



Saskatchewan
Health

It's For Your Benefit

A Guide to Health
Coverage in Saskatchewan

www.health.gov.sk.ca

As residents of Saskatchewan, we don't always think about the value of the health services we receive. Here are some approximate costs, including both the government's share and the patient's share (where applicable), for some of the services we use every day:

- routine office visit to a family physician (excluding tests, cost varies depending on the age of the patient) – \$22.80.
- cataract surgery (day surgery) – \$1,500.
- hip replacement (in-patient surgery) – \$10,300.
- annual cost of Atorvastatin, a prescription drug used to lower cholesterol, for all 24,500 patients receiving it – \$12.6 million.
- estimated cost of a typical childbirth in hospital (including pre-natal physician care) – \$3,900.
- average cost of post-natal home visit by a public health nurse – \$60.
- average cost of a day in hospital – \$750.
- average annual cost of one nursing home bed – \$51,600.
- average annual cost of home care for one person – \$3,600.
- average cost of a mammogram to screen for breast cancer – \$64.
- cost of providing routine immunizations to one child from birth to age 16 – \$150.

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1. Introduction

Our publicly-funded, publicly-administered health care system is a source of pride for Saskatchewan people. It's been 40 years since Medicare was born in this province. Since then, the health care system has grown to include a wide range of services to meet the needs of our residents — to help them stay healthy and to treat them when they are ill. Saskatchewan Health provides coverage — in full or in part — for many of these services. For some services, individuals are responsible for the full cost.

This brochure provides an overview of the benefits you are entitled to. It also includes information on how to register for benefits, the costs of providing some common services and where our province's health dollars go.

Knowing what programs and services are available and what you are covered for can help you make the best possible use of the health system and make informed decisions on the purchase of supplemental insurance for you and your family.

This booklet is designed to provide a general outline only. If you need more specific information, please refer to the addresses and phone numbers in Section 10, Additional Information.

Figures related to service volumes, spending and client fees are current at time of printing, but are subject to change.

2. Saskatchewan's Health Regions

Throughout this booklet, you will see references to services delivered by health regions. Health regions in Saskatchewan receive funding from the province. They are responsible for the day-to-day planning and delivery of health programs and services to meet the needs of local residents. These include hospital and ambulance services, drug and alcohol treatment, home care and a variety of services to help residents improve their health and prevent illness and injury.

For further information about particular services available in your area, contact your health region office. To obtain a map of Saskatchewan's health regions see Section 10.

3. Registration Information

Eligibility for Health Benefits

Saskatchewan Residents

If you make your home in Saskatchewan and you ordinarily live in the province at least six months a year, you are eligible for Saskatchewan Health benefits. Everyone must be registered with Saskatchewan Health to be eligible for benefits.

Health benefits for members of the Canadian Forces, RCMP and inmates of federal penitentiaries are covered under federal government programs. Their spouses and dependents, however, are eligible for provincial coverage and must register with Saskatchewan Health.

Saskatchewan Health issues a health services card to each family member once we have approved their applications. The card is mailed just prior to the effective date of coverage.

A Saskatchewan health services card is a valuable personal identification document which you should be prepared to present when you need health services. Always carry your Saskatchewan health services card and present it when receiving health services. If your card is lost or damaged, please phone or write Saskatchewan Health immediately for a replacement (see Section 10).

You can become eligible to be an organ donor by putting a red 'organ donor' sticker on your health services card and signing your consent card.

Those over 18 can contact Saskatchewan Health at 1-800-667-7551 for additional stickers. It is important that you make your family aware of your wishes since the stickers themselves do not guarantee a donation; that decision is left to your family.

Notification of Change – If any of the information below changes or is incorrect, please contact Saskatchewan Health Registration immediately (see Section 10):

- address and telephone number.
- incorrect spelling of name(s)/change of name.
- incorrect date of birth (proof of age needed).
- marriages, divorces and other marital status changes.
- births or deaths.
- other changes to family status.

- family member attending school out-of-province.
- extended vacation or absence of three months or more.

Newcomers to the Province

If you are new to Saskatchewan and have come from another part of Canada, you are required to register for health coverage. As a general rule, coverage will begin on the first day of the third calendar month following the date you established residency here. (This excludes people who are eligible for benefits under other Saskatchewan or federal programs.)

You will have no interruption in health coverage if you move within Canada, as your home province covers you until your Saskatchewan benefits take effect.

For example, if you establish residency in Saskatchewan September 27th, Saskatchewan Health would begin to cover you on December 1st.

Married/Common-law Couples:

- a. If you arrive in Saskatchewan and your spouse doesn't arrive with you, but joins you within 12 months of your arrival, Saskatchewan Health begins coverage for both of you starting the first day of the third calendar month following the arrival of your spouse in the province.

For example – If you arrive January 1st and your spouse arrives June 10th, Saskatchewan Health would begin to cover both of you on September 1st.

- b. If your spouse does not join you within the 12 month period, coverage eligibility in Saskatchewan will differ from the above.

For example – If you arrive in Saskatchewan January 1st, 2002 and your spouse joins you in June 2003, Saskatchewan Health begins your coverage January 1st, 2003 (at the end of the 12-month period), and your spouse's coverage September 1st, 2003.

In both of the situations outlined above, your former province of residence will continue to cover you while you're in Saskatchewan pending the beginning of Saskatchewan coverage.

How to Register – Application forms to register for a Saskatchewan health services card are available from the offices of administrators of towns, villages, rural municipalities, Saskatchewan Health Registration (see Section 10) and Vital Statistics or online at www.health.gov.sk.ca

You may register yourself, your spouse and all dependents under 18 years of age who are in Saskatchewan. Saskatchewan Health also requires the following information for children or dependents under 21 years of age remaining in another Canadian province or territory to complete their current school year:

- last name, first name, second name.
- date of birth (day, month and year).
- gender.
- marital status.
- (if married) name of spouse and all dependents under 18 years of age.

If you are single and 18 years of age or over, you must register separately.

Students (Residents of Other Provinces)

If you are a resident of another Canadian province attending school in Saskatchewan, your home province covers your health costs, and you should continue to maintain coverage with your home province or territory.

Special Classes of Newcomers

Saskatchewan Health covers health services for certain special classes of newcomers from outside Canada who move to Saskatchewan on or before the first day of the third calendar month after arriving in Canada. If you are among the groups identified below, you may be eligible for benefits from the date you move to Saskatchewan:

- international students.
- landed immigrants.
- people discharged from the Canadian Forces and the RCMP.
- non-immigrants who are in Canada in connection with their trade or profession.
- returning spouse of a Canadian Forces member.
- returning Canadian citizens.
- returning residents.

Your Benefits If You Move From Saskatchewan

If you leave Saskatchewan to set up residency elsewhere, your health services card is valid only for the balance of the month you move plus the next two full months.

For example – If you leave Saskatchewan to move to another province September 27th, Saskatchewan Health ends your Saskatchewan coverage November 30th.

We ask that you provide Saskatchewan Health Registration with your new address and the date you will be leaving the province. In addition, you should register for benefits in your new province of residence immediately upon arrival.

Married/Common-law Couples:

a. If you leave Saskatchewan and your spouse does not leave with you, but joins you within 12 months of your departure, Saskatchewan Health covers both of you until the end of the second month following the month your spouse leaves the province.

For example – If you leave Saskatchewan to move to another province January 1st and your spouse joins you on June 10th, Saskatchewan Health continues to cover both of you until August 31st.

b. If your spouse does not join you within the 12 month period, the coverage periods for both of you will differ from the above.

For example – If you leave Saskatchewan to move to another province January 1st, 2002 and your spouse joins you June 10th, 2003, Saskatchewan Health covers you for the period January 1st, 2002 to December 31st, 2002, and your spouse for the period January 1st, 2002 through August 31st, 2003.

Benefits If You Are Temporarily Away From Saskatchewan

Under certain circumstances, you may retain limited coverage while away for up to one year provided you intend to return here to live.

In all situations where you will be temporarily absent from the province for more than three months, we require you to let Saskatchewan Health Registration know of:

- the date you intend to leave Saskatchewan.
- the reason for your absence from the province.
- your intended return date.

Following any extended absence from the province, you need to contact Saskatchewan Health to ensure that your card is still active and you are entitled to benefits.

If you obtain a work contract outside Canada for no longer than 24 months, you may be eligible for limited out-of-Canada benefits for the period of your work contract. To retain coverage, Saskatchewan Health needs your departure date, the date you expect to return to Saskatchewan, and a copy of your work contract.

For more information see Section 9, Out-of-Province / Out-of-Canada Coverage.

Students (Temporarily Away) – If you attend school full-time outside Saskatchewan and plan to return here to live on completion of your studies, you will qualify for limited out-of-province or out-of-country coverage. To verify your student status, Saskatchewan Health requires a statement of enrollment each year from your school.

4. Saskatchewan Health Covers the Costs of These Services

The following medical and community services are public services and are free of charge for all Saskatchewan residents holding Saskatchewan Health coverage:

All Medically Necessary Physician and Hospital Services – Including visits to physicians' offices, X-ray and laboratory services, diagnostic and surgical procedures and other inpatient or outpatient hospital care.

Physiotherapy or Occupational Therapy – Services provided through hospitals, special care homes, community agencies, or by private clinics in Saskatchewan that have a contract with the Regional Health Authorities.

HealthLine – Is a free, confidential 24-hour health advice telephone line, staffed by registered nurses. They can provide you with immediate, professional health advice or information, and direct you to the most appropriate care.

Screening Mammography for Women Aged 50 to 69 –These services are covered through the Screening Program for Breast Cancer centres. This program screens approximately 37,000 women every year.

For more information, contact the Saskatchewan Cancer Agency.

Immunization Services – Saskatchewan Health protects children against childhood diseases such as diphtheria, tetanus, whooping cough, polio, haemophilus influenzae B, measles, mumps, German measles and hepatitis B. Immunizations for children are offered at clinics and schools throughout the province.

Children under age two with medical conditions that put them at high risk are eligible for pneumococcal vaccine.

People 65 and over and those under 65 with high risk medical conditions are also eligible for free influenza and pneumococcal immunizations.

For more information, contact your health region office.

Sexually Transmitted Diseases (STD) Treatment

–Saskatchewan Health purchases approved treatment medications and distributes them to STD clinics (Regina, Saskatoon and Prince Albert) and to physicians through health regions. The medications are provided without cost to patients.

For more information, contact your physician, STD clinic or health region office.

Human Immunodeficiency Virus (HIV) Testing – HIV antibody testing can be done through a private physician, STD clinic, or an HIV anonymous testing clinic. These clinics are located in Regina, Saskatoon and Prince Albert. Anonymous testing clinics do not require that clients give their identity. The testing is without cost to patients.

For more information, call your physician, STD clinic or HIV anonymous testing clinic.

Optometric Services – Your costs for these services are covered if:

- you are under 18 years of age.
- you receive a Saskatchewan Income Plan supplement.
- you receive benefits under the Supplementary Health Program or Family Health Benefits (see section 7).

If you fall within the above groups:

- a. Routine eye examinations are limited to:
 - one per 24 month period if you are between 18 and 64 years of age.
 - one per 12 month period if you are any other age.
- b. Partial eye examinations are covered except when your optometrist provides the service within 90 days of a routine eye examination.
- c. Glaucoma testing is covered when your optometrist provides it during a routine eye examination and you are 40 years of age or older.

Services for Persons with Diabetes and other Chronic Diseases – Saskatchewan Health covers services provided through regional health authorities to individuals and families for the management of chronic diseases such as diabetes, asthma, high blood pressure, anxiety, etc.

Treatment of Alcohol and Drug Abuse Problems –Saskatchewan Health covers services, provided through local regional health authorities, the Metis Addiction Council of Saskatchewan Incorporated and the St. Louis Impaired Driver Treatment Program, to individuals and families affected by alcohol and drug abuse.

For more information, contact your regional health authority.

Services for Treating Mental Health Problems and Mental Disorders – Saskatchewan Health covers services which are provided through regional health authorities for the treatment of mental health problems and mental disorders.

For more information, contact your regional health authority.

Services for Treating Gambling Problems – Saskatchewan Health covers services which are provided through regional health authorities to individuals and families for the treatment of problem gambling.

For more information, contact your regional health authority or see Section 10.

5. Saskatchewan Health Covers Part of the Costs of These Services

Air Ambulance Service – There is a charge of \$350, as well as the cost of the road ambulance trip to and from the airport, to the client for medically directed flights originating within the province or outside the province (when a patient is receiving a service not available in Saskatchewan). This charge helps cover the full cost of a flight, which on average is about \$3,400. Flights must be ordered by a physician and will be screened based on critical care criteria. The patient charge is waived for beneficiaries of the Supplementary Health Program or Family Health Benefits Program (see section 7 for more information).

Saskatchewan Health does not routinely pay for the return of Saskatchewan residents who have a medical emergency outside the province or country. Residents are strongly encouraged to obtain travel insurance to cover unforeseen costs including emergency care and transportation when travelling outside the province.

Road Ambulance – Saskatchewan Health provides funding to health regions to help cover the cost of road ambulance services. For all trips, however, patients are responsible for paying a fee. There are programs to reduce or eliminate these fees for seniors and lower-income families.

Under the Senior Citizens' Ambulance Assistance Program (SCAAP) Saskatchewan senior citizens pay a maximum charge of \$250 for ground ambulance service within the province.

Residents who qualify for the Supplementary Health Program may have their ambulance trips fully covered. Under the Family Health Benefits Program, children are covered for ambulance services in emergency situations. Coverage may also be provided when ambulance is the only appropriate means of transportation given the child's condition and transportation to a hospital is essential. (See Section 7 for more details on these programs).

Home Care – Saskatchewan Health provides funding to health regions that covers most of the costs of delivering home care services to you. The following home care services are free of charge for all Saskatchewan residents who have been assessed as needing the following services and who hold Saskatchewan Health coverage:

- case management and assessment.

- home nursing.
- physical and occupational therapy services.

You are charged a fee to cover part of the cost of providing the following home care services, except in situations where you have been assessed as end-stage palliative:

- homemaking (including personal care, respite and home management services).
- meals.
- home maintenance.

Fees for these services are based on your income and the volumes of services delivered to you and will vary for each individual.

Regardless of your income, you will be charged \$6.10 per unit of service for the first 10 chargeable units of service received in a month (as of September 1st, 2002).

A chargeable unit is defined as one hour of home maintenance or homemaking (personal care, respite, home management) or one meal.

For units of service after the first 10, clients pay a fee based on their income up to a maximum charge. The maximum charge per month ranges between \$61 and \$366, depending on the client's income level. This range is adjusted annually, usually in the fall, in keeping with increases to Old Age Security/Guaranteed Income Supplement rates.

Regional health authorities can reduce or waive home care fees in cases of serious financial hardship.

Overall, government spent about \$92 million in 2002-03 supporting home care programs. Clients' fees amounted to about \$5.8 million, or less than 6% of the total cost of the service (according to the latest available figures).

Home care services that are not provided or funded by the regional health authorities, such as services received from private homemaking and private home nursing agencies, are not covered.

For more information on home care services or to receive an assessment, contact your regional health authority.

Institutional Long-Term Care – Saskatchewan Health provides funding to regional health authorities that covers a major portion of your costs for long-term care and respite care in special care homes (nursing homes), health centres, and hospitals. To cover the rest of the costs, you are responsible for paying a

resident charge based on your income. You may also have additional costs such as prescription drugs, incontinence supplies and other personal items.

The average annual cost of one nursing home bed was \$51,600 in 2002-03.

Individuals assessed as Level 1 (light care needs), who are admitted to a long-term care facility, must pay the full cost of services. Stays in personal care homes (residential facilities which provide adults with accommodation, meals and help with personal care) are not covered.

Chiropractic Services – Saskatchewan Health pays a portion of the cost of this service. Generally the chiropractor charges you an additional fee on a per visit basis.

Podiatry Program (foot care) – If you see a podiatrist (chiropracist) provided by a regional health authority, you will be responsible for paying a part of the cost of your visit, and for any special custom shoe inserts he/she may prescribe.

For more information, contact your regional health authority.

Hearing Health Services/Hearing Aid Plan – Audiology services are available to Saskatchewan residents of all ages through regional health authority offices. These services include: hearing tests, hearing aids, hearing aid accessories, earplugs, assistive listening devices, information pamphlets and counseling and education on hearing loss and its effects on communication. Saskatchewan Health provides funding to the regional health authorities to provide these tests on a cost-recovery basis. You are responsible for the cost of the hearing test fee, hearing aid, hearing aid fitting fee and all hearing-related products and devices. For further information, contact your regional health authority office.

Dental Services – Saskatchewan Health covers:

- certain oral surgery procedures required to treat specific conditions caused by accidents, infection, or congenital problems. For details contact Saskatchewan Health (see section 10).
- orthodontic services for cleft palate when referred by a physician or dentist.
- extracting teeth when medically required before undertaking certain surgical procedures related to the heart, chronic renal disease, or total joint replacement by prosthesis.

Routine dental services are not covered.

Prescription Drug Services – The Drug Plan provides benefits to eligible Saskatchewan residents for certain drugs prescribed outside Saskatchewan hospitals. Residents whose prescription drug costs are paid for by another government agency are not eligible for coverage under the Drug Plan. The Saskatchewan Drug Plan Formulary is a list of more than 3,500 drug products that are benefits under the Drug Plan.

Diabetic supplies such as needles, syringes, lancets and swabs are included under the Drug Plan.

Ask your physician or pharmacist if the drug being prescribed for you is included in the Formulary.

The Special Support Program is an income-based program that helps spread prescription drug costs out evenly over the entire year. It has been designed to help those with high drug costs in relation to their income. Anyone with valid Saskatchewan Health coverage may apply for the Special Support Program.

Special Support is available to those whose annual benefit prescription drug costs exceed 3.4% of their annual adjusted income.

The Drug Plan adjusts family income by deducting \$3,500 for each dependent child under 18 years of age.

If you believe your drug costs may exceed 3.4% of your income, you are encouraged to apply for Special Support.

If your family income or drug costs change during the coverage period, you must submit a request in writing for a reassessment of coverage.

Families and individuals receiving Guaranteed Income Supplement, Saskatchewan Income Plan or Family Health Benefits (see Sections 7 and 10) are automatically assigned a lower patient deductible. In addition, you are eligible for enhanced drug coverage if:

- you receive Supplementary Health Program (see Section 7) benefits (you pay at most \$2.00 per covered prescription).
- you receive special benefits from the Saskatchewan Aids to Independent Living (SAIL) program (coverage is limited to people registered with SAIL's Paraplegia, Cystic Fibrosis or End Stage Renal Disease programs). See Section 10 to contact the SAIL program.
- you are approved for palliative care drug coverage requested by your physician.

If you don't qualify for any of the above benefits, you will

be responsible for the full cost of your prescriptions.

You should be aware that the price for prescription drugs can vary by pharmacy. The total price of a prescription drug is made up of three main parts:

- Actual Acquisition Cost (AAC).
- Mark-up.
- Professional fee.

The AAC is what it costs the pharmacy when ordering the medication from the manufacturer or a wholesaler. The pharmacy is entitled to add a mark-up and a professional fee, resulting in the total prescription cost.

The Drug Plan sets a maximum amount that the pharmacy can charge for the mark-up and the professional fee. Some pharmacies may choose to charge less than the maximum.

In deciding which pharmacy will fill your prescription, the price of your prescription is only one component. You may also want to consider other services that are available. Pharmacists can provide valuable information about all drugs and any possible interactions that may occur. However, they need a complete list of all your medications. Having your prescriptions filled at the same pharmacy ensures they have your complete profile.

Saskatchewan Aids to Independent Living (SAIL) Program – If you have a long-term physical disability, you may be eligible to receive equipment and supplies from the SAIL program. The equipment and services include:

- free loan of mobility aids such as wheelchairs and walkers, and other aids such as hospital beds and transfer assists. The equipment is loaned through the Saskatchewan Abilities Council.
- financial assistance for home oxygen. Equipment and oxygen services are provided by full-service home oxygen suppliers under contract with SAIL.
- artificial limbs and braces provided through the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon.
- aids including magnifiers, talking book machines and braille watches. These aids are provided through the Canadian National Institute for the Blind.

To contact the SAIL program, see Section 10.

6. Saskatchewan Health Does Not Cover the Costs of These Services

Inpatient and outpatient medical services provided for reasons other than medical necessity.

Cataract surgery and Magnetic Resonance Imaging (MRI) provided outside Saskatchewan – unless Saskatchewan Health has given you prior written approval.

Bone Density Testing provided outside Saskatchewan – unless Saskatchewan Health has given you prior written approval or the testing is provided in a publicly funded facility.

Non-emergency services provided outside Canada – unless Saskatchewan Health has given you prior written approval. Generally, emergencies are defined as unforeseen medical situations.

Extra cost of private and semi-private ward accommodation if you choose it, but your physician doesn't order it as a medical necessity.

Physiotherapy and occupational therapy services provided by private physical and occupational therapists not under contract with a regional health authority.

Services provided by health facilities other than hospitals – unless Saskatchewan Health has an agreement with the facility to cover its services.

Saskatchewan Health does not cover hospital and medical care for certain elective treatment services such as:

- cosmetic surgery.
- removal of warts and other benign lesions.
- sterilization reversals.
- removal of portwine stains on skin for people over 17 years of age.
- routine circumcision of newborn males.
- health examinations provided for the following reasons:
 - a. for employment.
 - b. for insurance.
 - c. for vehicle seat belt exemptions.
 - d. at the request of any third party such as an employer (the exception is if the examination

We Do Not Cover These Costs

is for adoption or foster parent purposes, or for sexual assault or child abuse cases).

Other services not covered by Saskatchewan Health include:

- routine eye examinations for persons 18 years of age or over.
- podiatry services provided by private podiatry clinics within Saskatchewan, or podiatry services obtained out-of-province.
- contact lenses or eyeglasses including lenses and frames.
- hearing services provided by private clinics within Saskatchewan or obtained out-of-province.
- appliances such as hearing aids, or those such as crutches taken home from hospital. Saskatchewan Health covers certain appliances under other health programs described in this booklet.
- all dental services except those described in Section 5.
- special duty nurses except in hospital when defined criteria are met.
- naturopath and osteopath services.
- massage therapy.
- lodging in personal care homes (residential facilities providing adults with accommodation, meals and help with personal care).
- international travel vaccines and associated consultation and administration of vaccines are not part of the provincial immunization program.
- other vaccines that have not been approved for inclusion in the provincial immunization program.
- home care services that are not provided or funded by regional health authorities, such as services received from private homemaking and private home nursing agencies.
- midwifery services.
- chelation therapy.
- counseling services not provided or funded by Regional Health Authorities, such as private counseling services.

Special Coverage for Lower-Income Families

Health Benefits	Children	Parents or Guardians
Dental Coverage	Basic services	Coverage not provided
Drug Coverage	No charge for drugs covered under the Drug Plan	\$100 semi-annual family deductible; 35% consumer co-payment thereafter
Eye Care	Eye exams once a year, basic eyeglasses	Eye exams covered once every two years
Emergency Ambulance	Covered	Coverage not provided
Medical Supplies or Appliances	Require doctor's prescription and prior approval	Coverage not provided
Chiropractic Services	Covered	Covered

7. Special Coverage for Lower-Income Families

Supplementary Health Program – This program provides for non-insured health services to people nominated for coverage by Saskatchewan Community Resources and Employment. Under this program, Saskatchewan Health covers certain dental services, prescription drugs, medical supplies and appliances, eye care, podiatry/chiropractic (foot care) services, hearing testing and hearing aid services, chiropractic services, and ambulance costs.

Saskatchewan Health mails a separate supplementary health card to you if you are assessed by Community Resources and Employment as being eligible to receive these benefits.

Family Health Benefits – Additional health benefits are provided to lower-income families eligible for benefits in association with provincial income support programs.

Eligibility is established by Community Resources and Employment, in cooperation with Revenue Canada, using a formula that accounts for the number of children

in your family and your family's annual income according to your income tax return(s) for the previous year.

Benefits are similar to those provided under the Supplementary Health Program but are targeted to children under 18 as outlined in the following table.

In some cases, payment rates are limited by agreements with service providers or program fee schedules. Service providers will bill Saskatchewan Health directly for services covered by the program. The program does not reimburse beneficiaries directly. It is your responsibility to tell the service providers in advance that you are covered by Family Health Benefits.

[For questions on the Supplementary Health or Family Health Benefits programs](#) – see Section 10.

For more information on the benefits covered by Family Health Benefits contact Saskatchewan Health at 1-888-488-6385 (in Regina 787-4723). For questions on eligibility, call Community Resources and Employment at 1-877-696-7546 and ask to speak with an operator.

8. How Saskatchewan Health Pays Your Bill

Practicing Inside the Plan

Your physician will submit your bill to Saskatchewan Health. A physician, optometrist or dentist should not knowingly charge you in addition to the amount Saskatchewan Health pays for a covered service.

Under a co-payment system, chiropractors can charge you an additional amount for your visit except if you receive benefits from the Saskatchewan Income Plan, the Supplementary Health Program, or Family Health Benefits (see section 7).

If you see a specialist and a physician has not referred you, Saskatchewan Health pays the unreferred rate. The specialist physician should not charge you the difference between what Saskatchewan Health pays for a referred and an unreferred service.

Practicing Entirely Outside the Plan

Physicians, optometrists, chiropractors or dentists may practice entirely outside the Medical Services Plan if:

- they practice entirely outside the plan for all patients and services, and
- they tell the patient beforehand that the service is not insured, and the patient agrees to pay the bill, and
- people still have a choice of seeing practitioners who practice within the plan.

Verification of Accounts

Saskatchewan Health periodically checks with people to ensure we have correctly paid insured services.

This check is not meant to criticize your physician or you; we do it to help us keep an efficiently run public program. If we send you a verification form, please complete and return it if, in your opinion, the services Saskatchewan Health paid for do not agree with the services you received.

9. Out-of-Province / Out-of-Canada Coverage

Out-of-Province Services

(received in other provinces in Canada)

Saskatchewan Health covers most hospital and medical care you receive in Canada by a reciprocal billing arrangement. This arrangement means you do not need prior approval and you will not be billed for most services you receive in other provinces or territories while travelling within Canada. The cost of travel, meals and accommodation are not covered.

For health services to be covered, you must produce a valid Saskatchewan health services card. If you cannot do so, the hospital or physician has the right to ask you to pay your bill. (This also applies for services in the province.)

Exceptions are:

- prior approval is required for services in the following programs: alcohol and drug, mental health, problem gambling services and home care.
- cataract surgery services and Magnetic Resonance Imaging (MRI). Since Saskatchewan Health doesn't normally cover these services out-of-province, you need our prior approval.
- certain services that Saskatchewan Health covers in Saskatchewan which have been excluded from the agreements, and for which you may be billed directly. If this happens or you paid for a service because you were unable to produce your health services card, submit the bill to Saskatchewan Health. We will repay you at Saskatchewan rates for physician services and in full for qualifying hospital services. (This also applies for in-province services.)

Notes:

- a. Hospital Services – Before you are admitted as an inpatient, the hospital staff will ask you to sign a form declaring that you have valid coverage from Saskatchewan Health if you cannot produce your health card.
- b. Physician Services received in Quebec – The reciprocal arrangement for physician services applies to every province except for Quebec. Submit your physician bill and Saskatchewan Health will pay for insured services provided in Quebec at Saskatchewan rates.

- c. Drug Plan Services – If you bought a prescription drug from a pharmacy in another province or territory, you may submit the original receipt to the Drug Plan and Extended Benefits Branch. You are eligible for the same drug benefits out-of-province as in Saskatchewan, according to Saskatchewan prices and your coverage level. Be sure to include your health services number with the original receipt and send to the address in Section 10.
- d. Physiotherapy – Only physiotherapy in hospital departments is covered out-of-province. We do not provide coverage for private clinics in other provinces.

Treatment Not Available in Canada

If a specialist physician refers you outside Canada for treatment not available in Saskatchewan or another province, he/she must ask for prior approval from the Medical Services Branch of Saskatchewan Health. Requests for out-of-country cancer treatment must be approved by the Saskatchewan Cancer Agency. If approved, Saskatchewan Health will pay the full cost of treatment, excluding any items that would not be covered in Saskatchewan.

Out-of-Canada Hospital Services

If you receive emergency medical care outside Canada, you will usually find the cost much higher than in Saskatchewan. If the cost is higher, you will be responsible for paying the difference between the full amount charged and the amount Saskatchewan Health pays. For this reason, you should buy additional health insurance if you plan to travel outside Canada.

Emergency Hospital Services – As noted, Saskatchewan Health provides only limited coverage for emergency medical care from approved general hospitals outside Canada if the same services would be covered in Saskatchewan. This coverage is up to \$100 per day (Canadian) for inpatient services and up to \$50 a day (Canadian) for an outpatient hospital visit. Generally, Saskatchewan Health defines an emergency as any unforeseen medical situation.

Emergency Psychiatric Services – Saskatchewan Health provides coverage for a brief period of stabilization (about five to seven days), both out-of-province and out-of-Canada.

Elective (non-emergency) Hospital Services – Saskatchewan Health does not normally cover these services. You need our prior approval. Out-of-Canada Physician, Optometric, Chiropractic and Drug Plan Services

Emergency Services – For these services, we pay at Saskatchewan rates for eligible services. Again, please note that these rates may be far less than the actual cost of the service provided.

Non-Emergency (Elective) Services – Saskatchewan Health does not normally cover these services. You need our prior approval.

Drug Plan Services – Saskatchewan Health does not cover prescriptions filled outside of Canada.

How to Obtain a Refund for Services Outlined in this Section

If you receive services outside Canada or physician services in Quebec, you may be billed directly. Please follow these steps so Saskatchewan Health can repay you:

First – obtain an itemized bill which includes:

For a physician's, optometrist's or chiropractor's bill:

- name of the practitioner who provided the services.
- name of your referring physician, if any.
- diagnosis (and additional clinical information if the service was unusual).
- service code(s) billed (and the service you received).
- location of the service (office, hospital inpatient, hospital outpatient, home, etc.).
- date of each service (except for hospital visits).
- first and last date and total number of hospital days of care by the physician.
- the amount he/she charged you for each service.

For a hospital bill:

- diagnosis.
- date of service.
- description of each service or procedure.
- amount the hospital charged for each service or procedure.

- your name and health services number from your current health services card.
- your name if your child or ward received the service.

Remember that Saskatchewan Health will reimburse you at Saskatchewan rates. A bill for out-of-country physician or hospital treatment will be much higher. Again, you are strongly encouraged to carry travel insurance when leaving Canada.

For a prescription drug bill (in Canada only):

Be sure to include your health services number with the original receipt.

Second – be sure the bill includes the following information from your health services card or your dependent's card:

- patient's name.
- name and address of the parent or guardian if the patient is a dependent.
- patient's health services number (this is a nine-digit number).
- patient's month and year of birth.
- gender of the patient.

Third – send the bill to the address in Section 10.

10. Additional Information

For a map of Saskatchewan's health regions:

Communications Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Telephone: (306) 787-3696

For your local health region office:

Your SaskTel telephone directory will list the health region office nearest you.

To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:

Saskatchewan Health Registration
and Vital Statistics
Saskatchewan Health
1942 Hamilton Street
Regina, SK S4P 3V7

Regina residents 787-3251. Other residents within the province may call toll-free 1-800-667-7551.

Or, visit our web site at www.health.gov.sk.ca. Some forms may be available online.

For 24-hour health information and advice:

HealthLine: 1 877 800 0002
Poison Information:
Saskatchewan Poison Centre: 1 866 454 1212

For problem gambling prevention and treatment services:

Toll-free Problem Gambling Help Line: 1-800-306-6789.

For information about Supplementary Health Benefits:

1-800-266-0695, in Regina 787-3124

For questions about eligibility for coverage under the Supplementary Health program:

please contact your nearest office of Community Resources and Employment listed in the blue pages of the phone book.

For information about Family Health Benefits:

1-877-696-7546, in Regina 787-4723 and select option #4

For questions about eligibility for coverage under the Family Health Benefits Program:

call Community Resources and Employment at 1-888-488-6385 and ask to speak with an operator.

For information about the Saskatchewan Air Ambulance program:

Telephone (306) 787-3764.

For Special Support applications or inquiries:

Regina residents 787-3317. Other residents within the province may call toll-free 1-800-667-7581 or contact your pharmacy. Available on http://www.health.gov.sk.ca/health_forms.html

For additional information about Saskatchewan Aids to Independent Living (SAIL):

Telephone (306) 787-7121.

Out-of-province health services:

Regina residents 787-3475. Other residents within the province may call toll-free 1-800-667-7523.

Prescription Drug inquiries:

Regina residents 787-3317. Other residents within the province may call our toll-free number 1-800-667-7581.

To obtain refunds for out-of-province physician and hospital services, forward bills to:

Benefits and Inquiries
Medical Services Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6

To obtain refunds for out-of-province drug costs, forward bills to:

Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6

To obtain information on the Saskatchewan surgical care system and how it works, access the surgical care web site at:

www.sasksurgery.ca

If you require specific information regarding your surgery, contact your surgeon's office or your region's surgical care coordinator:

Saskatoon Surgical Care Coordinator
1-800-543-6767

Regina Qu'Appelle Surgical Care Coordinator
1-866-622-0222

Telephone numbers for other regional contacts are located on the website or through your Regional Health Authority.

11. Concerns About Your Care?

If you have a question or a concern about the health care services you have received there are steps that you can take.

First, you may be able to resolve the issue by talking to the caregiver who provided the service, or to the appropriate supervisor. If this does not resolve your concerns, you may want to talk to the region's Quality of Care Co-ordinator or Client Representative. These representatives are available in each health region to help you, the client, and have the following roles:

- Helping you with questions or concerns about region health services;
- Ensuring you are aware of your rights and options; and
- Using your feedback to recommend changes and improvements to enhance the quality of health services.

To speak to a Quality of Care Co-ordinator or Client Representative, contact the region in which you received care.

Concerns about the conduct of a health care provider should be raised with the appropriate professional association, such as the College of Physicians and Surgeons or the Saskatchewan Registered Nurses Association.

If you have concerns about services provided by Saskatchewan Health please refer to the contact numbers in Section 10, or visit our website at www.health.gov.sk.ca, or contact the Provincial Quality of Care Co-ordinator at (306) 787-6992.

The Saskatchewan government spends more than \$2.5 billion on health care every year*. Here are some examples of where that money goes:

- 4,590,900 visits to family physicians and 993,500 visits to specialists.
- coverage of part of the cost of nursing home care for some 8,700 residents in special-care homes, hospitals and health centres.
- more than 800,000 days of in-patient hospital care.
- partial coverage for over 82,000 trips by road ambulance and approximately 1,280 air ambulance trips.
- coverage of part of the cost of home care services for some 27,700 people—a total of 1,376,000 hours of services and 455,000 meals.
- approximately 72,000 CT scans and more than 12,300 MRIs.
- approximately 300,000 immunizations were provided to children and adults.
- 1,300,000 tests at the Provincial Lab, in addition to millions more in labs at hospitals and physicians' clinics.
- approximately 47,000 radiation and chemotherapy treatments for cancer patients in some two dozen communities across the province.
- Drug Plan benefits for 106,000 families who receive some help with prescription costs.
- approximately 90,000 water quality tests done by the Provincial Lab.

*Annual Canadian Health and Social Transfers (CHST) from the federal government are used to help fund health, post-secondary and social-assistance services provided by the Saskatchewan government.

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