Supplementary Health Program

Those who qualify for Supplementary Health benefits are eligible for a number of health services and products. In addition to the universal health benefits, such as hospital and physician care, Supplementary Health Benefits are listed in this pamphlet.

Information on Saskatchewan's health benefits is provided in the It's For Your Benefit booklet. It can be obtained from Saskatchewan Health at 1-800-667-7766 (toll free) or on the website.

Eligibility

Eligibility for Supplementary Health coverage is determined by Saskatchewan Social Services. Saskatchewan Health will send you a Supplementary Health card if you are eligible.

If you have questions about eligibility for coverage, contact your nearest office of Saskatchewan Social Services listed in the telephone book blue pages.

Medical Supplies and Appliances

A physician or authorized health professional must prescribe all items (many of which require prior approval by the physician or an authorized health professional). Benefits include items such as:

- Insulin syringes and needles;
- Surgical dressings;
- Female contraceptive devices;
- Incontinence aids (except pads, diapers);
- Aerochambers; and
- Ostomy supplies.

Drugs

If Social Services determines that you are eligible for Supplementary Health coverage, one of the following plans may apply to you:

**All Plans** - Individuals under 18 will receive benefit prescriptions at no charge. All plans cover the following prescribed regular benefit drugs without charge to the patient: insulin, oral medication for diabetes and birth control pills.

**Plan One** - If you are an adult, you pay no more than $2 for each benefit prescription.

**Plan Two** - If you are on Plan One and you need several different drugs on a long-term basis, you may be eligible for benefit prescriptions at no charge. You, your physician, or your pharmacist may contact the Drug Plan to request this coverage.

**Plan Three** - Under Plan Three coverage, you will receive benefit prescriptions at no charge. In addition to the benefits in Plan Two, you may receive, without charge, certain additional prescribed drugs approved by the Saskatchewan Drug Plan. Plan Three is designed for people receiving the Saskatchewan Income Plan and residing in special-care homes. Individuals living in Approved Homes and Group Homes may also be eligible.

Hearing Services

Coverage is limited to audiology services and hearing aids provided through the Hearing Aid Plan in your Regional Health Authority. Most of these services require prior approval. Batteries and repairs are available at no cost. For further information, contact your Regional Health Authority.

The program may pay for replacement of a lost or broken hearing aid on an individual basis, but will not do so more than once in a five-year period. Replacement is subject to a 30 per cent co-payment for clients over the age of 20.

Dental Services

**Emergency Benefits**

Coverage is limited to relieving pain and controlling infection. If you are an employable adult receiving benefits, you and your spouse are eligible for only emergency dental benefits for six months from the time of being nominated to the Supplementary Health Program. After six months of emergency coverage, you become eligible for full benefits.

**Full Benefits**

Once approved for full benefits, coverage includes payment for a range of basic dental services required to maintain good dental health.

Those needing dentures may obtain them from a licensed dentist or denturist. You will be asked to pay some of the cost. Your dentist or denturist is required to seek Saskatchewan Health approval to make sure the service is eligible for payment.

Persons receiving supplementary health benefits have the option to “upgrade” two specific dental services beyond those basic services covered under the program. These are:

- Upgrading from the amalgam (silver-colored) to composite (tooth-colored) fillings in posterior (back) teeth; and
- Upgrading partial dentures from acrylic to cast metal.

Persons choosing to “upgrade” these services will be required to pay the difference between the basic service covered under the program and the cost of the optional upgraded service. Your dentist will be able to provide further information about these services and the costs.