Fall 2025

Employee Benefit Plans
newsletter
We take care of the caregivers

Optional Life insurance coverage popular with plan members

Earlier this year, an open enrolment period was offered to employee benefits plan members. They were given a one-time offer to purchase additional Optional Life insurance coverage for themselves and their spouses without medical evidence of insurability. This proved to be a big hit with Saskatchewan health-care workers.

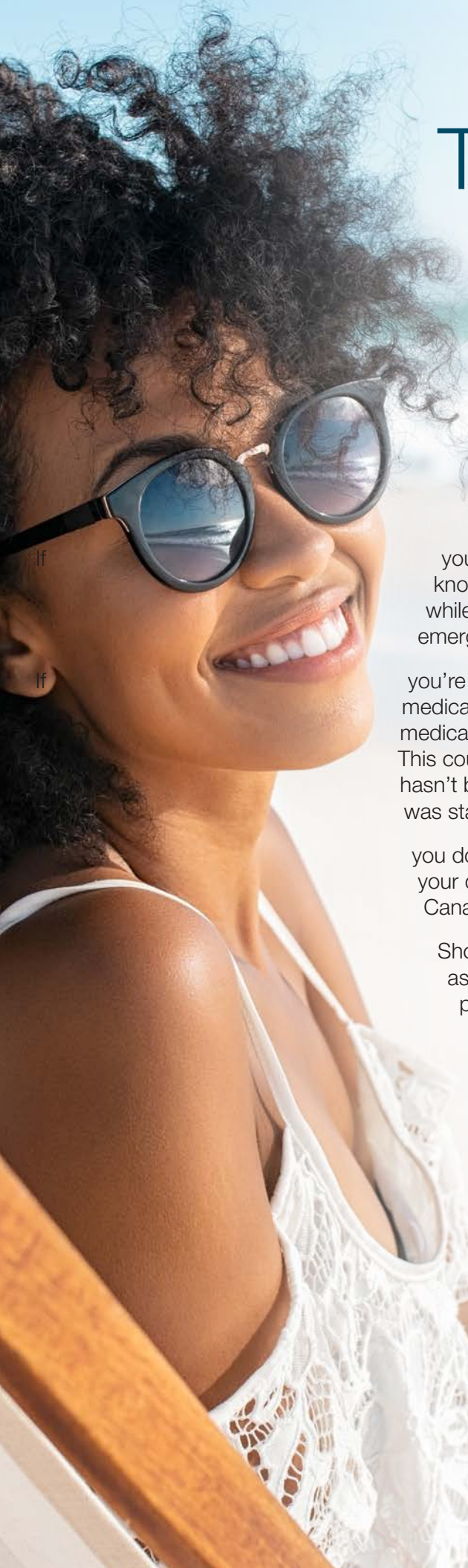
Plan members jumped at the opportunity, submitting more than 1,800 applications. When all was said and done, 672 plan members purchased additional Optional Life coverage for themselves, equating to more than $97 million of coverage. More than 1,200 plan members purchased optional coverage for spouses that did not have coverage previously, adding more than $61 million in new coverage.

While the open enrolment period was only available for a limited time, additional Optional Life insurance coverage can be purchased any time! You and your spouse are eligible to apply if you are actively at work, under the age of 65, and enrolled in the Basic Group Life Insurance Plan. You can apply to purchase up to $500,000 of coverage for yourself and up to $150,000 for your spouse. Evidence of insurability is required.

You can purchase without evidence of insurability within the first 90 days of your membership in the Group Life Insurance Plan. This is limited to the first $150,000 for you and $50,000 for your spouse.

You can reach out to the Employee Benefits team for the Optional Life insurance application form by calling 1.866.278.2301, emailing **ebp@3sHealth.ca**, or heading to **3sHealth.ca** to try a live chat with a Benefit Services Officer.

3sHealth
better together



Take peace of mind with you this winter with out-of-country coverage

If you're planning a warm weather adventure this winter, you can rest easy knowing your Employee Benefit Plans have got your back. If anything happens while you're outside of Canada, you and your eligible dependents can qualify for emergency medical coverage.

If you're traveling for vacation, education, or business purposes and experience a medical emergency, your out-of-country coverage offers up to $1 million of eligible medical expense coverage per insured person during the first 60 days of your trip. This could include an unexpected injury, an instance of a medical condition that hasn't been previously identified, or an episode of a known medical condition that was stable when you left Canada.

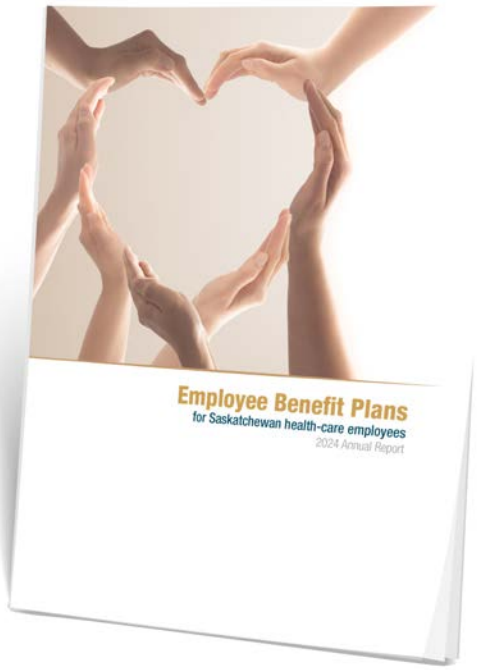
If you do have an existing medical condition, you will need to get approval from your doctor before traveling. You can then get details about your coverage from Canada Life's TravelAssist Centre by calling 1.866.530.6024.

Should anything happen while you are away, make sure to call TravelAssist as soon as possible. It is staffed 24 hours a day, seven days a week, and will provide you with critical information and support, such as medical advice from qualified licensed doctors or emergency transportation to facilities that are best equipped to treat you.

3sHealth and Canada Life have handy tools you can take on your trip so your coverage information is always close at hand. Check out the Travel Assist Booklet on the 3sHealth website, **3sHealth.ca**, and download the Travel Assist Card from the My Canada Life at Work app or website and add it to the Wallet app on your mobile phone (Apple and Android versions are available).

For full details on travel coverage, check out 3sHealth's website, **3sHealth.ca**

Employee Benefits annual report highlights the year that was



Plan members seeking to learn more about the world of employee benefits can explore the developments of the past year in the 2024 *Employee Benefit Plans for Saskatchewan health-care employees Annual Report*.

This report is compiled each year to share information about the trusts that fund the benefits plans, their management and performance over the course of the last year, and details of the Board of Trustees' most recent achievements.

The 2024 edition has plenty of details available for plan members, beneficiaries of members, and the general public. In addition to general information on the plans, the report includes messages from the Board of Trustees' Chair and Vice-chair and 3sHealth's CEO, the financial highlights for the year that was, and reporting on the service metrics Employee Benefits uses to measure the services they provide to plan members and health system partners.

The Employee Benefits annual report reflects the Board of Trustees' dedication to transparency and best practices for public agency reporting in Saskatchewan.

You can find the 2024 report and previous years' versions on 3sHealth's website, **3sHealth.ca**

Limiting out of pocket expenses for plan members

Employee Benefit Plan members can have one less thing to worry about when booking appointments: paying for them.

Canada Life makes it easy for plan members to find a paramedical or professional service provider who will bill Canada Life directly. "Find a provider" is a feature on the My Canada Life at Work app and website that lists licensed, registered service providers that will directly bill Canada Life for your claim. This means you no longer have to submit a claim and wait to be reimbursed later.

If the cost of the service you receive is more than you are eligible for, you will have to pay the remaining amount.

To take advantage of this feature on your computer, simply log into My Canada Life at Work, click on "Resources" on the side menu, and select "Find a provider." On your phone, log into the My Canada Life at Work app and select "Find a provider" from the menu.

You can then choose from a list of over 15 different categories of paramedical and professional service providers, from acupuncturists to massage therapists, that offer direct billing. It will provide you with each service provider's address and phone number so you can contact them directly.

Give it a try today, sit back and enjoy a straight-forward, simple appointment process!

Speech therapy coverage helps families “do it a different way”

The names in this story have been changed to protect the plan member and their family’s privacy.

Your benefit coverage can help you and your family members prepare for new chapters in your lives.

In plan member Sabrina’s case, that meant helping her daughter re-learn some parts of her developing speech. When Olivia was four, her pediatrician suggested she was having trouble pronouncing some sounds.

“She was having difficulties with the soft ‘g’ and ‘k’ sounds,” explained Sabrina. “We didn’t even pick up on it; she was understandable to us as her parents, but not always to other people.

“The pediatrician was clear that she wasn’t delayed or that we shouldn’t be concerned, but suggested it’s something that you might want to get ahead of, so it doesn’t cause further issues.”

Entering the education system is a major change for children, and with Olivia getting ready to begin kindergarten soon, her parents decided treatment could help her start out on the same level as her peers.

“She’s a very social person as it is. She doesn’t let anything hold her back, so I didn’t want to put extra roadblocks up when they didn’t have to be there,” Sabrina said.

Plan members can access paramedical and professional services, including speech therapy, to a maximum of $400 per family member each year. Utilizing Sabrina’s coverage, she was able to get Olivia an assessment and follow-up treatment sessions at a private therapy clinic.

The clinic sent them home with ideas for games, work sheets, and other tools to keep practicing. After just a couple of sessions, Olivia and her parents were empowered to bring her vocalizations around. Now six years old, Olivia has no further speech issues.

“She just had to do it a different way, to relearn how to make those sounds differently,” Sabrina said. “And now she’s doing great!”

Preventing insurance fraud

You can do your part to protect the Employee Benefit Plans by double-checking the information you provide is accurate.

When someone knowingly lies or falsifies information to obtain a benefit to which they are not entitled, they have committed fraud. This can include intentionally providing false information to ensure the payment of a claim, withholding information that would affect the payment of a claim, or submitting a fictitious claim.

All incidents of fraud, suspicious activity, or other irregularities will be investigated. Police services may be contacted, and fraud cases will be reported to the employer, which could lead to disciplinary action.

To prevent investigation:

- Review your plan commentary booklet and understand your benefits.
- You are responsible for the information you submit, so review your forms and receipts to make sure everything is correct.
- Do not give a provider pre-signed claim forms, never alter or change a receipt, and keep your plan number and benefit ID secure.
- Report suspicious situations by calling the Canada Life tip line at 1.866.810.8477.

Timing is everything with benefit eligibility

In most workplaces, full benefit coverage is not granted on the first day of employment. The Saskatchewan health system is no exception.

Most employer-sponsored benefit plans are subject to a waiting period to protect their financial sustainability. But while you might not have access to all your coverage on day one, there are some provisions that are included from your first shift.

Group Life insurance and disability

- Permanent full-time or permanent part-time employees receive Group Life insurance and disability coverage as soon as they begin working.
- Eligibility for casual or temporary employees will be determined after 26 weeks of work (disability coverage for temporary employees is only available for Saskatchewan Union of Nurses members).

Health and dental

- All employees must wait 26 weeks to be eligible for health and dental coverage.
- Full-time employees receive 100 per cent coverage.
- Other-than-full-time employees receive a level of coverage based on their hours worked, with a baseline of 390 hours (equal to 40 per cent of a typical full-time employee's hours).
- **For example:** if you work 61 to 70 per cent of a regular full-time worker's hours, you will receive 70 per cent coverage (see chart below).

% of Regular F/T	% of Dental	% of Health
Less than 40%	NIL	NIL
41% - 50%	50%	50%
51% - 60%	60%	60%
61% - 70%	70%	70%
71% - 80%	80%	100%
81% - 90%	90%	100%
91% - 100%	100%	100%

- If you don't qualify after 26 weeks, don't worry – your hours will be measured again after you have worked a full calendar year. If you have worked a minimum of 780 hours during the year, you will be eligible in the following year. This measurement takes place on December 31 each year.

Once you qualify for benefits, you will receive a welcome package at your home address that will provide all the information you need to get started.

3sHealth's website has extensive information about benefit eligibility, naming beneficiaries, and much more in the "Life Events" section of the Employee Benefit Plans page. For the full details, please visit **3sHealth.ca**

Preparing for one of life's biggest changes

We spend years dreaming of and then planning for retirement. The Employee Benefits team wants to help you make the most of your benefit plans to prepare for this special phase of your life.

Depending on your years of service and age when you retire, your benefit coverage may not have to end when your job does. Once your employer notifies Employee Benefits of your retirement date, we will send a package to your home outlining your retirement options.

Plan members can choose to transition to the Retiree Health and Dental Plan, which is provided through Group Medical Services. If you apply within 90 days of your retirement date, you won't even have to answer medical questions or undergo medical exams.

There are options pertaining to life insurance as well. If you retire before you turn 65, you can continue to pay the same rate on all or part of your life insurance coverage until you reach 65. You can also choose to convert up to $250,000 of your Basic or Optional Life insurance to an individual policy with Canada Life. Conversion only applies as long as you retire on or before your 65th birthday and apply within 31 days of retiring.

Plan members will be responsible for paying the monthly premium for whichever options they select.

Disability Income Plans are designed to protect plan members who are actively at work, so there is no option to continue that coverage into retirement. However, if you happen to return to work with a health-sector employer after your retirement, you will be automatically enrolled into the plan. As a rehired retired employee, you do have the option to opt out of this mandatory plan. Approved disability benefit payments can be reduced if the employee receives income from some other sources, such as retirement benefits. This means if you are disabled, your benefit could potentially be reduced to nothing even though you are paying disability premiums.

For more information on retirement benefits, please visit the "Life events" section of our website, **3sHealth.ca**

"I've had nothing but great experiences with people from 3sHealth. The kindness and compassion I've received during such trying times has really helped me through this stressful process. I'm genuinely grateful to everyone I've interacted with."

- *Treanna, a plan member*

Contact Us

We invite you to scan the QR code with your smartphone to complete a brief survey on the quality of services we provide to you, our valued customers. Plan members like you offer us insight into how we can continuously improve to serve you better.

For more information on the benefits available to you under the Employee Benefit Plans, visit our website at **3sHealth.ca**, email us at **ebp@3sHealth.ca**, or phone us at 1.866.278.2301.