



The Public Service Health Care Plan

Bulletin

Keeping you up to date

Bulletin 50, February 2025

Contents

PSHCP Contribution rates / relief provision
P1-P2

Custom orthotics
P2-P3

Prior Authorization Program: what you need to know
P3-P4

Audit and Claim Verification program
P4

PSHCP Contribution rates / relief provision

The PSHCP has a 50:50 cost sharing ratio between the Government of Canada and retired members. A rate adjustment was not applied in 2024. Following an annual rate analysis to maintain the 50:50 cost sharing ratio, the Government of Canada has adjusted the monthly contribution rates for retired members with Supplementary Coverage.

New contribution rates effective April 1, 2025

The tables below provide the Supplementary Coverage monthly contribution rates for retired members. The new rates will be reflected on retired members' March 2025 pension payments for April 2025 coverage, as contributions are owed one month in advance.

The tables show the breakdown of the contribution rates for the Extended Health Provision (EHP) and the Hospital Provision (HP) with a total amount paid by the retired member each month.

Retired Member Monthly Contribution Rates: Supplementary Coverage

TYPE OF COVERAGE			
SINGLE RATE	EHP	HP	Total
Hospital Level I	\$68.27	\$0.00	\$68.27
Hospital Level II	\$68.27	\$8.40	\$76.67
Hospital Level III	\$68.27	\$23.22	\$91.49
FAMILY RATE	EHP	HP	Total
Hospital Level I	\$150.38	\$0.00	\$150.38
Hospital Level II	\$150.38	\$12.14	\$162.52
Hospital Level III	\$150.38	\$29.37	\$179.75

Reminder: Relief Provision for retired members

If you joined the PSHCP as a retired member on or before March 31, 2025, you may be eligible for the PSHCP Relief Provision for reduced contribution rates at the 25:75 (Retired member: Government of Canada) cost sharing ratio. To be eligible you must meet the following criteria:

- Be in receipt of a Guaranteed Income Supplement (GIS) benefit; or
- Have a net or combined net income lower than the GIS threshold

Please refer to the [PSHCP website \(pshcp.ca/forms-and-documents\)](https://pshcp.ca/forms-and-documents) for the PSHCP Relief Provision Application Form.

Retired Member Monthly Contribution Rates: Supplementary Coverage - Relief Provision

TYPE OF COVERAGE			
SINGLE RATE	EHP	HP	Total
Hospital Level I	\$34.13	\$0.00	\$34.13
Hospital Level II	\$34.13	\$8.40	\$42.53
Hospital Level III	\$34.13	\$23.22	\$57.35
FAMILY RATE	EHP	HP	Total
Hospital Level I	\$75.19	\$0.00	\$75.19
Hospital Level II	\$75.19	\$12.14	\$87.33
Hospital Level III	\$75.19	\$29.37	\$104.56

To view the previous contribution rate change in 2023, please see [Bulletin #46 \(pshcp.ca/articles/pshcp-bulletin-46/\)](https://pshcp.ca/articles/pshcp-bulletin-46/).

PSHCP Employer Rate

The Government of Canada (the Employer) has an Employer Rate which is used to calculate contribution rate payments for certain employees on Leave Without Pay, and for participating separate employers. The PSHCP Employer Rate, effective April 1, 2025 is \$179.39.

Please refer to the Employer rate article in [Bulletin #46 \(pshcp.ca/articles/pshcp-bulletin-46/\)](https://pshcp.ca/articles/pshcp-bulletin-46/) to learn more.

New updates to the provider look up tool

Enhancements have been made to the provider look up tool in your [PSHCP Member Services account \(canadalife.com/pshcp\)](https://canadalife.com/pshcp). You can now use the tool to:

- search for providers that are eligible under the PSHCP
- narrow your search to providers near you
- see which providers can submit provider eClaims on your behalf

Custom orthotics

Eligibility criteria for custom orthotics

Custom orthotics are an eligible benefit under the PSHCP. Claims for custom orthotics require supporting documentation to be considered for reimbursement. The following must be submitted with your claim:

- a prescription from one of the following eligible prescribers (a prescription is valid for 3 years):
 - physician
 - nurse practitioner
 - podiatrist
 - chiropodist
- a valid diagnosis (see below)
- the date the orthotics were dispensed
- the casting technique used, which must form a true custom-made orthotic with a 3-dimensional foot cast from a biomechanical exam or gait analysis

Note: Orthotics are subject to Reasonable and Customary Charges and include the cost of a biomechanical exam, casting and the orthotics.

The following providers are qualified to dispense custom-made orthotics under the PSHCP:

- podiatrists*
- chiropodists*
- chiropractors
- pedorthists
- certified orthotists (CO)
- technologue professionnel (TP) (in Quebec only)

*Orthotics dispensed by a podiatrist or chiropodist do not require a prescription from your physician or nurse practitioner.

The difference between a “diagnosis” and a “symptom”

Prescriptions for custom orthotics must include a valid medical diagnosis detailing what is causing certain symptoms. For example, foot, back or hip pain are symptoms, but are not valid medical diagnoses. Whereas a diagnosis of osteoarthritis would be a cause of the pain necessitating prescription orthotics, and the diagnosis must be listed on the prescription to be eligible for reimbursement.

Prescriptions that only list symptoms or that simply state “orthotics”, are not eligible for reimbursement.

Speak with your medical practitioner to ensure that your diagnosis is clearly documented on your prescription.

Claims for members with Comprehensive Coverage

If you are a PSHCP member living or deployed outside Canada, MSH International (MSH) is your Comprehensive Coverage provider. All claims for expenses incurred outside of Canada must be submitted to MSH by mail or through the [MSH PSHCP Member Portal](https://pshcp-msh.ca) (pshcp-msh.ca).

If you have Comprehensive Coverage as an active employee, please visit the [MSH International](https://welcome.canadalife.com/pshcp/msh) page (welcome.canadalife.com/pshcp/msh) of the PSHCP Member Services website to review the Leaving Canada and Returning to Canada information packages for helpful information about your PSHCP Comprehensive Coverage, how to create your MSH PSHCP Member Portal account, and the steps you need to take to avoid interruption in claims processing and reimbursement.

Prior Authorization Program: what you need to know

The PSHCP Prior Authorization Program is for a sub-set of specific prescription drugs that require pre-approval from Canada Life to be eligible for reimbursement under the PSHCP.

This process ensures that the prescribed treatment is aligned with clinical guidelines while considering other reasonable treatment options and cost-effectiveness. Prior authorization assures compatibility of both your health care provider’s recommendation(s) and the terms of the PSHCP.

For a claim to be eligible for a drug that is part of 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 more 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 plan

How to find out if a drug requires prior authorization

Use the online Drug Search tool through your [PSHCP Member Services account](https://canadalife.com/pshcp) (canadalife.com/pshcp).

Once signed in:

1. Select the Drug search tab. Enter the drug name or drug identification number (DIN) to find out if it requires prior authorization. If the drug requires prior authorization, it will be indicated right below the drug name.
2. To find the appropriate form required to obtain prior authorization for the drug, select the Info centre in the menu on the left-hand side.
3. Follow the link to Forms and then scroll down the list to select the form with the correct drug name.
4. After discussing treatment options with your medical professional, complete the form and send it to Canada Life.

You can also call the PSHCP Member Contact Centre at 1-855-415-4414 to find out if the prescription drug is subject to prior authorization and request that a prior authorization form be sent to you by mail.

Once your completed and signed form is reviewed by Canada Life, a decision letter will be mailed to you. Most decision letters are sent out within 5 business days.

Next steps for prior authorization

If a prior authorization drug application is approved, you can submit a claim for the prescription drug. To learn more about how to submit a claim, please review the How to submit a claim article in [Bulletin #49](https://pshcp.ca/articles/pshcp-bulletin-49) (pshcp.ca/articles/pshcp-bulletin-49). 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 a prior authorization drug application is declined, a claim for that drug will not be reimbursed. If you are declined for coverage, contact your health care provider to discuss alternative treatments or to determine if there is additional medical information they can provide to support your claim. You can also pay out of pocket or use Canada Life's escalation process. Should you decide to use the escalation process, please submit additional information by following the instructions on the prior authorization form or the letter that we sent you. Please review the Canada Life escalation process article in [Bulletin #48 \(pshcp.ca/articles/pshcp-bulletin-48\)](#) to learn more.

Vision benefit

Prescription eyeglasses or contact lenses can be claimed up to \$400 every 2 years (payable at 80%). Note that the current 2-year eligibility period for the Vision Care benefit is between January 1, 2025 and December 31, 2026.

Audit and Claim Verification program

Canada Life is responsible for administering an Audit and Claim Verification program (ACVP) to ensure that claims are administered in accordance with the PSHCP Directive.

The ACVP is in place to ensure that all submitted claims are valid and eligible under the PSHCP. The program is designed to help mitigate risks that could impact the overall cost and sustainability of the PSHCP.

Why was I selected for an audit?

The ACVP is in place to safeguard the collective interests of the members of the PSHCP. Canada Life audits a sample of claims every year and audits can occur prior to or after reimbursements are made.

Will I be required to take action?

Canada Life may contact you or your provider, via your preferred communication method so you can:

- validate claims details
- explain any incorrect details
- confirm the eligibility of enrolled dependants or students
- provide additional documentation (if those submitted are insufficient)

Timely cooperation by you and your provider in this verification process ensures a smooth audit and avoids delays in claim reimbursements.



If you have any questions, please sign in to your PSHCP Member Services account through My Canada Life at Work™ at canadalife.com/pshcp or call the PSHCP Member Contact Centre for inquiries within North America (toll-free) at 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time, or for international inquiries (collect) at 1-431-489-4064, Monday to Friday from 8 am to 5 pm, ET.

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.

The PSHCP Bulletin is produced jointly by the Government of Canada, the Federal Public Service Health Care Plan Administration Authority and Canada Life to provide benefit and administrative information about your health care plan. It is provided for information only. Should there be any discrepancy between the information in this bulletin and that contained in the PSHCP Directive, the PSHCP Directive applies.

Canada Life and design and My Canada Life at Work are trademarks of The Canada Life Assurance Company.