The Public Service Health Care Plan

Bulletin

Keeping you up to date

Bulletin 53, September 2026

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Protecting your personal information with multi-factor authentication

Multi-factor authentication is in place to protect your personal data and enhance the security of your Public Service Health Care Plan (PSHCP) Member Services account. Multi-factor authentication adds an extra layer of protection by allowing multiple options for verification when accessing your personal account.

There are four secure verification methods available to you:

- **SMS:** A one-time passcode via text message – quick and easy.
- **Phone call:** An automated voice call with a one-time passcode.
- **Authenticator app:** An authenticator app that generates a one-time passcode – very secure and cannot be intercepted.
- **Biometric:** Use of a fingerprint or facial recognition to access your account, if supported by your device – offers the highest level of security using your unique physical traits.

You can choose one or more of these secure options for your verification method. To add new methods, go to your profile, and under **Security preferences** select **Multi-factor authentication**.

For more information on multi-factor authentication, please visit the **Sign-in help page** (**welcome.canadalife.com/ps-health-dental/sign-in-faq**).

Note: Email is not a secure method as email accounts can be compromised, making them unreliable for authentication.

Report suspicious activity

It is important to pay attention to your account and claim notifications. If you notice suspicious activity, please notify Canada Life by calling the PSHCP Member Contact Centre, or if you wish to report possible fraud and remain anonymous, you can call the confidential tip line at 1-866-810-8477. You can also fill out this **form** (**canadalife.com/contact-us/fraud-complaints/fraud-concerns/tip-line**).

Mandatory Generic Substitution

As a reminder, all prescription drugs are reimbursed at 80% of reasonable and customary amounts for eligible expenses, subject to the PSHCP's maximums. As mandatory generic substitution is in effect for all prescription drugs, you and your eligible dependant(s) are reimbursed at 80% of the **lowest-cost** generic drug equivalent, where one exists. Additionally, if a new generic drug becomes available, reimbursement will always be made at 80% of the lowest-cost available generic drug.

If prescribed a brand name drug, where a generic equivalent exists, there are three options:

1. Switch to the lowest-cost alternative generic drug.
2. Keep taking the brand name drug and pay the difference between the cost of the **lowest-cost** generic drug and the brand name drug, in addition to your usual co-payment.
3. Discuss an exception with a medical professional, and if they believe that the brand name drug is required rather than the generic equivalent, ask them to complete the Request for Brand Name Prescription Drug Coverage Form, available on the **Forms** page of the PSHCP Member Services website (**welcome.canadalife.com/pshcp/forms**) or contact Canada Life to request that the form be sent to you by mail, and submit it to Canada Life. If approved, the PSHCP will reimburse the applicable cost of the brand name drug.

Responding to dependant and claim verification requests

Canada Life is responsible for managing verification programs for all plans it administers for the Government of Canada, to ensure that your claims and your dependants are eligible under the plans. These programs are designed to protect the sustainability of the public service health and dental benefits plans.

A sample of claims and dependants are reviewed every year, and verifications can occur prior to or after reimbursements of claims are made.

For the dependant verification programs, Canada Life may contact you to verify your dependants' eligibility under the PSHCP. Your timely cooperation with these requests ensures a smooth verification process, avoids delays in claim reimbursements and interruptions in coverage for your dependants.

Dependant Eligibility Verification Program

The purpose of the Dependant Eligibility Verification Program is to verify, with supporting documents, that dependant(s) who are enrolled under the PSHCP are eligible for coverage according to the **PSHCP Directive** (**njc-cnm.gc.ca/directive/d9/en**).

Annual Student Eligibility Verification Program

The purpose of the Annual Student Eligibility Verification Program is to verify, with supporting documents, that your dependant(s) are eligible for coverage as a full-time student according to the **PSHCP Directive** (**njc-cnm.gc.ca/directive/d9/en**).

Following verification under either program, if your dependant is no longer eligible, their benefits coverage will be terminated, and you may be responsible for repaying any ineligible claims from the date the dependant was no longer eligible.

What happens if you do not respond to a verification request?

If you do not respond to the verification request, claim processing for your dependant(s) may be suspended or terminated until the required documents for eligibility verification are received.

Reminder: Some providers can submit claims on your behalf

Registered providers with access to online **Provider eClaims** (**telus.com/en/health/health-professionals/allied-healthcare-professionals/eclaims**) may submit claims on your behalf through electronic transfer. This allows Canada Life to reimburse providers directly so that you are only paying out of pocket for the co-payment amount and any ineligible expenses.

If your provider is eligible and registered for eClaims, present your PSHCP benefit card to them to submit your claim in real time. For a list of providers registered for eClaims, sign in to your **PSHCP Member Services account** (**welcome.canadalife.com/pshcp**) and select Find a Provider.

If your provider is not registered for eClaims, submit your claim digitally through your **PSHCP Member Services account** (**welcome.canadalife.com/pshcp**) or send it to Canada Life by mail.

Emergency Travel Assistance claims

The **Emergency Benefit While Travelling** and **Emergency Travel Assistance Services** (**pshcp.ca/benefits/extended-health-provision/out-of-province-benefit**) provide coverage for members and their eligible dependants with Supplementary Coverage (those who live in Canada and are covered under a provincial or territorial health plan), if they experience a medical emergency while travelling. Claims and services for these benefits are administered by MSH International (MSH). As a full-service travel assistance provider, MSH can provide:

- case management while in the hospital
- air ambulance arrangement
- arrangement of billing and bill settlement
- family assistance
- return transportation
- legal referrals
- repatriation of remains

If you incur eligible Emergency Travel Assistance claims, you must submit your claims to MSH through the **MSH PSHCP Member Portal** (**pshcp-msh.ca**) or by mail.

What to submit with your Emergency Travel Assistance claims

In addition to the completed **Emergency Benefit While Travelling Claim Form** (**welcome.canadalife.com/content/dam/rfp/welcome-sites/pshcp/M7519-PSHCP-ENG.PDF**), please ensure that you provide:

- a completed Provincial/Territorial Authorization Form and/or a copy of your Provincial/Territorial health card
- the completed payment preference form, available on the MSH PSHCP Member Portal
- your travel itinerary
- all invoices, receipts and proof of payment
- any other relevant documents

MSH may contact you if additional information is required.

For instructions on how to submit a claim digitally or by mail, please review the **Claims management** section of the **PSHCP Member Booklet** (**welcome.canadalife.com/content/dam/rfp/welcome-sites/pshcp/PSHCP-member-booklet.pdf**).

Enhancements to the MSH PSHCP Member Portal

MSH, the administrator for both Emergency Travel Assistance and Comprehensive Coverage claims, has updated many features of the MSH PSHCP Member Portal to improve your experience. These updates include:

- A sort/filter tool added to the 'Claims history' page to improve searching for a claim.
- Pre-populated Emergency Travel Assistance claim forms, with your personal information.
- Secure web messaging on the 'Contact Us' page, so you can send MSH a secure message.
- The ability to toggle between your Supplementary Coverage or Comprehensive Coverage plan types.

Sign in or register on the **MSH PSHCP Member Portal** (**pshcp-msh.ca**) to have a look at these helpful new features.

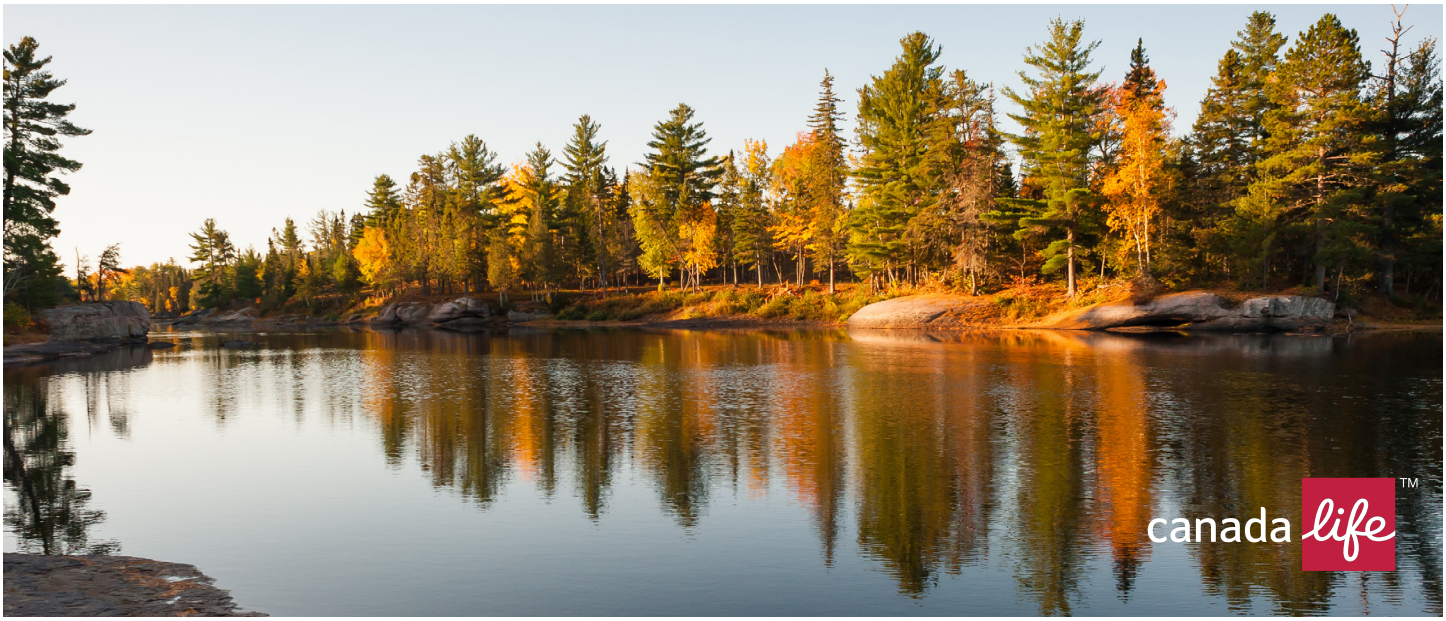
Reimbursement from your provincial or territorial benefits

If you are entitled to benefits under a provincial or territorial plan or any other third-party source of health care assistance for which you have a legal right (for example the Ontario Ministry of Health's Assistive Devices Program), and are also covered under the PSHCP, some claims must be submitted to the other plan first. These include but are not limited to wheelchairs, walkers, artificial limbs and apnea monitors.

Steps to follow for reimbursements from your other plan

1. Submit a claim to your provincial or territorial plan or any other third-party source of health care assistance for which you have a legal right.
2. Wait for the claim to be processed.
3. Submit a claim for the remaining eligible expenses to the PSHCP with the explanation of benefits statement from your province, territory or third-party source of coverage.

For more information, please refer to the **PSHCP Member Booklet** (**welcome.canadalife.com/content/dam/rfp/welcome-sites/pshcp/PSHCP-member-booklet.pdf**).



If you have any questions, please sign in to your **PSHCP Member Services account** through My Canada Life at Work™ (**welcome.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, Monday to Friday from 8 am to 5 pm, ET.

Public Service Compensation Email Notification System

Subscribe to the Compensation Email Notification System to receive direct and timely general information about your pay and public service pension and benefits plans.

To subscribe, complete the form at **tbs-sct.canada.ca/PBENS-SNCPAS/en/Communication/Subscription#formtitle**.

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