



It's For Your Benefit

A Guide to Health Services in Saskatchewan

[saskatchewan.ca](https://www.saskatchewan.ca)



■ Universal Health Benefits

Your Saskatchewan Health Services card gives you coverage for many medical and community services.

You can make the best use of your health system by knowing what is available and what is covered. You can also make a more informed choice about buying additional insurance for you and for your family.

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■ Qualifying for Health Benefits

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 register to be eligible for health benefits.**

This booklet provides a detailed list of the services and benefits you can access.

Saskatchewan Health Services Card

A Saskatchewan Health Services card is a valuable personal identification card. Always carry it with you and present it when receiving health services.

If your card is lost or damaged, contact eHealth Saskatchewan immediately for a replacement card.

Health Registries
2130 11th Avenue
Regina SK S4P 0J5
Toll free: 1-800-667-7551 (Canada and US)
Phone: 306-787-3251 (Regina area)
www.ehealthsask.ca/healthregistries

Getting the Health Services You Need

Your primary care provider (family doctor or nurse practitioner) can usually help you with treatment and can suggest options that may provide faster or more appropriate service.

When someone other than your care provider refers you for testing, surgery or consultation with a specialist, that person may be able to answer questions or resolve problems.

Some services may be available sooner if you're willing to travel to another community or take an appointment with the next available appropriate specialist.

■ Registering For Saskatchewan Health Coverage

Saskatchewan Residents

If you make your home in Saskatchewan and you ordinarily live in the province at least six months a year (five months - beginning January 1, 2016), you are eligible for Saskatchewan Health benefits. Everyone must be registered with the Saskatchewan Ministry of Health to be eligible for benefits.

Health benefits for members of the Canadian Forces 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 Health Registries, eHealth Saskatchewan.

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

A Saskatchewan Health Services card is a valuable personal identification card, which you should be prepared to present whenever you need health services and for no other reason. Always carry your Saskatchewan Health Services card and present it when receiving health services.

Note: If your card is lost or damaged, call or write to Health Registries immediately for a replacement card:

Health Registries
2130 11th Avenue
Regina SK S4P 0J5
Toll free: 1-800-667-7551 (Canada and US)
Phone: 306-787-3251 (Regina area)
Email: change@ehealthsask.ca

Notification of Change

If any of the information below changes or is incorrect, please contact Health Registries immediately:

- address and telephone number
- incorrect spelling of name(s)
- change of name
- incorrect date of birth (proof of age required)
- changes to marital status
- births or deaths
- other changes to family status
- family member attending school out-of-province
- extended vacation or absence from Saskatchewan 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** in Saskatchewan.

For example - If you establish residency in Saskatchewan on September 27, your coverage would begin on December 1.

This excludes people who are eligible for benefits under other Saskatchewan or federal programs. (See Special Classes of Newcomers.)

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 more information, visit: www.ehealthsask.ca/healthregistries

Married/Common-law Couples:

- If you arrive in Saskatchewan and your spouse does not 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 1 and your spouse arrives June 10, Saskatchewan Health would begin to cover you both on September 1.

- If your spouse does not join you within the 12-month period, you will each be considered individually. Your coverage will begin at the end of the 12-month period and your spouse's coverage will begin the first day of the third calendar month following his or her arrival.

For example - If you arrive in Saskatchewan January 1, 2009 and your spouse joins you in June 2010, your Saskatchewan coverage begins January 1, 2010 (at the end of the 12-month period), and your spouse's coverage begins September 1, 2010.

In both situations, your former province of residence will continue to cover you while you're in Saskatchewan until your Saskatchewan coverage takes effect. For more information, visit: www.ehealthsask.ca/healthregistries

Special Classes of Newcomers

The Saskatchewan Ministry of 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 day you move to Saskatchewan.

- permanent residents (landed immigrants)
- people discharged from the Canadian Forces
- non-immigrants who are in Canada in connection with their trade or profession
- international students

- returning spouses of Canadian Forces members
- returning Canadian citizens
- returning residents

For more information, visit:

www.ehealthsask.ca/healthregistries

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, Health Registries or visit: www.ehealthsask.ca/healthregistries.

You may register yourself, your spouse and all dependents under 18 years old who are in Saskatchewan. Health Registries also requires information about children or dependents remaining in another Canadian province or territory and intending to relocate to Saskatchewan upon completion of their current school year.

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

Benefits If You Are Temporarily Outside Canada *(includes students who are temporarily away at school)*

If you attend school full time outside Canada and plan to return to Saskatchewan to live upon completion of your studies, you will qualify for limited out-of-country coverage. These limitations are significant. The costs outside Canada are often much higher than in Saskatchewan. For this reason, we strongly recommend residents carry extra medical insurance when studying outside Canada.

To verify your student status, Health Registries requires a statement of enrollment from your school.

For more information, visit: www.ehealthsask.ca/healthregistries

You may retain limited coverage while away for the purposes of a vacation, visit, business engagement or employment up to one year provided you intend to return to Saskatchewan to live.

In all situations where you will be temporarily **absent from the province for more than three months**, you are required to let Health Registries know:

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

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

Benefits While Working Temporarily Outside of Canada

If you obtain a work contract outside Canada for up to 24 months, you may be eligible for limited out-of-Canada benefits for the period of your work contract. These limitations are significant. The costs outside Canada are often much higher than in Saskatchewan. For this reason, we strongly recommend residents carry extra medical insurance when working temporarily outside Canada.

To retain coverage, you are required to provide Health Registries with:

- the date you intend to leave Saskatchewan
- your intended return date
- a copy of your work contract

For more information, visit: www.ehealthsask.ca/healthregistries

Your Benefits If You Move From Saskatchewan

If you leave Saskatchewan to set up residency elsewhere in Canada, your Health Services card is valid for the balance of the month you move plus the next two full months.

Please 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:

- 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 2 and your spouse joins you on June 10, Saskatchewan continues to cover you both until August 31.

- If your spouse does not join you within the 12-month period, you will each be considered individually. Your coverage will **begin at the end of the 12-month period** and your spouse's coverage will begin the **first day of the third calendar month following his or her arrival.**

For example - If you move from Saskatchewan to another province January 1, 2015 and your spouse joins you June 10, 2016, Saskatchewan Health covers you from January 1, 2015 to December 31, 2015 and your spouse for the period January 1, 2015 through August 31, 2016.

■ Saskatchewan Health Programs and Services

Under the *Saskatchewan Medical Care Insurance Act*, the Ministry of Health covers most medically necessary physician and hospital services received in Canada as long as they are provided in the publically funded health care system. Coverage includes visits to physicians' offices, x-ray and laboratory services, diagnostic and surgical procedures and other inpatient or outpatient hospital care.

Note: Medical exams are not covered when required for: employment, insurance, vehicle seat belt exemptions, or at the request of any third party such as an employer (the exception is if the examination is for adoption or foster parent purposes, or for sexual assault or child abuse cases).

Acquired Brain Injury– Services are provided to individuals with medically confirmed moderate to severe brain injury through the Saskatchewan Health Authority or funded community-based organizations.

Alcohol and Drug Treatment– Individuals and families affected by alcohol and drug misuse may access services funded by the Ministry of Health through the Saskatchewan Health Authority and the Métis Addictions Council of Saskatchewan Incorporated. For more information, contact the Saskatchewan Health Authority or go to www.saskatchewan.ca/addictions.

Ambulance Services

Road Ambulance – Ambulance service is not an insured benefit, however the Saskatchewan Ministry of Health provides funding to the Saskatchewan Health Authority to cover a significant portion of the cost of road ambulance services. Residents not covered by the programs outlined below, are responsible for a basic ambulance fee as well as a per kilometer fee and a waiting time charge if applicable.

It is recommended that residents carry health insurance to cover the unforeseen costs of higher ambulance bills that may result from the requirement for numerous, or long distance, ambulance trips.

Ambulance trips as a result of a motor vehicle collision or on the job injury are covered by Saskatchewan Government Insurance (SGI), or the Workers' Compensation Board (WCB) respectively.

There are programs to reduce or fully cover fees for seniors, children of low-income families, and northern Saskatchewan residents.

- The Northern Medical Transportation Program provides coverage for emergency transportation by medical taxi or road ambulance for all northern residents.
- Under the Senior Citizens' Ambulance Assistance Program (SCAAP), Saskatchewan senior citizens aged 65+ pay a maximum of \$275 per trip for road ambulance service within the province.
- Residents who qualify for the Supplementary Health Program are covered for road ambulance services in emergency situations. (See page 21 for more information on this program.)
- Under the Family Health Benefits Program, children are covered for road ambulance services in emergency situations. (See page 12 for more information on this program.)

Air Ambulance – The Province's Air Ambulance Program consists of the Saskatchewan Air Ambulance (SAA) fixed-wing service and the Shock Trauma Air Rescue Service (STARS) rotary-wing program. Both SAA (also called Lifeguard) and STARS provide air medical flights for critically ill/injured patients.

For both fixed-wing and rotary-wing flights, patients with valid health services cards are charged a flat fee per trip, while third party insurers and out-of-province residents are charged per flown mile. When transported by fixed-wing and rotary-wing, the patient may also receive a ground ambulance bill to/from the airport/hospital.

The flat fee charge represents about 4.5% of the average cost of a fixed-wing flight and 1.1% of the average cost of a rotary-wing aircraft flight.

The patient charge is waived for beneficiaries of the Supplementary Health Program (see page 21) or Family Health Benefits Program (see page 12).

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

Flights for both fixed-wing and rotary-wing air medevac responses must either be ordered by a physician, for inter-facility transfers, and screened on critical care criteria, or dispatched through the critical care process if found to be the most appropriate mode of transportation given the distance, the acuity, and the particular circumstances.

Autism Spectrum Disorder – Services are provided through the Saskatchewan Health Authority for children with Autism Spectrum Disorder and their families.

Bariatric Surgery – There is one provincially-funded comprehensive, multidisciplinary surgical program for obesity in Saskatchewan located in Regina. Patients must be referred by their physician or nurse practitioner and all services are fully covered by the program. For more information, contact the Saskatchewan Health Authority. **Services received at private weight loss clinics are not covered.**

Chiropractor Services – Effective July 1, 2017 chiropractic services are no longer benefits. Services provided before July 1, 2017 continue to be a benefit for individuals with Supplementary Health Benefits, Family Health Benefits or Senior's Income Plan.

Circumcision - Routine circumcision of newborns is not covered.

Cosmetic Surgery – Cosmetic surgery is not covered by your Saskatchewan health coverage. Other related services that are not covered include the removal of:

- warts and other benign lesions
- portwine stains on skin for people over 17 years of age

Dental Services – In Saskatchewan, routine dental services, including extractions, are not covered. The ministry of health does cover the following:

- Certain oral surgery procedures required to treat specific conditions caused by accidents, infection, or congenital problems
- Certain Orthodontic services for cleft palate when referred by a physician or dentist
- Extractions of teeth when medically required before undertaking certain surgical procedures related to the heart, chronic renal disease, head or neck cancer, or total joint replacement by prosthesis.
- Dental implants are covered in exceptional situations where no other method of treatment is appropriate. Coverage is limited to circumstances related to tumours and congenital defects (cleft palate and metabolic disorders). Coverage will require a specialist in oral maxillofacial surgery to request prior-approval from the Ministry of Health by submitting in writing information and rationale to support the request. Coverage is limited to the initial cost to provide dental implants and does not extend to ongoing maintenance costs. Dental implants for trauma, post-surgical temporomandibular joint disorder (TMJ) or cosmetic purposes will not be covered.

Diabetes and other Chronic Diseases – Services provided for the management of chronic diseases such as diabetes, asthma, high blood pressure, anxiety and some other chronic conditions are covered. See Optometric Services for details on eye exams for diabetic patients.

Family Health Benefits – The Family Health Benefits program provides benefits to low-income working families who may be receiving the Saskatchewan Employment Supplement or whose income falls below a certain level.

Eligibility is established by the Saskatchewan Ministry of Social Services 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. However, these benefits are targeted at children under 18 years of age as outlined in the following table.

Family Health Benefits for Low-Income Families		
Health Benefits	Children (under 18 years old)	Parents or Guardians
Dental Coverage	Basic services	Not Covered
Prescribed Drugs	No charge for Saskatchewan Formulary drugs. (May apply for Drug Plan Special Support Program.)	\$100 semi-annual family deductible; 35% consumer co-payment thereafter
Optometric Services(eye care)	Eye examinations once/ year, basic eye glasses	Eye examinations covered once every two years
Emergency Ambulance	Covered	Not Covered

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

For more information on **eligibility**, contact:
Saskatchewan Ministry of Social Services
Regina: (306) 798-0660
Toll-Free: 1-866-221-5200
TTY Regina: (306) 787-1065

For more information on **services provided**, contact:
Saskatchewan Ministry of Health
Regina: (306) 787-3124
Toll-free: 1-800-266-0695
Fax: (306) 787-8679

HealthLine – HealthLine is a free, confidential, 24-hour health information and support telephone line. Experienced and specially trained staff, registered nurses, registered psychiatric nurses and social workers will provide immediate, professional health advice, mental health and addictions counselling, and direct you to the most appropriate care. Services are offered in English, with interpretation available in over 100 languages. For 24- hour health information and advice, call 811 or visit www.healthlineonline.ca.



Hearing Health Services Recipients of Supplementary Health Benefits (see page 21) and individuals under Workers Compensation, Veterans Affairs and Health Canada-First Nation and Inuit Health programs may qualify for full or partial coverage of hearing services.

HIV (Human Immunodeficiency Virus) Testing – HIV testing is available free of charge. Talk to your regular health care provider, a doctor, nurse practitioner or nurse. Testing is available in a variety of locations throughout the province.

Home Care (care at home) – The Saskatchewan Ministry of Health provides funding to the Saskatchewan Health Authority which covers most of the costs of delivering home care services. Saskatchewan’s Home Care Program helps people remain at home for as long as possible. It also prevents unnecessary hospital admissions and facilitates earlier discharge.

The following Home Care Services are available to Saskatchewan residents who have been assessed as needing these services:

- assessment
- case management and care coordination
- home nursing
- homemaking (including personal care, respite and home management services)
- meals

Additional home care services may include:

- minor home maintenance
- volunteer programs such as visiting, security calls and transportation
- physical and occupational therapies when available

Note: Fees for homemaking, meals and home maintenance services are based on income and the volume of services delivered, and will vary for each individual. The Saskatchewan Health Authority can reduce or waive home care fees in cases of serious financial hardship. There are no fees for nursing.

Home care services obtained through private homemaking and private home nursing agencies are not covered.

Immunization Services – The Ministry of Health provides vaccines that protect children against diseases caused by viruses and bacteria such as rotavirus, diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b, measles, mumps, rubella, varicella (chicken-pox), bacterial meningococcal diseases, hepatitis B, bacterial pneumococcal diseases, influenza, and human papillomavirus (HPV).

Immunizations for children are offered at clinics and schools. Adults may also qualify for some immunizations; check with your healthcare provider.

All people six months of age and older can receive a free influenza vaccine every year from public health clinics, some physician and nurse practitioner offices, and some pharmacies. For more information, visit: www.saskatchewan.ca/immunize.

Administration of international travel vaccines and associated consultation are not covered.

Long-Term Care – The Saskatchewan Ministry of Health provides funding to the Saskatchewan Health Authority which covers a major portion of long-term care and respite care in special-care homes, nursing homes, health centres and hospitals.

To cover the remainder of the costs in a special-care home, residents are responsible for paying a resident charge, which is based on income. You may have additional costs such as prescription drugs, incontinence supplies and other personal items. (Based on the latest available statistics, residents pay approximately 20 per cent of the total costs of special-care home programs in Saskatchewan).

This coverage excludes, however, lodging in personal care homes that are private residential facilities providing adults with accommodation, meals and help with personal care.

Mammography for Women – Screening mammography for women aged 50 to 69 is covered through the screening program for breast cancer centres. If a physician sends a patient elsewhere, the Ministry of Health continues coverage.

Massage Therapy – Massage therapy services are not covered by Saskatchewan Ministry of Health.

Medical examinations – A person is required to pay a fee for a medical exam **when obtained for:**

- employment,
- insurance,
- vehicle seat belt exemptions, or
- at the request of any third party such as an employer (the exception is the examination for adoption or foster parent purposes, or for sexual assault or child abuse cases).

Medical Records – A physician’s office may charge a fee to copy a patient’s file when the patient is transferring to a new physician. Although the records contain the patient’s personal information, the records themselves belong to the originating physician.

Mental Health Services – The Saskatchewan Ministry of Health covers services that are provided through the Saskatchewan Health Authority for the treatment of mental health problems and mental disorders. Counseling services provided by healthcare professionals in private practice, and not employed by the Saskatchewan Health Authority, are not covered.

Midwifery – Midwifery services are currently available in Saskatoon, Regina, Fort Qu’Appelle, and Swift Current. Midwifery birth options are available in and out of hospital. Where a midwife is an employee of the Saskatchewan Health Authority, there is no cost to the family. If a midwife chooses to establish a private practice, clients will be charged directly for these services. For more information, contact the Saskatchewan Health Authority.

Naturopath/Osteopath/Homeopath Services – These services are not covered by Saskatchewan Ministry of Health.

Northern Air Medical Evacuations – The Northern Medical Transportation Program provides funding for emergent and non-emergent medical transportation in northern Saskatchewan. It is an insured service administered by the Ministry of Health,

offering:

- Emergency transportation provided by private air carriers, medical taxi, or road ambulance for all northern residents; and
- Non-emergency transportation to assist social assistance clients with access to medical treatment and appointments outside their community.

Optometric Services – An annual eye exam is covered for:

- » all individuals under 18 years of age, and
- » all individuals who have a confirmed diagnosis of type I or type II diabetes

*Note: routine follow up exams are not covered

- Ocular emergencies are covered (i.e. injury to eyes, foreign body in eye, etc.)

*Note: follow up exams are covered for ocular urgencies/emergencies

Eye glass lenses and frames are not covered, unless receiving Family Health Benefits (page 12) or Supplementary Health Benefits (page 21).

Organ and Tissue Donation – Organ donation saves lives.

The need for organs and tissue for transplants far outweighs the available supply. Becoming an organ or tissue donor is one way you can help alleviate this need, and it may be a decision that's right for you. There are two ways to donate: living donation and deceased donation. Before any choice is made, it's important to talk to your family about your decision to donate.

If you are over 18, place the red 'organ donor' sticker on your Saskatchewan Health Services card and sign your consent card. Contact eHealth at 1-800-667-7551 or visit www.ehealthsask.ca for how to obtain additional organ donor stickers.

The stickers alone do not guarantee a donation. It is important that your family knows your wishes. They would need to provide consent if something happens to you.

For more information, contact the office nearest you:

Saskatchewan Transplant Program

St. Paul's Hospital
1702 20th Street West
Saskatoon, SK S7M 0Z9
306-655-5054

Kidney Health Centre

235 Albert Street North
Regina, SK S4R 3C2
306-766-6477

Personal Care Homes – Personal Care Homes are private residential facilities providing adults with accommodation, meals and help with personal care. These homes are provincially regulated, but not funded by the health system. Seniors who meet certain criteria may receive monthly financial assistance to help with the cost of living in a licensed personal care home. For more information, contact (306) 798-7242 in Regina, or toll free 1-855-544-7242.

Physician and Hospital Services – All medically necessary services provided by physicians (in-patient and outpatient services) are covered. Extra costs are not covered however, for private or semi-private ward accommodation in Saskatchewan hospitals, if chosen by the patient, but the physician doesn't order it as a medical necessity.

Physiotherapy or Occupational Therapy – Services may be offered through hospitals, special-care homes, home care and community-based health programs. Private clinics that have contracts with the Saskatchewan Health Authority typically provide a limited number of visits. These services can include assessment, intervention, consultation, prevention and education. **Services obtained from private clinics not under contract with the Saskatchewan Health Authority are not covered.**

Problem Gambling – Services are provided free of charge to individuals and families for the treatment of problem gambling. For more information, contact the Saskatchewan Health Authority or call the Problem Gambling Help Line toll free at 1-800-306-6789.

Quality-of-Care Coordinator – Quality of Care Coordinators (can also be referred to as Client Representative or Patient Advocate) are located throughout the province, including the Saskatchewan Cancer Agency.

The role of the Quality of Care Coordinator is to:

- assist individuals and families with questions or concerns about health services in their area;
- ensure individuals are informed about their rights and options;
- recommend changes and improvements to enhance the quality of health services delivered in the area based on their findings and trends of concerns raised.

For more information, contact the Saskatchewan Health Authority.

Note: Concerns about the conduct of a health care provider may be raised with the appropriate professional association.

Saskatchewan Aids to Independent Living (SAIL) – SAIL provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions. Some of the equipment and services include:

- free loan of mobility aids such as specialized crutches, wheelchairs and walkers, hospital beds, commodes and transfer assists. The equipment is loaned through the Saskatchewan Abilities Council.
- financial assistance for home oxygen. Services are provided by full-service home oxygen suppliers under contract with SAIL.
- a range of orthotic and prosthetic appliances 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.
- therapeutic nutritional products: The program assists with the cost of specialized nutritional products for persons with complex medical conditions who rely on such products as

their primary source of nutrition. Referrals are through a registered dietitian.

The following is a complete list of SAIL programs:

- Prosthetics and Orthotics Program
- Mobility and Assistive Devices (Special Needs Equipment Program)
- Therapeutic Nutritional Products Program
- Respiratory Equipment Program (SAIL Respiratory Benefits Program)
- Home Oxygen Program
- Children's Enteral Feeding Pump Program
- Compression Garment Program
- Paraplegia Program
- Cystic Fibrosis Program
- Chronic End-Stage Renal Disease
- Ostomy Program
- Haemophilia Program
- Aids to the Blind
- Saskatchewan Insulin Pump Program

For more information about Saskatchewan Aids to Independent Living (SAIL), call (306) 787-7121 or toll free 1-888-787-8996.

Saskatchewan Cancer Agency – For all questions regarding new patient information, referral centres, counseling and support, out-of-province treatment, pediatric patients, patient wait times, prevention, early detection and research, contact:

Saskatoon

Saskatoon Cancer Centre
20 Campus Drive
Saskatoon, SK S7N 4H4
Telephone: (306) 655-2662
Fax: (306) 655-2910

Regina

Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, SK S4T 7T1
Telephone: (306) 766-2213
Fax: (306) 766-2688

For information on **early detection and screening programs** contact: 1-800-667-0017 (Regina) or 1-800-567-7271 (Saskatoon), or visit www.saskcancer.ca.

For the quality of care coordinator, call 1-866-577-6489 or (306) 625-2061.

Sexually Transmitted Infection (STI) Treatment – Approved medication for the treatment of sexually transmitted infections is provided at no charge. These medications are supplied to STI clinics and physicians throughout the province. For more information, contact your physician, an STI clinic or your public health office.

Speech Language Pathology – Services are provided through hospitals, special-care homes or community agencies. Services target pre-schoolers and adults and can include assessment, intervention, consultation, prevention and education. **Services obtained from speech language pathologists not under contract with the Saskatchewan Health Authority are not covered.**

Sterilization reversals – are not covered.

Supplementary Health Benefits – Eligibility for Supplementary Health coverage is determined by the Saskatchewan Ministry of Social Services.

Those who qualify for Supplementary Health benefits are eligible for a number of health services and products including: certain dental services, prescription drugs, medical supplies and appliances, eye care, podiatry/chiropractic (foot care) services, hearing testing and hearing aid services, emergency ambulance costs, surgical dressings, female contraceptive devices, incontinence aids, aerochambers and ostomy supplies.

Note: Effective July 1, 2017, chiropractor services are no longer a benefit; podiatry/chiropractic and hearing services will be available for eligible Supplementary Health and Family Health Benefit recipients through approved service providers.

For more information on **eligibility** contact:

Saskatchewan Ministry of Social Services

Regina: (306) 798-0660 Toll Free: 1-866-221-5200

TTY Regina: (306) 787-1065

For more information on **services provided**, contact:

Saskatchewan Ministry of Health, Supplementary Health Program

Regina: (306) 787-3124 Toll-free: 1-800-266-0695

Surgical Care Coordinators – For answers to questions about your status on the wait list, an estimated wait time and booking procedures, contact your surgeon’s office or a Surgical Care Coordinator:

Saskatoon

(306) 655-0567 Toll free: 1-866-543-6767

Regina

(306) 766-0460 Toll free: 1-866-622-0222

TTY Access: 1-866-312-7674

For more information about surgical services in Saskatchewan, visit www.sasksurgery.ca.

■ Prescription Drug Plan

Seniors' Drug Plan – Saskatchewan residents who are 65 years of age and older with a reported income (Line 236) that is less than the Provincial Age Tax Credit will be eligible for the income tested Seniors' Drug Plan. Individuals must submit a complete application form to be approved. This program ensures that Saskatchewan seniors pay \$25 per prescription for drugs listed in the Saskatchewan Formulary or approved under Exception Drug Status.

Seniors with Special Support coverage will pay the lesser of the Special Support co-payment or the \$25 per prescription. Application forms are available at:

- any pharmacy
- online at: <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/seniors-drug-plan> or
- Drug Plan and Extended Benefits Branch
Regina: (306) 787-3317
Toll-free: 1-800-667-7581

The Seniors' Drug Plan does not include seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs Canada. Seniors with Guaranteed Income Supplement (GIS) or Seniors' Income Plan (SIP) will continue to have a \$200 or \$100 semi-annual deductible, after which they pay 35% for prescriptions. Individuals with these supplements will pay the lesser of the 35% co-payment or \$25.

Children's Drug Plan – Saskatchewan residents 14 years of age and under qualify automatically for the Children's Drug Plan. This program ensures that Saskatchewan children pay \$25 per prescription for drugs listed in the Saskatchewan Formulary or those approved under Exception Drug Status. No application is required.

The Children's Drug Plan does not include children who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program.

Children covered under their family's Special Support Program coverage will pay the lesser of the Special Support co-payment or the \$25 per prescription.

Prescription Drugs – The Drug Plan and Extended Benefits Branch 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, such as the federal Non-Insured Health Benefits, are not eligible for coverage under the Drug Plan.

The Saskatchewan Formulary lists approximately 4,000 drug products, including diabetic supplies such as needles, syringes, lancets and swabs, that are covered under the Drug Plan.

For more information about which drugs are included in the Saskatchewan Formulary, visit:

<http://formulary.drugplan.health.gov.sk.ca/>

Note: Ask your physician or pharmacist if the drug being prescribed for you is included in the Formulary. Prescriptions filled outside of Canada are not covered.

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

If you believe your drug costs may exceed 3.4 per cent of your income, you are encouraged to apply for Special Support. The family's co-payment is determined by the amount that the family drug costs exceed 3.4 per cent of the adjusted combined family income.

Note: If the family income or medication costs change during the coverage period, you may make a written request for a reassessment of coverage to the Drug Plan and Extended Benefits Branch.

Application forms are available at:

- any pharmacy
- Drug Plan and Extended Benefits Branch
Regina: (306) 787-3317
Toll-free: 1-800-667-7581

Exception Drug Status – Individuals must meet specific medical criteria to be approved for certain drugs under Exception Drug Status (EDS). Drugs are designated as EDS for a variety of reasons:

- The drug is used infrequently since the alternatives listed in the formulary are usually effective.
- The drug may be prescribed for use in other-than-approved conditions.
- There is potential for the development of widespread misuse of the drug.
- The drug is more expensive than the listed alternatives and offers an advantage in only a limited number of conditions.
- The drug is not usually prescribed in Saskatchewan.

The list of EDS products and the EDS criteria for each drug is located in Appendix A of the Saskatchewan Formulary. The formulary is available on the Saskatchewan Health website.

A prescriber or pharmacist may request, on behalf of the patient, approval for an EDS drug by contacting the Drug Plan and Extended Benefits Branch at 306-787-3317 or 1-800-667-7581.

For more information about Exception Drug Status, contact:
Drug Plan and Extended Benefits Branch
Regina: (306) 787-8744, or toll-free 1-800-667-7581

Note: If you are ineligible for any of the above benefits, you may wish to obtain private medical insurance. Otherwise, you will be responsible for the full cost of your prescriptions.

Palliative Care Drug Program – Palliative Care Coverage is intended for residents in the late stages of terminal illness. A patient's physician must submit a completed Request for Palliative Care Drug Coverage form in order to register a patient for this program. For more information about palliative care drug coverage, contact the Saskatchewan Cancer Agency or Drug Plan and Extended Benefits Branch.

Note: Palliative Care coverage may only be requested by a doctor on behalf of a patient.

Out of Province Prescription Drug Coverage – If you buy a prescription or receive health services anywhere in Canada, be sure to keep your receipt. You are eligible for the same drug benefits in other provinces as you are in Saskatchewan. Submit the original receipt to the Drug Plan and Extended Benefits Branch. Be sure the name of the pharmacy or health care provider and all drug information are on the receipt.

■ Coverage Outside Saskatchewan

For insured health services to be covered, you must produce a valid Saskatchewan health Services card. Before receiving services in another province, you should confirm that your health card is valid and will be honoured. If you cannot produce a valid Saskatchewan health services card, the hospital or physician has the right to ask you to pay for your treatment. This also applies to in-province services.

Most physician and hospital services are billed reciprocally between the provinces. There are some services that Saskatchewan Ministry of Health covers which are excluded from this agreement, for which you may be billed directly. Quebec is also an exception. You will have to pay for services received in Quebec and submit your physician bill(s) to Medical Services Branch for payment. Payment will be made for insured services provided in Quebec using Saskatchewan rates. As costs may be higher than in Saskatchewan, you will be responsible for payment of any remaining charges.

If you have paid for physician or hospital services because you were unable to produce your valid Saskatchewan health services card, your bill/receipts can be submitted to Medical Services Branch for reimbursement. If you had Saskatchewan coverage on the dates of your services, payment will be made at Saskatchewan rates for physician services, and at the reciprocal billing rates for qualifying hospital services. This also applies to in-province services.

Some physician or hospital services received out of province may require prior approval.

Emergency Physician or Hospital Services received Outside of Canada

If a patient receives emergency medical or hospital care while outside Canada, they will be responsible for paying the difference between the amount charged and the amount the Ministry reimburses. Costs for hospital services outside of Canada may be much higher than in Saskatchewan. We recommend you to obtain additional health insurance when travelling outside the country.

Emergency hospital services

Saskatchewan Health provides limited coverage for emergency medical care from approved hospitals outside Canada if the same services would be covered in the province.

Coverage includes:

- Up to \$100 CAD per day for inpatient services;
- Up to \$50 CAD for an outpatient hospital visit. Your Saskatchewan health coverage will not pay for more than two visits in one day.

Emergency physician services

Saskatchewan Health provides for limited coverage for emergency physician services received outside Canada if the same services would be covered in the province. Reimbursement will be provided at Saskatchewan rates.

Provide receipts for any emergency physician or hospital services to Medical Services Branch for assessment of reimbursement.

Non Emergency/Elective Services provided outside Canada

These services would not be covered unless your Saskatchewan specialist has received prior approval from Medical Services Branch.

Obtaining Treatment not available in Canada

Coverage for out-of-country treatment is only considered in exceptional circumstances and under certain conditions. A Saskatchewan specialist physician must ask for prior approval from Medical Services Branch, Saskatchewan Ministry of Health. This requires that the specialist submit in writing information and rationale as to pertinent clinical details and the nature of the service(s) being requested and information regarding why the service cannot be performed in Canada.

Prior approval must be received prior to any services being provided for any consideration of cost coverage. Travel, accommodation and meals will not be covered.

If the Ministry denies the request for coverage, it may be eligible for review by the Health Services Review Committee.

Health Services Review Committee

TC Douglas Building

3475 Albert Street

REGINA, SK S4S 6X6

Fax: (306) 787-3761

Email: HealthServices.ReviewCommittee@health.gov.sk.ca

Obtaining a Refund

If you are charged directly for physician and/or hospital services outside of Saskatchewan, or emergency services outside of Canada, you can submit your statement/receipt(s) to the Saskatchewan Ministry of Health for consideration of reimbursement. All approved reimbursements will be paid at Saskatchewan rates.

Step 1 - Obtain an itemized statement/receipt which includes:

A. Physician statement/receipt(s):

- Full name of referring practitioner (if applicable);
- Full name and address of the treating practitioner;
- Diagnosis (i.e. medical reason for seeing the physician);
- Dates of service;

- Location of the service (i.e. office, hospital, emergency room, home, etc.);
- Proof of payment;
- Itemized list of service(s) that were provided and a description of each service;
- Fees charged for each service; and
- Original receipt.

B. Hospital statement/receipt(s):

- Diagnosis (i.e. medical reason for admission);
- Date of discharge;
- Description of each service;
- Your name if your child or ward received the service; and
- Original receipt.

Step 2 - Ensure the statement/receipt(s) include 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 (9-digit number);
- Patient's month and year of birth; and
- Gender of the patient.

This information can be sent to:

**Claims Analysis, Medical Services Branch
Ministry of Health
1st floor, 3475 Albert Street
REGINA SK S4S 6X6**

■ Health Information Protection

Your personal health information is confidential and only certain authorized health care providers are allowed to access it. Since September 1, 2003, *The Health Information Protection Act* protects the privacy of your personal health information. At the same time, the *Act* ensures information is available when needed to provide you with services and to monitor, evaluate and improve the health system in Saskatchewan. For more information, contact:

The Chief Privacy and Access Officer
Saskatchewan Ministry of Health
(306) 787-2137

Masking Option - It is recognized that some people may not be comfortable with the electronic sharing of their personal health information. A masking option for electronic health records is available. This option gives individuals the ability to request that their personal health information in eHealth services such as the prescription information system (PIP), the diagnostic imaging picture archive (PACS) and the electronic health record viewer (eHR Viewer) be hidden from view. For more information, call the eHealth Saskatchewan Privacy Service at 1-855-eHS-LINK (347-5465).

Full Block Option - The full block option is available for individuals who would like to block all of his/her record in the eHR Viewer, and, under no circumstances, would a health care provider be able to view their health information. A full block applies to all of the individual's information within the eHR Viewer but does not apply to information stored outside this application. All privacy rights and legislation still apply to individuals with full blocked records. For more information, call the eHealth Saskatchewan Privacy Service at 1-855-eHS-LINK (347-5465).

Audit Reports - Audit reports are available to individuals upon request. These reports have detailed information which outlines who has accessed their profile in PIP, PACS, and/or eHR Viewer.

To submit a request for an access report(s), please fill out the Request for Audit Report Form found at <https://www.ehealthsask.ca/access> and follow the instructions on the form.

■ Contact Information

Saskatchewan Health Services Card:

Health Registries
2130 11th Avenue
Regina SK S4P 0J5
Toll free: 1-800-667-7551
(Canada and US)
Regina: 306-787-3251
Fax: 306-787-8951
Email: change@ehealthsask.ca

Drug Plan and Extended Benefits:

Regina: (306) 787-3317
Toll-free: 1-800-667-7581
Fax: (306) 787-8679

Exception Drug Status:

Regina: (306) 787-8744
Fax: (306) 798-1089
Toll-Free: 1-800-667-2549

Family Health Benefits - Inquiries:

Saskatchewan Ministry of Health
Regina: (306) 787-3124
Toll-free: 1-800-266-0695

Family Health Benefits - Program Eligibility:

Saskatchewan Ministry of Health
Social Services
Toll-free: 1-888-488-6385

HealthLine:

For 24 hour health advice
dial: 811
www.healthlineonline.ca

Home Care – General Inquiries:

Saskatchewan Ministry of Health
Community Care Branch
Regina: (306) 787-4587

Kids Help Phone

1-800-668-6868

Out-of-Province Health Services:

Regina: (306) 787-3475
Toll-free: 1-800-667-7523

Out-of-Province Physician and Hospital Services Refunds - Forward bills to:

Medical Services Branch
Saskatchewan Ministry of Health
3475 Albert Street
Regina, SK S4S 6X6

Out-of-Province Prescription Drug Refunds - Forward bills to:

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

Personal Care Homes – General Inquiries:

Saskatchewan Ministry of Health
Regina: (306) 787-1715
Saskatoon: (306) 933-5843

Saskatchewan Poison Centre:

1-866-454-1212

Problem Gambling Prevention and Treatment Services:

24-Hour Problem Gambling
Help Line: 1-800-306-6789

Road Ambulance: Call 911 in an emergency or contact the Saskatchewan Health Authority.

Saskatchewan Aids to Independent Living (SAIL):

Regina: (306) 787-7121

Fax: (306) 787-8679

Saskatchewan Air Ambulance Program:

Saskatoon: (306) 933-5255

24-Hour Emergency In Saskatoon:
(306) 933-5360

24-Hour Emergency:
Toll-free 1-888-782-8247

Saskatchewan Cancer Agency:

Regina: (306) 766-2213

Saskatoon: (306) 655-2662

www.saskcancer.ca

Saskatchewan Seniors' Drug Plan

Regina: (306) 787-3317

Toll Free: 1-800-667-7581

Smokers' Helpline:

Toll-free: 1-877-513-5333

www.smokershelpline.ca

Special Support Program:

Regina: (306) 787-3317

Toll-free: 1-800-667-7581

or contact your pharmacy

Supplementary Health Program Eligibility:

Saskatchewan Ministry of Social Services

Regina: (306) 798-0660

Toll-Free: 1-866-221-5200

TTY Regina: (306) 787-1065

Supplementary Health Benefits:

Saskatchewan Ministry of Health

Regina: (306) 787-3124

Toll-free: 1-800-266-0695

Fax: (306) 787-8679

Surgical Care Coordinator - Contact your surgeon's office or a Surgical Care Coordinator in your area:

Saskatoon: 1-866-543-6767

Regina: 1-866-622-0222

Saskatchewan Surgical Care Network:

www.sasksurgery.ca

■ Other Important Telephone Numbers

Doctor _____

Doctor _____

Doctor _____

Pharmacy _____

Dentist _____

Optometrist _____

Mammogram Clinic _____

Public Health Office _____

December 2017

