

GSA Health & Dental Plan: Fee Increase FAQ

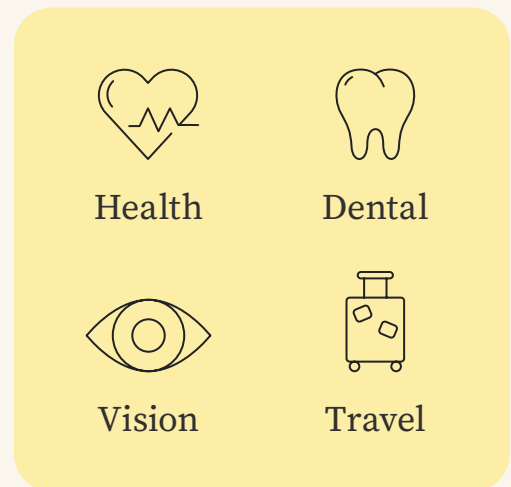


What is the GSA Health & Dental Plan?

The GSA provides an extended Health & Dental Plan for its members. The Plan offers health, dental, vision, and travel coverage. Learn more at the [Studentcare GSA Plan website](#).

How much did the fee increase by?

The GSA Health & Dental Plan fee increased from \$484.87 to \$678.82 for the 2025–2026 academic year.



What determines the cost of the plan?

The past policy year's claims are the largest factor in setting the Plan cost for the following year, but the cost is also driven by inflation of cost of services, fixed costs of the Plan (e.g., Accidental Death & Dismemberment, travel insurance, and Empower Me program), and the Plan administration costs.



Why did the fee increase?

Like most insurance plans, the GSA Health & Dental Plan is renewed with the insurer each policy year. The premiums are adjusted by the insurer based on the claims experience (i.e. more claims = higher premiums). Due to the significant increase in claims over the past few years, a fee increase was necessary to preserve as many benefits as possible. Without the fee increase, the GSA would have had to cut significant portions of the plan affecting mental health coverage, prescription drugs, and dental coverage, leaving students with higher out-of-pocket costs when they access their coverage.

Who made this decision?

According to GSA Policy 8.3 and 8.4, the GSA Executives shall receive information from the Health & Dental Plan Administrator (Studentcare) and make a recommendation to the GSA Council regarding fees for the subsequent year. Following a period for questions and discussion, the GSA Council shall decide on the insurance provider and fees by a two-thirds majority vote. After a short presentation from Studentcare on previous Plan usage, claims trends, and a breakdown of plan costs, the GSA Executives presented four fee-change options to council, including four fee increase and benefit reductions plans (8%, 16%, 24%, and 40% fee increase).

The GSA Council, comprised of members elected by their respective Academic Councils representing departments and colleges across the university, voted for the 40% increase to retain the current benefit structure during the January 22 Council Meeting, seeing the value students receive from the Plan.

Was the fee increase the last resort?

Yes, the GSA has exhausted all other options, and increasing the Plan fee was the last resort. The GSA is also partially subsidizing the cost for students to prevent an otherwise higher fee increase.

What benefits did get cut?

Projections of the 2025-2026 Plan Financials had to be conducted in December, with only a few months of data from the 2024-2025 Plan Year, to submit fees to the University of Saskatchewan by the deadline in early February. Because the fee submitted to the University does not entirely cover the cost of the Plan and cannot be changed, GSA is partially subsidizing the cost, but also had to make some slight benefit reductions as to not exhaust the rainy-day fund. The reductions were selected to impact the fewest number of students, as minimally as possible:

Prescription Drug Cap Introduced	<ul style="list-style-type: none">• Prescription medications are still covered at 80%, but there is now a maximum of \$2,000 per year.• This means you can claim up to \$2,000 worth of eligible prescription drug expenses per policy year.
Dental Annual Maximum Lowered	<ul style="list-style-type: none">• The dental annual maximum has been reduced from \$1,000 to \$900.• This is still a higher-than-average maximum for a graduate plan, and covers cleanings, exams, fillings, etc.
Fillings Reimbursement Reduced	<ul style="list-style-type: none">• Dental fillings are now covered at 55% instead of 60%.• Other basic and preventative services remain unchanged.

How much value do students get from the Plan?

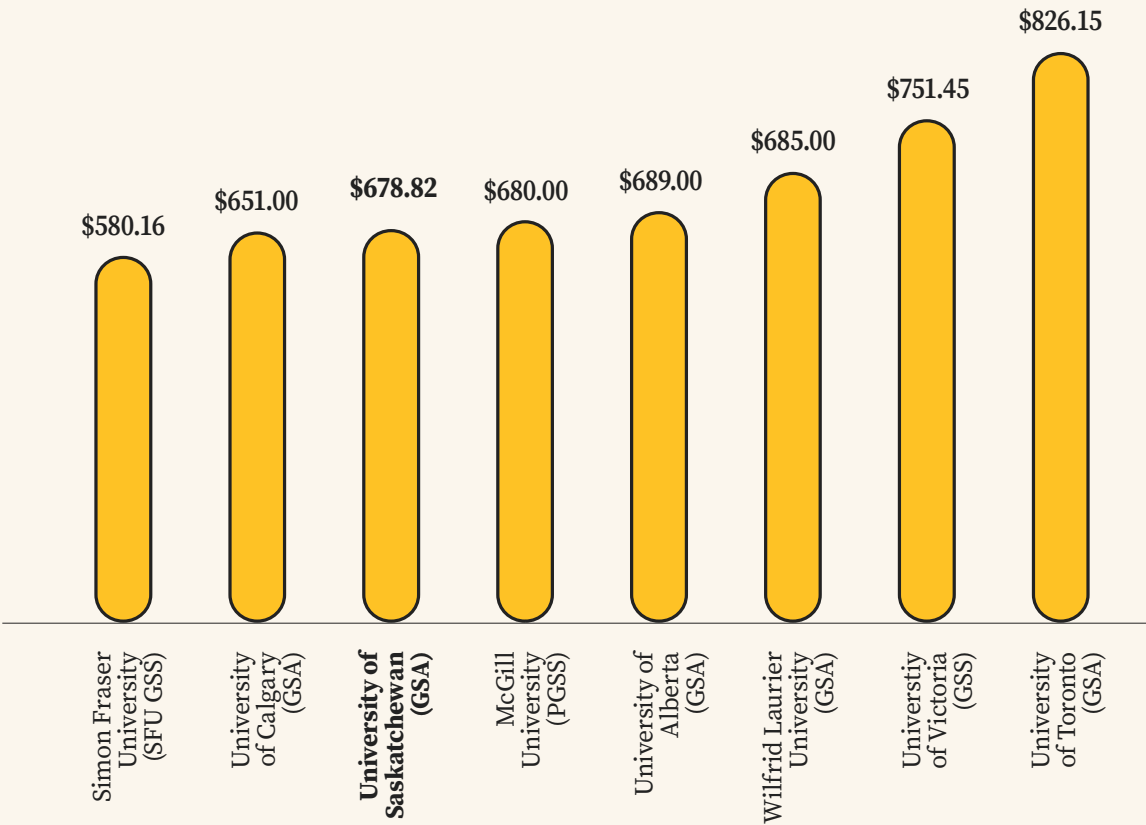
Members have access to benefits that are valued at much more than the Plan Fee. For example, the Dental Plan covers \$900 worth of dental benefits, \$2,000 in prescription drugs, over \$200 in vision coverage, and up to \$5 million in travel insurance. Students can also access mental health counselling at no out-of-pocket costs through Empower Me. Lastly, students can access their Plan at various network providers and get savings and discounted rates for the benefits they access. Overall, students can gain more than what they have paid into the Plan.

What does the Plan cover?

Please visit www.studentcare.ca to find a full list of coverage.

How does the GSA Plan Fee compare to other student societies' Plan fees?

Compared to other similar graduate student associations in Canada, the GSA's fees are on the lower end. (Please note that the graph below is for illustrative purposes only and subject to change.)



How do I confirm if I was automatically enrolled and have coverage for the semester?

You can confirm your coverage via your Tuition and Fees in your PAWs account. All eligible full-time, on-campus students should be automatically billed into the Plan for that semester.

If you have been automatically billed, you will see the following charges in your tuition and fees breakdown for that specific term:

Fall 2025	Winter 2026
→ Graduate Health Plan: \$124.45	→ Graduate Health Plan: \$248.90
→ Graduate Dental Plan: \$101.82	→ Graduate Dental Plan: \$203.65
→ Total: \$226.27	→ Total: \$452.55

What are my options?

You have a few options:

1. Opt out: If you have alternate proof of coverage (e.g., through a parent, spouse, or employer), you can opt out by the deadline and receive a full refund. You may opt out of the Health and/or Dental Plan.

Please note: The Canadian Dental Care Plan (CDCP) is not eligible for alternative proof of coverage to opt-out of the dental coverage. A recent letter from Service Canada also explicitly specifies that one of the eligibility criteria is “no access to employer-sponsored, pension-sponsored, professional or student organization-provided, or any other private dental insurance.” Based on this language, opting out does not meet criteria for “no access to.”

2. Stay enrolled: Keep the plan and take advantage of 12 months of comprehensive coverage designed specifically for graduate students.

What's the opt out deadline?

The deadline will be posted at the start of the Fall term on the plan website. Opt-outs can not be processed after the deadline. This opt-out period is known as the Change-of-Coverage Period.

Please Note: If you miss the opt-out deadline due to extenuating circumstances, then there is an option for an Exception Request, however this is not a guaranteed process.

I opted out last year. Do I have to do it again?

Yes, you need to resubmit an annual opt-out request at the beginning of your academic year. Opt-outs don't carry over. However, you will not need to re-submit proof of coverage each academic year (only the first time you opt-out).

Please note: Opt outs must be submitted during the eligible Change-of-Coverage Period (COCP). (The winter COCP is for new winter students only; if you start school in Fall, you must submit your opt out request during the Fall COCP to be eligible). Late opt-outs will not be processed.

Can I add my spouse or child to the plan?

Yes! During the Change-of-Coverage Period, you can enrol your dependants by paying an additional fee.

- If you're already automatically enrolled in the Plan: Select "Enrol Your Family Now" (from the menu on the left) on the **Couple & Family Enrolment** page and follow the on-screen instructions.
- If you're not automatically enrolled: See the **Self-Enrolment** section to enrol yourself first. You can also then enrol your family at the same time through the self-enrolment coverage manager.

How do I make a claim?

You can submit claims online through the **Securian Canada Student Health Portal** or you can mail them directly to Securian Canada with an eligible claim form. Some providers also bill directly, so you don't have to pay upfront. The Pay-Direct Card can be found in your online Securian Canada account. Visit the **How to Claim** page for step-by-step instructions.

Where do I get my Pay-Direct Card?

Your digital Pay-Direct Card is available online once you're registered for the Securian Canada account. You can upload it to your Apple or Google wallet to easily access it. You may request for a physical Pay-Direct Card at our on-campus office, located in Place Riel, main level (across the USSU office). You may use it when visiting pharmacies, dental clinics, and health providers for direct billing purposes.

Can I use the Plan outside of Saskatchewan?

Yes, you can use your plan anywhere in Canada.

Do international students need this if they already have a Saskatchewan Health Card?

Yes (it is highly recommended in case of the event of an emergency)- the provincial card covers basic hospital and doctor visits, but doesn't include dental, prescriptions, mental health, or travel insurance, which are all included in the Studentcare plan.

What's the difference between the Saskatchewan Health Card and the GSA Health & Dental Plan?

Saskatchewan Health Card (Provincial Coverage)	GSA Health & Dental Plan
→ Free coverage for all Saskatchewan residents	→ Fills the gaps not covered by Saskatchewan Health
→ Covers doctor visits, hospital stays, surgeries, and diagnostic tests	→ Provides extra coverage not included under the provincial plan, such as prescription drugs, mental health, dental, vision and travel.