

# *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*

*being*

Saskatchewan Regulations 65/66 (effective April 1, 1966) as amended by Saskatchewan Regulations 115/66, 380/67, 161/68, 276/68, 167/71, 120/72, 3/76, 11/76, 296/76, 61/77, 288/77, 354/77, 11/80, 95/80, 130/81, 41/84, 82/88, 40/92, 46/93, [22/97](#), [61/98](#), [89/98](#), [64/1999](#), [48/2000](#), [112/2002](#), [2/2003](#), [67/2003](#), [25/2004](#), [40/2004](#), [52/2005](#), [55/2007](#), [41/2008](#), [34/2012](#), [59/2017](#), [72/2019](#), [62/2023](#) and [4/2024](#).

**NOTE:**

This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.

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**SASKATCHEWAN REGULATION 65/66**  
under *The Health Services Act*

**Short Title**

1 These regulations may be cited as the Saskatchewan Assistance Plan Supplementary Health Benefits Regulations.

**Interpretation**

2 In these regulations:

- (a) **“beneficiary”** means a person designated as a beneficiary under section 3;
- (b) **“director”** means the Director of Extended Health Benefits of the Department of Health;
- (c) **Repealed.** 3 Jly 98 SR 61/98 s3.
- (d) **“hospital”** means any hospital, nursing home or institution heretofore or hereafter approved under any Hospital Standards Act;
- (e) **“minister”** means the Minister of Health;
- (e.01) **“nurse practitioner”** means a registered nurse who is entitled pursuant to *The Registered Nurses Act, 1988* to practise in the nurse practitioner category;
- (e.1) **“partial examination”** means an examination of the eyes requested by the patient that includes patient history, functional enquiry, examination and assessment, diagnosis, record and necessary advice to the patient provided by an optometrist;
- (f) **“physician”** means a duly qualified medical practitioner;
- (f.01) **“physician assistant”** means a physician assistant as defined in *The Medical Profession Act, 1981* who is practising under the supervision of a physician as approved by the College of Physicians and Surgeons of Saskatchewan;
- (f.1) **Repealed.** 25 Oct 2019 SR 72/2019 s3.
- (g) **“routine examination of the eyes”** means an examination of the eyes that includes:
  - (i) case history;
  - (ii) visual acuity;
  - (iii) external examination;
  - (iv) assessment of extraocular muscles;
  - (v) convergence testing;

- (vi) pupil response;
- (vii) accommodation;
- (viii) examination of cornea, lens, media and fundus;
- (ix) determination of refractive error or change;
- (x) instruction, information and advice to the patient with respect to the status of his vision and its future management;
- (xi) provision of the necessary prescription for eye glasses;
- (h) “**tonometry**” means the measurement of eye tension with a tonometer.

15 Apr 66 SR 65/66 s2; 12 Jne 92 SR 40/92 s3;  
3 Jly 98 SR 61/98 s3; 7 May 2004 SR 25/2004  
s3; 18 Jne 2004 SR 40/2004 3; 25 Oct 2019 SR  
72/2019 s3; 14 Jly 2023 SR 62/2023 s3.

#### Beneficiaries designated

3(1) The following persons are designated as persons with respect to whom the minister may, subject to these regulations, pay part or the whole of the cost of providing health services:

- (a) a person who is receiving assistance pursuant to *The Saskatchewan Assistance Regulations, 2014*, and the dependants of that person with respect to whom the person is also receiving assistance pursuant to those regulations;
- (b) a person who has been declared as having a budget shortfall pursuant to subsection 8(4) of *The Saskatchewan Assistance Regulations, 2014*;
- (b.1) a family unit that has been declared as having a budget shortfall pursuant to subsection 9(5) of *The Saskatchewan Assistance Regulations, 2014*;
- (b.2) a person who has been declared as having a budget deficit pursuant to subsection 2-6(6) of *The Saskatchewan Income Support Regulations*;
- (c) **Repealed.** 25 May 2012 SR 34/2012 s2.
- (c.1) a person who:
  - (i) is a person with a disability within the meaning of clause 2(1)(q) of *The Saskatchewan Assistance Regulations, 2014*;
  - (ii) is employed; and
  - (iii) was receiving assistance pursuant to *The Saskatchewan Assistance Regulations, 2014* or *The Saskatchewan Income Support Regulations* immediately preceding the commencement of employment;
- (c.2) a person who would be a dependant of a person described in clause (c.1) if that person were a recipient within the meaning of clause 2(1)(i) of *The Saskatchewan Assistance Regulations, 2014* or a client within the meaning of section 1-2 of *The Saskatchewan Income Support Regulations*;

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(d) for the period ending on October 31, 1999, a qualified dependant as defined in section 8.5 of *The Income Tax Act*, with respect to whom the Saskatchewan Child Benefit was being paid as at June 30, 1999 to an eligible individual as defined in section 8.5 of that Act;

(d.1) a resident of Saskatchewan:

(i) who is a qualified dependant as defined in section 122.6 of the *Income Tax Act* (Canada); and

(ii) with respect to whom an eligible individual, as defined in section 122.6 of the *Income Tax Act* (Canada), is receiving a refund of an overpayment deemed to have arisen pursuant to section 122.61 of the *Income Tax Act* (Canada), where the adjusted income, as defined in section 122.6 of that Act, for the taxation year of the eligible individual, as defined in section 122.6 of that Act, does not exceed:

(A) for an eligible individual with one qualified dependant, \$29,290.73;

(B) for an eligible individual with two qualified dependants, \$29,290.73;

(C) for an eligible individual with three qualified dependants, \$29,290.73;

(D) for an eligible individual with four qualified dependants, \$30,682.16;

(E) for an eligible individual with five qualified dependants, \$32,073.57;

(F) for an eligible individual with six qualified dependants, \$33,464.97;

(G) for an eligible individual with seven qualified dependants, \$34,856.40;

(H) for an eligible individual with eight qualified dependants, \$36,247.81;

(I) for an eligible individual with nine qualified dependants, \$37,639.25;

(J) for an eligible individual with 10 qualified dependants, \$39,030.65;

(K) for an eligible individual with 11 qualified dependants, \$41,487.27;

(L) for an eligible individual with 12 qualified dependants, \$43,943.87;

(M) for an eligible individual with 13 qualified dependants, \$46,400.48;

(N) for an eligible individual with 14 qualified dependants, \$48,857.09; and

(O) for an eligible individual with 15 or more qualified dependants, \$51,313.70;

- (e) a child as defined in section 2 of *The Employment Supplement Regulations*, including a person deemed to be under 18 years of age pursuant to subsection 2(2) of those regulations, with respect to whom the Saskatchewan Employment Supplement is being paid to a client as defined in section 2 of those regulations;
- (e.1) a person under the age of 18 with respect to whom a benefit adjustment is being provided to another person pursuant to *The Benefit Adjustment Regulations*;
- (e.2) a child as defined in section 2 of *The Rental Housing Supplement Regulations*, including a person deemed to be under 18 years of age pursuant to subsection 2(3) of those regulations, with respect to whom the RHS benefit is being paid to a client as defined in section 2 of those regulations;
- (e.3) a child as defined in section 2 of *The Disability Housing Supplement Regulations*, including a person deemed to be under 18 years of age pursuant to subsection 2(3) of those regulations, with respect to whom the DHS benefit is being paid to a client as defined in section 2 of those regulations;
- (f) a person who:
- (i) is the subject of an agreement pursuant to section 9 or 10 of *The Child and Family Services Act*;
  - (ii) has been permanently committed to the Minister of Social Services pursuant to subsection 37(2) of *The Child and Family Services Act*;
  - (iii) has been voluntarily committed to the Minister of Social Services pursuant to Part V of *The Child and Family Services Act*;
  - (iv) is described in subsection 52(1) of *The Child and Family Services Act*; or
  - (v) is being provided with services pursuant to section 56 of *The Child and Family Services Act*;
- (g) a person with respect to whom assistance is being provided pursuant to Part V of *The Adoption Regulations, 2003*;
- (g.1) a person who is receiving benefits pursuant to *The Saskatchewan Assured Income for Disability Regulations, 2012*;
- (g.2) a person who is a member of the family unit of a person described in clause (g.1) and who meets the requirements set out in subsection 5(1) of *The Saskatchewan Assured Income for Disability Regulations, 2012*;
- (g.3) a person who:
- (i) is an individual with a significant and enduring disability as defined in clause 2(o) of *The Saskatchewan Assured Income for Disability Regulations, 2012*;
  - (ii) is employed; and
  - (iii) was receiving benefits pursuant to *The Saskatchewan Assured Income for Disability Regulations, 2012* immediately preceding the commencement of employment;

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- (h) a person who is receiving a training allowance pursuant to *The Training Allowance Regulations*, the spouse, if any, of that person and any children with respect to whom the person is receiving a monthly child allowance pursuant to those regulations;
- (h.1) a person who is receiving a transitional employment allowance pursuant to *The Transitional Employment Allowance Regulations* and who has been nominated by a unit administrator, as defined in *The Saskatchewan Assistance Act*, for designation as a beneficiary pursuant to these regulations;
- (h.2) a person who is an eligible family member pursuant to section 6 of *The Transitional Employment Allowance Regulations* with respect to a person described in clause (h.1)
- (i) a person who resides in a facility that is designated as a special-care home pursuant to *The Facility Designation Regulations* and who is eligible to receive a benefit pursuant to *The Saskatchewan Income Plan Act*;
- (j) an inmate, as defined in section 2 of *The Correctional Services Act, 2012*, of a correctional facility, as defined in section 2 of that Act;
- (k) a person described in clause 3(g) as that clause existed immediately before the coming into force of this section while that person continues to reside in Saskatchewan;
- (l) a resident of Saskatchewan who:
- (i) is a Class Member within the meaning of the 1986-1990 Hepatitis C Settlement Agreement made June 15, 1999; and
  - (ii) on April 1, 1999, was a person designated pursuant to this section; and
  - (iii) continues to be designated pursuant to this section for a reason other than being a Class Member;
- (m) a person who, on or after July 15, 2019, is receiving assistance pursuant to *The Saskatchewan Income Support Regulations* and the dependants of that person;
- (n) a person who, on or after January 16, 2024, is receiving assistance pursuant to *The Saskatchewan Employment Incentive Regulations* and the dependants of that person.
- (1.1) A person mentioned in clause (1)(c.1) is entitled to benefits and services pursuant to these regulations only during the 12 months following commencement of employment.
- (1.2) A person mentioned in clause (1)(c.2) is entitled to benefits and services pursuant to these regulations only during the 12 months following commencement of employment by the person described in clause (1)(c.1) in relation to whom the person mentioned in clause (1)(c.2) is a dependant.
- (1.3) A person mentioned in clause (1)(g.3) is entitled to benefits and services pursuant to these regulations only during the 12 months following commencement of employment.





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- (a.2) a client as defined in *The Employment Supplement Regulations*;
- (a.3) the spouse, as defined in *The Employment Supplement Regulations*, of a client mentioned in clause (a.2); and
- (a.4) a person to whom a benefit adjustment is being provided pursuant to *The Benefit Adjustment Regulations*;
- (a.5) the person who appears in the records of the Department of Social Services as the spouse of a person described in clause (a.4);
- (a.6) a client as defined in *The Rental Housing Supplement Regulations*;
- (a.7) the spouse of a client mentioned in clause (a.6) if the spouse is an eligible individual within the meaning of section 7 of *The Rental Housing Supplement Regulations*;
- (a.8) with respect to an eligible family unit within the meaning of *The Disability Housing Supplement Regulations* if the eligible family unit includes a child within the meaning of those regulations:
  - (i) the client; and
  - (ii) the spouse of the client, if the spouse is an eligible individual within the meaning of section 8 of those regulations;
- (a.9) for the period commencing on July 1, 2007 and ending on June 30, 2010, with respect to a family unit that, on or before March 19, 2008, was determined to be a qualifying family unit as defined in clause 12.8(1)(e) of *The Prescription Drugs Regulations*:
  - (i) the member described in subclause 12.8(1)(e)(i) of those regulations; and
  - (ii) the spouse of the member mentioned in subclause (i), if the spouse is a resident as defined in *The Prescription Drugs Act*;
- (b) a person who is receiving a benefit as defined in and pursuant to *The Saskatchewan Income Plan Act* and the regulations made pursuant to that Act;
- (c) **Repealed.** 18 Jly 2003 SR 67/2003 s4.
- (d) **Repealed.** 18 Jly 2003 SR 67/2003 s4.

12 Jne 92 SR 40/92 s4; 3 Jly 98 SR 61/98 s6; 24  
 Dec 98 SR 89/98 s4; 13 Aug 99 SR 64/1999 s4; 7  
 Feb 2003 SR 2/2003 s4; 18 Jly 2003 SR 67/2003  
 s4; 10 Jne 2005 SR 52/2005 s4; 6 Jly 2007 SR  
 55/2007 s3; 20 Jne 2008 SR 41/2008 s3.

**5.2 Repealed.** 7 Jly 2017 SR 59/2017 s3.

**5.3 Repealed.** 2 May 97 SR 22/97 s4.

**Medical and Surgical Services**

**6** Payment may be made for diagnostic and treatment services provided by a physician or physician assistant that are not insured services under The Saskatchewan Medical Care Insurance Act and that have not been designated by the minister as services for which payment may not be made under these regulations, payment to be made in accordance with section 20.

15 Apr 66 SR 65/66 s6; 14 Jly 2023 SR 62/2023  
s4.

**Optical Services**

**7** Payment may be made on the following basis for optical services, including any routine examination of the eyes, partial examination or tonometry, the provision of eye glasses provided by ophthalmologists, optometrists, general medical practitioners and physician assistants qualified to render such services:

(a) to ophthalmologists, general medical practitioners and physician assistants in accordance with section 20:

(b) to an optometrist in accordance with the provisions of an agreement entered into from time to time between the minister and the optometrist or the minister and the Saskatchewan Association of Optometrists on behalf of that optometrist for the purpose of these regulations;

(c) for ophthalmic materials on the following basis:

(i) subject to the provisions of clause (a) of this section, for eye glasses and case at laboratory cost as approved by the director;

(ii) for lenses – first quality, corrected curve on all prescriptions;

frame – inexpensive standard white metal or plastic of equivalent or lower cost, provided that arrangement may be made at the director's discretion for the provision of more expensive frames;

case – inexpensive;

(iii) for repairs, at laboratory cost in addition to a service charge as approved by the director;

(iv) for the replacement of eye glasses lost or damaged beyond repair provided that in the case of damage the patient presents the eye glasses and provided that approval by the director is given for making payment for any replacement;

(d) where an examination, refraction and fitting service is performed by a physician or physician assistant, a fitting fee to the physician or physician assistant in the amount of \$2.00 which includes the cost of the case;

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- (e) where an examination and refraction is performed by a physician or physician assistant but a fitting service is provided by an optical dispensary following such examination and refraction, the fitting fee mentioned in clause (d), to the optical dispensary;
- (f) to the beneficiary receiving the service from an optometrist where there is not a subsisting agreement made for the purpose of these regulations between the minister and the optometrist providing the service or between the minister and the Saskatchewan Association of Optometrists on behalf of that optometrist, with such payment to be made at rates fixed by the director;
- (g) to an optician licensed and in good standing pursuant to *The Opticians Act*, in accordance with an agreement between the minister and the Saskatchewan College of Opticians, or if there is no agreement, in an amount fixed by the minister.

15 Apr 66 SR 65/66 s7; 16 Jan 76 SR 3/76 s1;  
 30 Jan 76 SR 11/76 s1; 9 May 80 SR 95/80 s2;  
 12 Jne 92 SR 40/92 s5; 25 Oct 2019 SR 72/2019  
 s5; 14 Jly 2023 SR 62/2023 s5.

**7.1 Repealed.** 7 Jly 2017 SR 59/2017 s4.

**Nursing Services**

**8** Payment may be made for nursing services provided by a registered nurse or an orderly upon the order of a physician or physician assistant if payment for such services is approved by the director, payment to be made at rates agreed to by the minister.

15 Apr 66 SR 65/66 s8; 14 Jly 2023 SR 62/2023  
 s6.

**Dental Services**

**9** Subject to section 9B, payment may be made on the following basis for dental services provided to a beneficiary by a duly qualified dental practitioner in accordance with the following conditions:

- (a) dental services toward which payment will be made under these regulations shall be limited to those services which are essential for the maintenance of health;
- (b) the minister may designate certain types of services as being those for which no payment will be made;
- (c) subject to section 14, in the case of the provision of a denture or a partial denture;
  - (i) partial payment only shall be made by the minister to the dentist providing same;

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- (ii) the amount of such payment shall be made in accordance with an agreement between the minister and the College of Dental Surgeons of Saskatchewan, or where there is no agreement the amount shall be fixed by the minister;
- (iii) payment shall not be made by the minister within five years from the date upon which the denture or partial denture, as the case may be, was last provided to the beneficiary with the financial assistance of the minister unless the director otherwise recommends;
- (d) prior authorization of the director shall be required for such types of services as are designated by him and payment shall not be made for any such service where the prior authorization of the director has not been obtained unless the director otherwise recommends;
- (e) a patient shall have free choice of dentist but shall not change to another dentist for treatment of the same condition unless referred by the attending dentist or upon the approval of the director;
- (f) all accounts for dental services shall be submitted to the Drug Plan and Extended Benefits Branch of the Department of Health on a form prescribed by the director;
- (g) subject to clauses (c) and (h), payment for dental services shall be made in accordance with the provisions of an agreement entered into from time to time between the College of Dental Surgeons of Saskatchewan and the minister for the purpose of these regulations;
- (h) in exceptional cases approved by the director, payment of an amount fixed by him may be made for special types of treatment not mentioned in the agreement between the minister and the College of Dental Surgeons of Saskatchewan referred to in clause (g);
- (i) payments made to dentists pursuant to these regulations constitute payment in full for the services for which the payments were made, except:
  - (i) payments made pursuant to clause (c); and
  - (ii) payments made in accordance with provisions of the agreement mentioned in clause (g) that provide otherwise.

15 Apr 66 SR 65/66 s9; 27 Apr 84 SR 41/84 s3; 3  
Jly 98 SR 61/98 s8; 13 Dec 2002 SR 112/2002 s2.

**Same**

**9A(1)** In this section and in subsection (3) of section 14:

- (a) “**denturist**” means a person who is registered as a denturist and is the holder of a valid and subsisting licence to practise as a denturist pursuant to *The Dental Disciplines Act*;
- (b) “**society**” means the Denturist Society of Saskatchewan.

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(2) Subject to section 9B, payment may be made on the following basis for a complete or partial upper or lower denture or a repair thereof provided to a beneficiary by a denturist on or after the first day of January, 1980, in accordance with the following conditions:

- (a) subject to section 14, in the case of the provision of a denture or a clasp-type partial denture:
  - (i) partial payment only shall be made by the minister to the denturist providing same;
  - (ii) the amount of such payment shall be made in accordance with an agreement between the minister and the society or where there is no agreement, the amount shall be fixed by the minister;
  - (iii) payment shall not be made by the minister within five years from the date upon which the denture or partial denture, as the case may be, was last provided to the beneficiary with the financial assistance of the minister unless the director otherwise recommends;
- (b) prior authorization of the director shall be required for such types of services as are designated by him and payment shall not be made for any such service where the prior authorization of the director has not been obtained unless the director otherwise recommends;
- (c) a patient shall have free choice of denturist but shall not change to another denturist or dentist for treatment of the same condition unless referred by the attending denturist or upon the approval of the director;
- (d) all accounts for denturists' services shall be submitted to the Drug Plan and Extended Benefits Branch of the Department of Health on a form prescribed by the director;
- (e) payment for the repair of a denture or the provision of a clasplless partial denture by a denturist shall be in accordance with the provisions of an agreement entered into from time to time between the society and the minister for the purpose of these regulations;
- (f) except for payments under clause (a), payments made to denturists under these regulations shall constitute payment in full for those services for which the payments were made.

25 Jan 80 SR 11/80 s1; 27 Apr 84 SR 41/84 s4; 3  
Jly 98 SR 61/98 s9; 25 Oct 2019 SR 72/2019 s6.

**Same**

**9B(1)** In this section, “**fully employable person**” means a person who has been designated as being fully employable by an official of the Ministry of Social Services authorized to make such a designation for the purposes of *The Saskatchewan Assistance Regulations, 2014*.

- (2) Subject to subsections (3) and (4), no person who is:
- (a) a beneficiary and is a fully employable person;
  - (b) the spouse of a person described in clause (a); or
  - (c) a dependant of a person described in clause (a);

is eligible to receive any of the services or benefits mentioned in sections 9 and 9A until after the expiration of six months following the date on which he or she became a beneficiary.

(3) Payment may be made for health services of the kind prescribed by the minister provided on an emergency basis to a person described in subsection (2) within the six-month period referred to in that subsection.

(4) Subsection (2) does not apply to persons described in clauses 3(1)(c.1), (c.2), (h.1) or (h.2).

27 Apr 84 SR 41/84 s5; 7 Feb 2003 SR 2/2003  
s6; 18 Jly 2003 SR 67/2003 s6; 25 Oct 2019 SR  
72/2019 s7.

#### Physiotherapy Services

**10** Payment may be made for the following services:

- (a) physiotherapy services provided by a physician where payment for the service may not be made under The Saskatchewan Hospitalization Act and where the director has given approval for payment for the service, payment to be made in accordance with section 20;
- (b) services provided by a duly qualified physical therapist upon the direction of a physician where payment for the service may not be made under The Saskatchewan Hospitalization Act and where the director has given approval for payment for the service, payment to be made at the rate agreed upon between the minister and the Saskatchewan Physical Therapists Association.

15 Apr 66 SR 65/66 s10.

#### Podiatry services

**11(1)** Payment may be made at rates approved by the director for podiatric diagnostic and treatment services provided by a podiatrist who has a valid licence to practise issued pursuant to section 19 of *The Podiatry Act*.

(2) **Repealed.** 7 Jly 2017 SR 59/2017 s5.

18 Jne 2004 SR 40/2004 s5; 7 Jly 2017 SR  
59/2017 s5.

**Hospital Services**

**12** Payment may be made as follows for the following hospital services:

- (a) hospital services including out-patient services provided to a beneficiary in a hospital in Saskatchewan for which payment may not be made under *The Saskatchewan Medical Care Insurance Act*, payment to be made at rates determined by the director;
- (b) hospital services including out-patient services provided to a beneficiary in an approved hospital or nursing home outside the province in the vicinity of the Saskatchewan border, where such beneficiary resides near the Alberta or Manitoba border and would normally receive such services in Alberta or Manitoba, and where payment in full for such services has not been made under *The Saskatchewan Medical Care Insurance Act*, payment to be made at rates determined by the director.

14 Jly 2023 SR 62/2023 s7.

**12A(1)** In addition to the payments authorized by the other provisions of these regulations, the minister may make payment in an amount equal to:

- (a) the authorized charges within the meaning of *The Saskatchewan Medical Care Insurance Act* made under that Act by a hospital for hospital services provided to a beneficiary; and
- (b) charges made by a physician, physician assistant or other person providing services in accordance with charges prescribed in regulations made for the purpose of section 18 of *The Saskatchewan Medical Care Insurance Act* for insured services within the meaning of that Act provided to a beneficiary.

(2) The payments authorized by subsection (1) may be made in accordance with such procedures and pursuant to such arrangements as are determined by the minister.

26 Apr 68 SR 161/68; 14 Jly 2023 SR 62/2023 s8.

**Payment re formulary and non-formulary drugs**

**13(1)** This section applies only to persons who are beneficiaries under clause 3(1)(f) or (j) and only in respect of drugs and medicines they receive on or after the first day of October, 1977.

(2) In this section:

- (a) **“discount”** means the difference between the maximum prescription charge and any lesser amount which the person operating the pharmacy is charging persons obtaining formulary drugs in the pharmacy pursuant to the subsisting agreement between the minister and the person operating the pharmacy;
- (b) **“dispensing fee”** means the dispensing fee within the meaning of the subsisting agreement between the minister and the person operating the pharmacy pursuant to *The Prescription Drugs Act* and as determined from time to time by the application of that agreement;
- (c) **“formulary drug”** means a drug or medicine that is listed in the formulary within the meaning of *The Prescription Drugs Act*;
- (d) **“non-formulary drug”** means a drug or medicine that is not listed in the formulary within the meaning of *The Prescription Drugs Act*.

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(3) Payment may be made as follows for the following drugs that are non-formulary drugs and that are dispensed to a person of the kind mentioned in subsection (1):

(a) Subject to subsections (4) and (5), at the amount determined by the minister as representing the acquisition cost to the pharmacy for non-formulary drugs prescribed by a physician, a physician assistant, a dentist or a nurse practitioner, supplied outside a hospital, together with an additional amount for each drug dispensed equal to the dispensing fee after the subtraction therefrom of the discount.

(4) Notwithstanding subsection (3), the director may designate certain drugs or medicines that are non-formulary drugs as being those for which no payment will be made.

(5) Payment may also be made by the minister for drugs and medicines that are non-formulary drugs, that are designated by the minister for the purpose of this subsection with such payment being made in an amount determined by the minister as representing the acquisition cost to the pharmacy for the drugs and medicines being dispensed, together with an additional amount equal to 66% of that cost.

14 Oct 77 SR 288/77; 7 May 2004 SR 25/2004  
 s4; 7 Jly 2017 SR 59/2017 s6; 14 Jly 2023 SR  
 62/2023 s9.

**Hearing aids, etc.**

**13.1(1)** The minister may make payment in accordance with this section for hearing aids and associated products and services, including audiology assessments, hearing aid evaluations, fitting services, ear moulds, cords, audio input systems, repairs and batteries, that are provided to beneficiaries.

(2) Payment may be made in accordance with subsection (3), (4) or (5) for the provision of a hearing aid and associated products and services if the hearing aid is prescribed by a physician or physician assistant in a relevant medical specialty or a person authorized to provide hearing aids pursuant to *The Hearing Aid Sales and Services Act* and the regulations made pursuant to that Act.

(3) Payment may be made in full if the hearing aid prescribed is the least costly hearing aid required to properly restore hearing and:

(a) a hearing aid for the same ear has not been paid for pursuant to these regulations within the five years immediately preceding the provision of the hearing aid; or

(b) if a hearing aid for the same ear has been paid for pursuant to these regulations within the five years immediately preceding the provision of the hearing aid, the beneficiary experiences a significant change in hearing impairment.



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- (4) Where a hearing aid for the same ear has been paid for pursuant to these regulations within the five years immediately preceding the provision of a hearing aid to a beneficiary and the hearing aid previously provided is lost or broken, payment may be made for the provision of a hearing aid and associated products and services at the rate of:
- (a) 70% of the cost of the hearing aid and 100% of the cost of the associated products and services in the case of a beneficiary who has attained the age of 21 years; and
  - (b) 100% of the cost of the hearing aid and associated products and services in the case of a beneficiary who has not attained the age of 21 years.
- (5) Where the cost of a hearing aid prescribed for a beneficiary is greater than the cost of the least costly hearing aid required to properly restore hearing, the maximum amount that may be paid with respect to the hearing aid is the cost of the least costly hearing aid.
- (6) Payment may be made at rates approved by the director for products and services associated with hearing that are not otherwise mentioned in subsections (2) to (5) if the products and services are approved by the director.
- (7) **Repealed.** 7 Jly 2017 SR 59/2017 s7.

7 Jly 2000 SR 48/2000 s4; 7 Jly 2017 SR 59/2017 s7; 14 Jly 2023 SR 62/2023 s10.

**Minister may make payment**

- 14(1) Subject to section 13.1, where the minister is not otherwise making payment, the minister may make payment, at rates approved by the director, for medical appliances and supplies required by a beneficiary, where the medical appliances or supplies are:
- (a) prescribed by a person who, in the opinion of the director, is an appropriate health professional to prescribe the medical appliances or supplies; and
  - (b) approved by the director.
- (2) Payment may also be made by the minister for non-oral female contraceptive medications that are dispensed to a beneficiary, with such payment being made in an amount determined by the minister as representing the acquisition costs to the pharmacy for the medication being dispensed, together with an amount equal to 66% of the cost as so determined.
- (3) Where a person is a beneficiary under clause 3(1)(f), (i) or (j) or is a member of a class of persons designated by the minister for the purpose of this subsection, the minister may make payment in full for a denture or a partial denture required by that person:
- (i) at a rate agreed upon between the dentist and the minister, where a dentist has provided the denture or partial denture; and
  - (ii) at a rate agreed upon between the denturist and the minister, where a denturist has provided the denture or partial denture.

(4) If a beneficiary has been admitted for care to a home that has been designated as a special-care home pursuant to *The Facility Designation Regulations*, or that is a mental health approved home as defined in *The Mental Health Services Act*, the minister may pay for all drugs and medicines that:

- (a) are required by that person while receiving care in the home;
- (b) are non-formulary drugs as defined in clause 13(2)(d);
- (c) are not designated by the director pursuant to subsection 13(4); and
- (d) have been dispensed to the beneficiary on or after November 15, 1977 on the prescription of a physician, a physician assistant, a dentist or a nurse practitioner.

(4.1) The payment mentioned in subsection (4) is to be made in an amount determined by the minister.

(5) The minister may also make payment for megavitamins, and allergenic extracts of the kind approved by the minister, and dispensed to a beneficiary on or after the 15th day of November, 1977, upon the prescription of a physician, a physician assistant or a nurse practitioner, with such payment to be made in an amount determined by the minister.

14 Oct 77 SR 288/77; 2 Dec 77 SR 354/77; 25  
Jan 80 SR 11/80 s2; 7 Jly 2000 SR 48/2000 s5; 7  
May 2004 SR 25/2004 s5; 7 Jly 2017 SR 59/2017  
s8; 25 Oct 2019 SR 72/2019 s8; 14 Jly 2023SR  
62/2023 s11.

#### **Payment for Health Services Outside Saskatchewan**

**15** Subject to sections 16, 17 and 18, the health services provided to beneficiaries outside Saskatchewan, other than those provided in the vicinity of the Saskatchewan border as referred to in section 5, for which payment may be made by the minister and the conditions upon which such payment may be made, are as follows:

- (a) the health services received by the beneficiary are included in those services described in sections 6 to 13;
- (b) payment may be made at the same rates and is subject to the same terms and conditions as if the services were received in Saskatchewan; and
- (c) the director is of the opinion that the provision of the services is essential for the preservation or restoration of the health of the beneficiary.

15 Apr 66 SR 65/66 s15.

#### **Same**

**16** Payment may be made with the approval of the director and at rates fixed by him for health services provided outside Saskatchewan to a beneficiary where he is receiving care, treatment or training outside Saskatchewan.

15 Apr 66 SR 65/66 s16.

SASKATCHEWAN ASSISTANCE PLAN  
SUPPLEMENTARY HEALTH BENEFITS

SR 65/66

**Special Arrangements**

17(1) Upon approving the terms of an agreement entered into by the Minister of Social Services for the provision of health services to any beneficiary or beneficiaries whether within or outside Saskatchewan, the minister may make payment for such health services in accordance with the terms of the agreement.

(2) The minister may enter into an agreement for the provision of certain health services to any beneficiary or beneficiaries whether within or outside Saskatchewan and may make payment in accordance with the terms of that agreement.

15 Apr 66 SR 65/66 s17; 3 Jly 98 SR 61/98 s10.

**Rejection of Accounts by Director**

18 Payment shall not be made under these regulations in respect of a health service provided to a beneficiary where the director rejects the account for payment for that service.

15 Apr 66 SR 65/66 s18.

**Medical Examination of Non-beneficiary**

19 Where an Officer of the Department of Social Services requests that payment be made for one or more medical examinations received by a person other than a beneficiary, the minister may make payment for the medical examination at rates fixed by him where the examination is recorded upon a form prescribed by him.

15 Apr 66 SR 65/66 s19; 3 Jly 98 SR 61/98 s11.

**Payment for Medical and Surgical Services**

20(1) All accounts for medical and surgical services shall be submitted to the Drug Plan and Extended Benefits Branch of the Department of Health on a form prescribed by the director.

(2) Payment for such services shall be made in accordance with the provisions of an agreement entered into from time to time between the College of Physicians and Surgeons of Saskatchewan and the minister for the purpose of these regulations.

(3) Payment made to physicians and physician assistants under these regulations shall constitute payment in full for the services for which payment was made.

15 Apr 66 SR 65/66 s20; 3 Jly 98 SR 61/98 s12;  
14 Jly 2023 SR 62/2023 s12.

**Medical references and consultants appointed**

21(1) The minister may appoint one or more medical referees or consultants to assess medical accounts and to consider special cases relating to these regulations or regulations administered by the Department of Social Services.

(2) Payment to a referee or consultant appointed under subsection (1) may be made at rates fixed by the minister.

15 Apr 66 SR 65/66 s21; 3 Jly 98 SR 61/98 s13.

**General**

**22** The director may delegate to any person or persons employed in the Department of Health, the authority vested in him by the provisions of these regulations in connection with the payment for such services as he may deem advisable for the more efficient administration of the Drug Plan and Extended Benefits Branch of the Department of Health, and the exercise of such authority by the person to whom that power has been delegated shall thereupon be as valid as if the authority had been exercised by the director.

15 Apr 66 SR 65/66 s22; 3 Jly 98 SR 61/98 s14.

**Minister may make payment for beneficiary under  
*The Saskatchewan Medical Care Insurance Act***

**22A(1)** Notwithstanding the other provision of these regulations, if pursuant *The Saskatchewan Assistance Act*, a person becomes a beneficiary under *The Saskatchewan Medical Care Insurance Act* but has not been nominated for any additional health services, the minister may make payment in an amount equal to:

- (a) the authorized charges within the meaning of *The Saskatchewan Medical Care Insurance Act* made under that Act by a hospital for hospital services provided to that person; and
- (b) charges made by a physician, physician assistant or other person providing services in accordance with charges prescribed in regulations made for the purpose of section 18.1 of *The Saskatchewan Medical Care Insurance Act* for insured services within the meaning of that Act provided to that person.

(2) The payments authorized by subsection (1) may be made in accordance with such procedures and pursuant to such arrangements as are determined by the minister.

14 Jly 2023 SR 62/2023 s13.

**Minister may enter into reciprocal agreement**

**23** The minister, on behalf of the Province of Saskatchewan, may enter into a reciprocal agreement with any other province for making payment for health services received by recipients of certain allowances who move from one province to the other.

15 Apr 66 SR 65/66 s23.

**24 Repealed.** 27 May 66 SR 115/66.