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A new leading Internet service for PSHCP members

The PSHCP Trust and Sun Life Financial are pleased to introduce a new leading Internet service for Plan members. Effective September 2002, members will have access to the *Group Claims Information website* hosted by Sun Life.

The website will enable you to find benefit information pertaining to the Plan, obtain the status of your most recent claim, and even receive your reimbursement faster. Here are highlights of the online services that will be available to you:

- At your request, Sun Life will deposit reimbursements directly into your bank account;
- Sun Life may also notify you electronically when your claim has been processed and when the Explanation of Benefits is available online;
- You may find out when you, or your eligible dependants, will be eligible for their next pair of eyeglasses or contact lenses;
- You may download and print personalised claim forms;
- Benefit information such as emergency travel assistance coverage before travelling out-of-province will be available online and a handy wallet card containing contact information to reach World Access Canada Inc. may be printed;
- Information on past claims will be available – This information may be printed for your records or to submit for a Coordination of Benefits (CoB) claim;
- You may keep your personal information current to ensure that your records are complete and accurate.

How can members gain access to the Group Claims Information website?

All Plan members will need an **Access ID** and **Personal Identification Number (PIN)** to navigate on the website. The first step is to obtain your **Access ID**, which can be done as described below. Once you have your **Access ID**, you may visit www.sunlife.ca/member to request your **PIN**. Sun Life will validate the information you provide, and your **PIN** will be sent to you by regular mail shortly thereafter.

You can obtain your **Access ID** and information to log on to the website in either of two ways:

1. Starting in September, the Explanation of Benefits (EoB) that you receive from Sun Life after a claim has been processed will contain your **Access ID** and other important instructions to log on to the website.
2. If you do not foresee submitting a claim in the near future, you may easily obtain your **Access ID** online by visiting www.sunlife.ca/member and following the instructions.

Security is a top priority

The Internet site uses several layers of strong security technology to help ensure the integrity and confidentiality of all online transactions. More information about how every measure is taken to protect privacy and security can be found on the website.

It is important to note that services currently offered by Sun Life will not be altered in any way. The Group Claims Information website is an added benefit of the Plan to ensure that the Administrator continues to provide members with the highest quality of responsive service that they deserve.

Benefit news

The Trustees wish to provide you with the following benefit news:

- **Effective October 1, 2002, the PSHCP will no longer reimburse physician provided physiotherapy** (i.e. rehabilitation therapy performed in a physician's office or clinic and billed as a physician's services expense).

Under the Medical Practitioners Benefit, the PSHCP allows a physician's physiotherapy services where such services are not eligible for reimbursement under the member's particular provincial/territorial health insurance plan, but where such services would be eligible for reimbursement under one or more other provincial/territorial health insurance plans. As a result of a recent change in the Province of Ontario, there currently are no provincial health plans within Canada covering this particular expense. Consequently, the Trustees have decided to discontinue coverage under the PSHCP for physiotherapy services rendered by a physician.

- Members are reminded that physiotherapy services **performed by a physiotherapist** continue to be covered as an eligible expense under the Plan.

Durable equipment – therapeutic mattresses and hospital beds

The PSHCP reimburses the reasonable and customary cost for the rental or purchase (at the Administrator's option) of certain durable equipment required for the care or treatment of a plan member. Such equipment must be:

- prescribed by a physician;
- manufactured specifically for medical use;
- for use in the patient's private residence;
- approved by the Administrator for cost effectiveness and clinical value, and;
- designated as medically necessary.

Reimbursement is provided at 80% once the annual deductible has been satisfied. Coverage is limited to non-motorised equipment unless **medically proven** that motorised equipment is required.

Eligible equipment includes a **therapeutic mattress**, limited to one purchase every 5 years. The maximum eligible expense is equal to cost less all eligible therapeutic mattress repair costs incurred during the previous 5 years. The intent of this benefit is to provide coverage in cases where a therapeutic mattress is prescribed to prevent pressure ulcers or to treat existing skin breakdown caused by a plan member being bedridden. ***There is no benefit under the Plan for a mattress that is not manufactured specifically for medical use, such as an orthopaedic mattress.***

Similarly, the Plan reimburses a reasonable and customary cost for the rental or purchase of a **hospital bed**, limited to one purchase in a lifetime. The maximum eligible expense is equal to cost less all eligible hospital bed repair costs incurred prior to purchase. The intent of this benefit is to provide coverage in cases where a hospital bed is prescribed in order to meet, for example, the medical needs of a bedridden plan member. ***There is no benefit under the Plan for a bed that is not manufactured specifically for medical use, such as an adjustable bed.***

It is advisable that you contact the Plan Administrator to confirm coverage **before** incurring an expense. Please submit a quotation from the supplier along with a prescription from the attending physician that provides the following information:

- the detailed clinical condition of the patient;
- the prognosis of the condition;
- the circumstances necessitating the use of the equipment;
- the present level of mobility of the patient;
- the length of time the patient is expected to require the equipment, and;
- a detailed explanation regarding the need for motorised equipment, if applicable.

Lastly, it should be noted that any expense the physician may charge for providing the above information is not eligible for reimbursement under the Plan.

PSHCP Booklets are available

Plan members who have not received their copy of the Plan booklet are reminded that it is available at their compensation or pension office. The booklet is also accessible electronically from the Treasury Board Secretariat (TBS) website at <http://www.tbs-sct.gc.ca>. To find the booklet, click on: *Policies and Publications / Human Resources Management / Insurance and Related Benefits / Health Care*.

The PSHCP Trust is also pleased to inform members that the Plan booklet is available in alternate format to accommodate visually impaired participants. Members may access the Plan booklet on English or French diskettes for voice synthesis, or by using English or French audiocassettes. The Booklet is also available in Braille. Anyone wishing to consult the plan booklet in one of these formats may contact the PSHCP Trust, P.O. Box 1328, Station "B", Ottawa, Ontario, K1P 5R4.

The *PSHCP Bulletin* is produced by the Public Service Health Care Plan (PSHCP) Trust to provide you with benefit and administrative information about your health care plan.