>	<p><i>(paid monthly on the 1st of each month through pre-authorized bank debit)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Coverage</th> <th style="width: 55%;">Basic Premium + HCSA Amount</th> <th style="width: 30%;">Total Monthly Premium</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$208.80 + \$21.00 (\$250 HCSA)</td> <td><b>\$229.80</b></td> </tr> <tr> <td>Couple*</td> <td>\$339.73 + \$21.00 (\$250 HCSA)</td> <td><b>\$360.73</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$21.00 (\$250 HCSA)</td> <td><b>\$466.17</b></td> </tr> <tr> <td>Single</td> <td>\$208.80 + \$41.67 (\$500 HCSA)</td> <td><b>\$250.47</b></td> </tr> <tr> <td>Couple*</td> <td>\$339.73 + \$41.67 (\$500 HCSA)</td> <td><b>\$381.40</b></td> </tr> <tr> <td>Couple*</td> <td>\$339.73 + \$83.34 (\$1,000 HCSA)</td> <td><b>\$423.07</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$41.67 (\$500 HCSA)</td> <td><b>\$486.84</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$83.34 (\$1,000 HCSA)</td> <td><b>\$528.51</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$125.01 (\$1,500 HCSA)</td> <td><b>\$570.18</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$166.68 (\$2,000 HCSA)</td> <td><b>\$611.85</b></td> </tr> <tr> <td>Family</td> <td>\$445.17 + \$208.35 (\$2,500 HCSA)</td> <td><b>\$653.52</b></td> </tr> </tbody> </table> <p><i>* Couple can include you plus your spouse or you plus one child</i></p>	Coverage	Basic Premium + HCSA Amount	Total Monthly Premium	Single	\$208.80 + \$21.00 (\$250 HCSA)	<b>\$229.80</b>	Couple*	\$339.73 + \$21.00 (\$250 HCSA)	<b>\$360.73</b>	Family	\$445.17 + \$21.00 (\$250 HCSA)	<b>\$466.17</b>	Single	\$208.80 + \$41.67 (\$500 HCSA)	<b>\$250.47</b>	Couple*	\$339.73 + \$41.67 (\$500 HCSA)	<b>\$381.40</b>	Couple*	\$339.73 + \$83.34 (\$1,000 HCSA)	<b>\$423.07</b>	Family	\$445.17 + \$41.67 (\$500 HCSA)	<b>\$486.84</b>	Family	\$445.17 + \$83.34 (\$1,000 HCSA)	<b>\$528.51</b>	Family	\$445.17 + \$125.01 (\$1,500 HCSA)	<b>\$570.18</b>	Family	\$445.17 + \$166.68 (\$2,000 HCSA)	<b>\$611.85</b>	Family	\$445.17 + \$208.35 (\$2,500 HCSA)	<b>\$653.52</b>
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### Contact

<b>Contact</b>	<p><b>Requests for application forms or questions regarding the SMA Extended Medical &amp; Dental Benefits may be directed to SMA Insurance by e-mail at <a href="mailto:insurance@sma.sk.ca">insurance@sma.sk.ca</a> or by calling (306) 244-2196 or toll-free within Saskatchewan at 1-800-667-3781.</b></p>
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