

# BULLETIN

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## What is Changing in Your Provincial/ Territorial Healthcare Plan?

Changes to provincial/territorial healthcare plans sometimes affect the expenses you might submit to the PSHCP. In this issue, we describe the recent modifications to those plans announced by a few provinces. For your reference, we have also summarized the changes introduced this year and in 2004. We have grouped the changes by province, and where applicable, we have indicated how your PSHCP benefit has been impacted.

Please remember that if you are entitled to benefits under a provincial/territorial plan, you must first submit your claims to that plan before submitting your claim to the PSHCP for the remaining expenses, if eligible.

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## Ontario

Effective November 1,  
2004

**VISION CARE** – OHIP removed coverage for eye exams for residents aged 20 to 64 but maintained coverage for children under 20 and seniors older than age 64, as well as high-risk individuals (residents of any age that have been diagnosed with a medical condition or a specific disease of the eye). The PSHCP continues to cover the reasonable and customary charges for one eye examination by an optometrist every two calendar years, commencing every odd year, payable at 80%.

**CHIROPRACTIC SERVICES** – These services are no longer covered under OHIP. Chiropractic claims can be submitted to the PSHCP as our Plan considers eligible chiropractors' expenses up to a maximum of \$500 per calendar year, payable at 80%.

**PHYSIOTHERAPY** – The OHIP coverage was amended to limit these services to individuals that reside in a long-term care facility or are receiving home care. Previously, physiotherapy services were only covered in approved clinics to a maximum of \$150 per benefit year.

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# What is Changing in your Provincial/Territorial Healthcare Plan? (continued from previous page)

## Ontario (continued)

Effective April 1,  
2005

**PHYSIOTHERAPY** – The Province of Ontario once again modified its coverage for physiotherapy services. These are now eligible for OHIP coverage for people who:

- Are 65 years of age or older, to a maximum of 100 visits per year;
- Are under 19 years of age, to a maximum of 100 visits per year;
- Reside in a long-term care facilities at any age;
- Require physiotherapy in their home or after being hospitalized at any age to a maximum of 50 visits;
- Receive the Ontario Disability Support Program, Family Benefits or Ontario Works at any age.

Under the medical practitioners benefit, the PSHCP continues to cover the reasonable and customary charges for services of a physiotherapist. You are entitled to claim the first \$500 of expenses as well as charges over \$1000 per calendar year, payable at 80%, if these services are prescribed by a physician.

## Manitoba

Effective April 1,  
2005

**PHARMACARE DEDUCTIBLE** – The family Pharmacare deductible was increased by 5% in 2004 and again in 2005 based on a percentage of income. Please note that this is applicable to drugs only, and as has been the practice in the past, you can continue to submit the unpaid expenses to the PSHCP.

**CIRCUMCISION** – As mentioned in the PSHCP Bulletin issued in June 2005, the province of Manitoba also ceased coverage for circumcision of newborns, unless medically required. As this service is no longer covered by any provincial/territorial health insurance plan, the PSHCP no longer provides coverage for routine circumcision of newborns.

## Alberta

Effective April 1,  
2004

**CRYOSURGERY OF THE PROSTATE** – As mentioned in the previous PSHCP Bulletin, under the medical practitioner's clause, the Plan is now covering the physician's fees portion of expenses for cryosurgery of the prostate since Alberta Health Care has decided to cover these services when certain medical conditions exist.

Effective July 1,  
2005

**CHIROPRACTIC AND PODIATRY** – The Alberta government introduced changes to chiropractic and podiatry coverage that will now allow group benefit plans to reimburse plan members for incurred expenses from the date that the initial services are provided. As you incur expenses, you may now submit the portion not covered by your provincial plan to the PSHCP.

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# What is Changing in your Provincial/Territorial Healthcare Plan? (continued from previous page)

## Alberta (continued)

Effective  
September 1, 2005

**HOSPITAL COVERAGE** – As part of its planned health policy and regulatory changes known as the “Third Way”, the Alberta government has announced that each of the province’s nine Regional Health Authorities can set their own rates for semi-private and private hospital rooms. Prior to this change, the regulation set the room rate at \$18 to \$24 for semi-private rooms and \$24 to \$40 for private rooms. This regulation has been revised to remove the maximum limitations so that each health authority in the province can now set their own rates. In turn, it is expected that these rates will increase, especially in the urban areas. The PSHCP will continue to provide for semi-private or private hospital accommodation based on the coverage level that you have selected. Information on this benefit can be found under the hospital provision in your members’ booklet.

## Quebec

Effective July 1,  
2004

**RAMQ UNIVERSAL DRUG PROGRAM** – If you are a resident of Quebec and participate in the RAMQ Drug Program, the monthly deductible for drugs was increased from \$9.60 to \$10.25 and the out-of-pocket maximum was increased from \$839 to \$857. The RAMQ reimbursement level was reduced from 72% to 71.5%.

Effective July 1,  
2005

Again, if you are a resident of Quebec and participate in the RAMQ Drug Program, the annual premium increased from \$494 to \$521, and the monthly deductible increased from \$10.25 to \$11.90.

## Saskatchewan

Effective July 1,  
2004

**MAXIMUM ALLOWABLE COST** – The Drug Plan implemented a policy called the Maximum Allowable Cost (MAC) policy. Under the terms of this policy, the price of the most cost effective drugs will be used as a guide to set the maximum price that the Drug Plan will cover for other similar drugs used to treat the same condition. As has been the case in the past, you can continue to submit the unpaid expenses to the PSHCP.

## Internet Services for PSHCP Members

For the past year, PSHCP members have had access to the *Group Claims Information Web site* hosted by Sun Life and it has proven to be a useful tool to obtain benefit information pertaining to the Plan. One of the best features, among many, is that you can obtain the status of your most recent claim. You can find out if your claim has been processed and when the Claims Statement will be available online, or if your claim is still pending. Among other functions, you can also obtain information on past claims for your records or find out when you, or your eligible dependants, will be eligible for their next pair of eyeglasses or contact lenses. To gain access to this website, you will need an Access ID and Personal Identification Number (PIN) which can be easily obtained by visiting [www.sunlife.ca/member](http://www.sunlife.ca/member) and following the instructions.

# PSHCP Coverage Information

The PSHCP covers a portion of the reasonable and customary expenses for specific products and services that are not covered by your provincial healthcare plan. However, there are some products or procedures that it does not cover, and others have certain conditions that must be met in order to be eligible. Here are two examples.

## Magnetic Resonance Imaging (MRI) is not covered

When an MRI is performed in a hospital setting, the cost is covered by your provincial plan, and therefore cannot be claimed under the PSHCP. At the current time, MRI services are also available **at the patient's cost** in private clinics in Alberta and Quebec, but neither of these two provincial plans insures the services as they are not performed in a hospital, nor are they eligible expenses under the PSHCP. Therefore, if you undergo an MRI in a facility other than a hospital (i.e. private clinic), you will be responsible for the related expenses, no matter in which province or territory you reside.

## Orthopaedic Shoes? A Point of Clarification

The PSHCP will reimburse the reasonable and customary cost of

orthopaedic shoes only if these are an integral part of a brace or if they are **specifically constructed** for the patient. This means that the provider must take a mould of the feet, and from that mould or cast, build the shoes for that specific individual. The Plan will also cover modifications to the patient's orthopaedic shoes. To be covered by the Plan, orthopaedic shoes or modifications to orthopaedic shoes **must be prescribed** by a physician or a podiatrist, and the prescription is valid for a period of one year. The eligible expenses are payable at 80% with a maximum expense of \$150 per calendar year, once the annual deductible has been satisfied.

Shoes that are manufactured for a specific medical condition, such as extra depth shoes or comfort shoes, are not covered by the Plan as they are not specifically made for an individual, and can be acquired without a prescription.

## Change of Address

You are reminded that it is important to inform either your personnel office or pension office, whether you are an active employee or a pensioner, of any change of address. We also require that you indicate any change of address when submitting a claim to the Plan Administrator. **Please note that this information should not be sent to the PSHCP Trust.**

In addition, please note that you should not send your claims to the offices of the PSHCP Trust. Please ensure to send your health claims to the following address:

Sun Life Assurance Company of Canada  
Health Claims Office  
P.O. Box 9601 CSC-T  
Ottawa, Ontario K1G 6A1

## New Claim Statements

In an effort to continuously improve the service offered to PSHCP members, the Plan Administrator has revised the Explanation of Benefits to make it simpler, more informative and appealing. They have also changed the name from "Explanation of Benefits" to the simpler "Your Claim Statement". The new claim statements have also been significantly restructured so that all details about a claim (i.e. amount claimed, amount paid by the PSHCP, etc.) will now appear in columns on a single line. This will make it much easier for you to understand the calculations. A summary is now provided on the front page and you can quickly see how much is being paid for all expenses on the statement.

Another significant improvement is that Sun Life's Customer Care Centre will now have access to an electronic copy (PDF) of the actual paper claim statement that you receive. This will enable the customer care representative to see exactly what you are looking at when you call with a question.

Return undeliverable Canadian addresses to:

1201-99 Bank Street  
Ottawa, ON K1P 5A3

