

## Introduction

**Family Health Benefits** are intended to assist lower income families with the costs of raising healthy children. Administered by Saskatchewan Health, Family Health Benefits can help reduce the financial worry about the cost of necessary health services for your children.

## Eligibility

Eligible families must include at least one child under the age of 18 living with the parents or guardians in Saskatchewan. They must have a valid Saskatchewan Health Services Card.

Your family’s eligibility is established by the Ministry of Social Services, in cooperation with Canada Revenue Agency, using a formula which takes into account the number of children in your family and your family’s annual income according to your income tax return(s) for the previous year.

Most eligible families will be receiving a monthly child allowance under the federal **National Child Benefit Supplement**. Other families may receive the provincial **Saskatchewan Employment Supplement**.

Families identified as eligible for the first time must complete a “consent” form that gives Canada Revenue Agency and the Ministry of Health permission to forward their names to Saskatchewan Health. The Health Registration system is amended to show the family’s coverage for Family Health Benefits.

Qualification Levels	
Number of Children under 18:	Last Year’s Family Net Income as reported to Revenue Canada did not exceed:
1,2 or 3 children	\$29,291
4 to 10 children	Add \$1,392 for each additional child
11 to 15 children	Up to \$51,313

Families may become eligible at any time during the year as they become identified (for example, if their tax returns were delayed, or a new child is born). Coverage takes effect when eligibility has been confirmed by Saskatchewan Health. Coverage is not retroactive.

Coverage is put in place until July 31 of each year. Families eligible for continued coverage are renewed automatically starting August 1.

**Eligibility may also end during the program** year for a number of reasons including:

- children turning 18;
- families moving to another province;
- changes in family composition;
- re-assessment of family income.

## Extended Health Benefits Coverage

The chart below summarizes the coverage for children and their parents or guardians. The program is primarily directed at providing health services for children, and coverage is more extensive for children than for the adults in the family.

HEALTH BENEFITS	CHILDREN	PARENTS OR GUARDIANS
Dental Coverage	Coverage of basic services.	Coverage not provided.
Drug Coverage	No prescription drug charge for drugs under the drug plan.	\$100 semi-annual family deductible; 35% consumer co-payment thereafter.
Eye Care	Eye examinations once a year.  Basic eyeglasses.	Eye examinations covered once every two years.
Emergency Ambulance	Covered.	Coverage not provided.
Medical Supplies and Appliances	Supplies require doctor’s prescription and prior approval.	Coverage not provided.
Chiropractor Services	Up to 12 treatments per year.	Up to 12 treatments per year.

## Children’s Health Benefits

The following are examples of the health benefits covered by the program. These are not detailed lists of all the benefits, nor of all the conditions or limitations that may apply.

Be sure to **talk to your service provider, before obtaining services**, about exactly what is covered. Parents are responsible for paying the costs not covered by the program.

## Dental Care

Dental health is important to general health, appearance and emotional well being. Young children need their parents to help them care for their teeth and to teach them good dental habits. Healthy baby teeth are important for the development of healthy permanent teeth, so it is important to care for them. It is recommended that you begin taking your child to the dentist between the ages of two and three, and that regular annual visits become routine.

The basic dental services covered under Family Health Benefits are:

- Examination and diagnosis
- X-rays
- Cleaning and fluoride
- Sealants (molar) (age 13 and under)
- Space maintainers
- Amalgam (silver) fillings
- Extractions

Family Health Benefits beneficiaries may be asked to contribute to the cost of their dental services. Saskatchewan Health continues to cover most of the cost, but may not completely cover all of the cost of services.

Prior to beginning treatment please ensure you are aware of associated fees that will not be covered by the Family Health Benefits Program and as a result will be your responsibility.

## Eye Care

Being able to see well is vital to children’s school performance, social development and self confidence. Your child’s first eye examination should take place when he or she is three years old, or sooner if you suspect vision problems. Your child should have a regular eye exam every year. Children are covered for annual eye exams by the Medical Services Plan.

Family Health Benefits provides eyeglasses with plain quality frames. Lenses will be replaced when the prescription changes. Frames may be replaced if the service provider certifies this is necessary due to a child’s growth. Lost or broken glasses may be replaced, depending on the circumstances and how often this happens. Most repairs are covered if the frame is no longer under warranty. Eyewear is available at optical dispensers and most optometrists’ offices.

Contact lenses and sunglasses are not covered by the program.

## Prescription Drugs

Families approved for Family Health Benefits have a \$100 semi-annual deductible for coverage of drugs under the Saskatchewan Drug Plan Formulary. Children receive



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all formulary drugs at no charge. For parents and guardians, there is a 35% co-payment on all formulary drugs.

The Saskatchewan Drug Plan Formulary is a list of more than 3,500 drug products that are benefits under the drug plan. Ask your physician or pharmacist if the drug being prescribed for you is included in the formulary. Drugs not listed on the formulary are not an eligible benefit.

## Medical Supplies and Appliances

A wide range of medical supplies, appliances and devices are covered for children. A physician must prescribe most of these items. Benefits include such items as:

- Surgical dressings
- Ostomy supplies
- Aerochambers
- Fiberglass casts
- Diabetic supplies (eg. syringes, swabs, lancets, glucometers)
- EPIPEN®
- Tensor bandages
- Splints

This is not a complete list. Pharmacists and other suppliers usually check with the program office about coverage for medical supplies and appliances.

## Hearing Services

Children's hearing testing services and hearing aids provided through health authority clinics are covered. The services of private hearing aid clinics are not covered under this program.

## Ambulance

Children are covered for ambulance services in genuine emergencies. Coverage may also be provided when an ambulance is the only appropriate means of transportation given the child's condition, and transportation to a hospital is essential.

The deductible for air ambulance is waived for beneficiaries of the program.

## Chiropody (Podiatry)

Children's foot care visits and appliances provided

through health authority clinics are covered. The services of private podiatry clinics are not covered under this program.

## Chiropractic

Up to 12 services per year are covered.

## Coverage for Parents and Guardians

Coverage for adults is limited to:

- **Prescription Drugs.** The Drug Plan semi-annual deductible is \$100, after which you will pay only 35% on all formulary drugs.

If you believe your drug costs may exceed 3.4% of your income, you are encouraged to apply for Special Support. Please refer to the prescription drug coverage phone numbers at the back of the pamphlet.

- **Chiropractic Services.** Up to 12 services per year are covered.
- **Eye Examination.** Routine eye examinations, including tonometry, are covered services. Coverage is limited to one service every two years for beneficiaries 18 to 64 years of age, and one service per year for those over age 64. Tonometry is payable for beneficiaries who are 40 years of age and older.

## Aids to Independent Living

The Saskatchewan Aids to Independent Living (SAIL) program lends a wide range of assistive devices to people with disabilities, such as wheelchairs, commodes, bathtub lifts, etc. These are distributed, with a requisition from an occupational therapist or physical therapist, through the Special Needs Equipment depots of the Saskatchewan Abilities Council.

The Saskatchewan Abilities Council also sells to the public devices that are not covered by SAIL. These include such items as wallbars, helping hand reachers, crutches, canes, bath benches and raised toilet seats. These devices are provided at no charge by the Council to children and parents receiving Family Health Benefits, if requested by occupational therapists or physical therapists on their behalf.

## Payment of Bills

Service providers will bill Saskatchewan Health directly for those services that are covered by the program. In some cases, payment rates are limited by agreements with service providers or program fee schedules. **The program does not reimburse beneficiaries.**

*It is the parent's responsibility to tell the service providers in advance that they are covered by Family Health Benefits.*

## Out of Province Service

Family Health Benefits are limited to service providers in Saskatchewan, with the following exception.

Prescription drugs may be obtained out of province if necessary. You must pay the pharmacy and submit the original receipts to the Drug Plan for reimbursement. Payment or reimbursement will be made at either the actual cost, or the cost of the same products in Saskatchewan, whichever is less. Claims for drugs obtained outside of Canada are not eligible for payment.

## Questions

### Family Health Program Eligibility

How is it determined?

Can I get on the program?

1-888-488-6385

and press option #1

### Prescription Drug Coverage

(306) 787-3317 or 1-800-667-7581

### Health Benefit Inquires

(306) 787-3124 or 1-800-266-0695

[www.health.gov.sk.ca](http://www.health.gov.sk.ca)