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A message about MSH International

MSH International (MSH), your emergency travel assistance and Comprehensive Coverage provider, understands that your experience has not met the level of service you expect as a Public Service Health Care Plan (PSHCP) member. MSH is committed to getting things right and has implemented a Customer Service Action Plan focused on:

- reducing contact centre wait times
- · improving claims processing times
- establishing a process to ensure urgent cases are escalated appropriately

Seeing improvements

- More agents and claims processing staff are joining the MSH teams every day.
- You can now see the average claims processing times through the MSH Service Dashboard on the <u>MSH PSHCP Member Portal</u>. A Frequently Asked Questions (FAQ) page is also available to answer members' most common questions.

We appreciate your continued patience and understanding as MSH works to improve your member experience.

Reminder: Only emergency travel assistance claims incurred outside of your province or territory and Comprehensive Coverage claims incurred outside of Canada are processed by MSH. All non-emergency claims for expenses incurred within Canada for all PSHCP members, and non-emergency claims for expenses incurred outside of Canada for members with Supplementary Coverage should be submitted to Canada Life.

A message about MSH International... continued

How to stay safe online

Earlier this year, MSH experienced a cyber incident that resulted in a temporary service outage. Upon learning of this incident, MSH immediately turned off its PSHCP Member Portal and initiated an investigation in coordination with Canada Life to minimize risk to your information. As MSH's priority is to protect your information, they made sure the system's environment was completely secure by reinforcing security controls and conducting extensive testing to ensure a secure restoration before reactivating the portal.

We encourage you to continue practicing online safety by:

- occasionally changing your passwords associated with accounts that contain sensitive personal information
- using two-factor authentication when available
- considering using a password manager to store your passwords securely

Prior Authorization: what you need to know

The PSHCP Prior Authorization Program has been implemented for a sub-set of specific prescription drugs that require pre-approval from Canada Life.

To find out if a drug that you have been prescribed requires prior authorization:

- Visit the online Drug search tool by signing in to your PSHCP Member Services account through My Canada Life at Work™.
- 2. Once signed in, select the Drugs tile from the Overview page.
- Then select the Drug search tab. Enter your drug name or drug identification number (DIN) to find out if it requires prior authorization. If your drug requires prior authorization, it will be indicated right below the drug name.
- 4. To find the appropriate form required to obtain prior authorization for your drug, select the Info centre on the left-hand menu.
- 5. Follow the link to Forms and then scroll down the list to select the form with the appropriate drug name.
- 6. After discussing treatment options with your medical professional, complete the form and send it to Canada Life.
- 7. Alternatively, call the PSHCP Member Contact Centre at 1-855-415-4414, to find out if your prescription drug is subject to prior authorization and to have a prior authorization form sent to you by mail.

If a prior authorization drug application is declined, a claim for that drug will not be reimbursed. Members who are declined for coverage should contact their physician to discuss alternative treatments.

Reminder: For a claim to be eligible under the PSHCP Prior Authorization Program, it will need to be determined if:

- the prescription drug is being used for a condition and dosage approved by Health Canada
- there are cost effective medications or other treatments available that are considered a reasonable treatment for the medical condition
- coverage is available for the prescribed drug under other programs to which you or your eligible dependant(s) have a legal right, such as a provincial, territorial or other health insurance plans

Prior Authorization provides an opportunity for you, or your eligible dependant(s), to talk with your medical professional about treatment options. This process is intended to promote less invasive, cost-efficient and equally effective treatments where medically appropriate.



Prior Authorization: what you need to know... continued

Next steps for prior authorization

Once your form is reviewed by Canada Life, a decision letter will be mailed to you. If approved, you can submit a claim for the prescription drug. Some drugs will be approved for a specific time frame, after which you and your health care provider will need to provide additional information indicating that the prescription drug continues to be reasonable treatment. If this is applicable to you, details will be provided in your approval letter.

If the prior authorization request is declined, you can:

- discuss other treatment options with your health care provider
- go through Canada Life's escalation process (see Canada Life's escalation process below)
- · pay out of pocket

Canada Life's escalation process

If you disagree with a decision made about a claim, you can escalate a denial of all or part of your claim. You must submit the request within 12 months of the date Canada Life completed the initial assessment of your claim, estimate or predetermination.

Each request must include:

- · why you disagree with the claim decision
- why you believe the claim is eligible
- supporting documentation (for example, a letter from your physician or nurse practitioner explaining the medical necessity, testing results or any other documentation that explains why your expense should be covered)

Submit your escalation by:

- Mail: Winnipeg Benefits Payments
 PO Box 99451 Station Main
 Winnipeg, MB R3C 1E6
- Email: Sign in to your <u>PSHCP Member Services account</u> and go to the <u>Contact Us</u> page and select <u>Get support</u>.
- Phone: Call the PSHCP Member Contact Centre at 1-855-415-4414

For escalations related to prior authorization, please submit your additional information by following the instructions on the prior authorization form for the prescription drug request or the letter that we sent you. If, after the first escalation, you are not satisfied with the decision, you can escalate your request again within 12 months of Canada Life completing the assessment of your first escalation. To do this, submit your request by mail to the address indicated on your escalation decision letter or electronically through your PSHCP Member Services account, from the Contact Us page. You must include all the claim details and any supporting documentation for review.

Contribution rates / relief provision

PSHCP contribution rate changes are generally implemented effective April 1. Please be advised that there are no changes to the PSHCP monthly contribution rates at this time. For the latest rates, visit Bulletin #46 or Schedule V of the PSHCP Directive.

Future adjustments to the PSHCP contribution rates may be provided to ensure they maintain the 50:50 cost sharing ratio.

Your online tools have undergone enhancements

PSHCP Member Services website

- The online PSHCP service dashboard. We're pleased to report that PSHCP Member Contact Centre wait times have decreased, and claims are being processed more quickly. In addition to this positive progress, Canada Life is committed to keeping you informed about what is being done to make things right. A service dashboard has been posted and is updated every business day at 1 pm ET that provides upto-date PSHCP Member Contact Centre average wait times and weekly claims processing times. Visit canadalife.com/pshcp and click on the Contact Us button on the top right corner of the page to view the dashboard.
- The Coverage and balances page. To narrow your search and allow you to find the information you are looking for faster, the list of health care providers has been refined and detailed information has been added. This includes maximum eligible expenses, balances, Reasonable and Customary Charges, claim requirements and more.
- The Drug search tool. The Drug search tool now provides more details on eligible prescription drugs under the PSHCP. You can find out if a certain prescription drug is covered, which alternative drugs are available, which medication requires prior authorization, and any forms that may be required.

Your health and dental care plan numbers and where to submit your claims

Your PSHCP certificate and plan numbers cannot be used to submit claims under your Public Service Dental Care Plan (PSDCP) or your Pensioners' Dental Services Plan (PDSP), or vice versa.

Your PSHCP certificate number (Member ID) is the same as it was with Sun Life and can be found on an old explanation of benefits or on your benefit card.

Review the table below to find your plan number(s) and where to submit your claim(s).

Plan	Plan number	Where to submit your claim
Public Service Health Care Plan (PSHCP)	Your new plan number is based on your birth month.	Canada Life
	• January, February, March: 52111	
	• April, May, June: 52112	
	• July, August, September: 52113	
	October, November, December: 52114	
	Eligible surviving dependants: 52115	
Public Service Dental Care Plan (PSDCP)	Your plan number is based on which component you are a member of:	Canada Life
	National Joint Council: 55555	
	Public Service Alliance of Canada: 55666	
	Canadian Armed Forces Dependants: 55777	
	 Royal Canadian Mounted Police (RCMP) Dependants and Civilian Members: 55888 	
	Canadian Armed Forces Reserves: 55999	
Pensioners' Dental Services Plan (PDSP)	Your plan number is 25555 for all members.	Sun Life

If you do not know your certificate number for the PSHCP or PSDCP, contact Canada Life.

If you do not know your certificate number for the PDSP, contact Sun Life.





If you have any questions, please visit the **PSHCP Member Services website** at **canadalife.com/pshcp** or call the PSHCP Member Contact Centre at 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time.

Deaf or hard of hearing and require access to a telecommunications relay service? Please contact us at 711 for TTY to Voice or 1-800-855-0511 for Voice to TTY.