

Bulletin



Building integration with specialized health programs

Many Canadian provinces have specialized programs that provide additional support for certain diseases or medical treatments, such as cancer, hepatitis, and multiple sclerosis. In the next few months, the Public Service Health Care Plan (PSHCP) will introduce new processes to ensure that members who may qualify for these specialized programs are notified. Member's receiving this notification will be instructed to apply for coverage with the specialized program(s) and inform Sun Life of the program's decision to accept or decline their application. This will enable Sun Life to properly assess future PSHCP claims.

If you qualify for coverage under the specialized program, any future expenses associated with the condition covered by the program must be submitted to the program first before being sent to Sun Life. If the specialized program does not approve your application, the PSHCP will continue to cover your eligible medical expenses in accordance with the terms of the PSHCP. Medical expenses not associated with the condition covered by the specialized program should still be sent to Sun Life for evaluation in accordance with the Plan.

More information will be provided as we continue to work on the integration of these specialized health programs into the PSHCP. In the meantime, you may consult your provincial government for information on existing provincial programs and available coverage.

TABLE OF CONTENTS

- ▶ Building integration with specialized health programs ... 1
- ▶ Is your child studying out-of-province? 2
- ▶ Use your PSHCP benefit card to ensure maximum reimbursement..... 3
- ▶ Mondial changes its name to Allianz Global Assistance ... 3
- ▶ Limits to hospital coverage for pensioners living outside of Canada. 4
- ▶ Hearing Aids – Did you know? 4
- ▶ Maximum Eligible Expense – Did you know? ... 4





Is your child studying out-of-province?

If you have an eligible dependant child who has not yet reached 25 years of age and is in full-time attendance at an accredited school, college or university outside your home province/territory or outside of Canada, your child will be subject to the Out-of-Province Benefit provision of the PSHCP. This means that any products and services your child receives as a result of an emergency will only be payable if it occurred within the first 40 days following departure from your home province/territory. These types of expenses include, but are not limited to, hospital and physician services, airfare both for the child to return to your home province/territory or for a family member to join the child, and expenses for meals and accommodation. As these types of expenses will not be covered after 40 days, you may want to obtain additional coverage through another source for your child while outside of your home province/territory.

Please note that the rest of the Plan provisions continue to apply, such as the drug benefit, vision care, medical practitioner benefit, in accordance with the Plan. Only the Out-of-Province Benefit has the 40 day limitation.

With the introduction of Positive Enrolment, it is important to remember to keep your dependant children's information up-to-date. Dependant children between the ages of 21 and 25 retain their eligibility if attending school as described above. When your child turns 21, you must update your Positive Enrolment information for that child and indicate if he/she continues to meet this definition, otherwise benefits for the child will cease. There are two ways to update your information:

1. Update your profile at www.sunlife.ca/pshcp using your access ID and password; or
2. Print the Positive Enrolment Change Form from the Sun Life website (or the one that was enclosed with your confirmation letter), complete section 4 and mail it to Sun Life at the address indicated on the form.

For additional information on coverage for your dependant children, contact the PSHCP Call Centre: In the National Capital Region at 613-247-5100 or 1-888-757-7427 (toll free from anywhere in North America).

Use your PSHCP benefit card to ensure maximum reimbursement

Using your PSHCP benefit card is more than a matter of convenience – it can also save you and your Plan money.

When you use your PSHCP benefit card to purchase a prescription, the pharmacist is required to accept the price paid by Sun Life for eligible prescription drugs and/ or medical supplies. The price file represents the normal selling price that the pharmacy can charge.

Using your benefit card

When you use your PSHCP benefit card at the pharmacy, the pharmacist is required to accept the price paid by Sun Life and cannot pass on any extra costs to you.

Using a paper claim

If you do not use your PSHCP benefit card you are not protected from your pharmacist passing on extra costs to you. Sun Life is required to evaluate both paper and electronic claims using the same method,

therefore, costs that exceed the Sun Life price file are not reimbursed when the claim is submitted on paper.

The one exception is in Atlantic Canada where pharmacists are prohibited by law from passing on additional costs to you.

If you believe that you have been overcharged, review the receipt with your pharmacist. If the issue cannot be resolved, keep your receipt and contact the PSHCP Call Centre and they will investigate your request further.



Mondial changes its name to Allianz Global Assistance

On February 1, 2012, Mondial Assistance (Mondial), the emergency travel assistance provider under the Plan started operating under its new name, Allianz Global Assistance (Allianz). The only change to the service provider is the name. Allianz will continue to provide the same excellent service to PSHCP plan members. The contact information, including the toll-free number to reach Allianz, provided on the back of your PSHCP benefit card remains the same.

Should you incur medical expenses as a result of an emergency while travelling on vacation or for

business, please contact Allianz, as soon as possible. Do not wait until you return home. The PSHCP provides a toll-free number which gives you access to a 24-hour world-wide assistance network.

In addition to providing access to medical assistance, Allianz can assist with telephone interpretation services, transportation arrangements to the nearest hospital that provides appropriate care or return to Canada. Allianz can also arrange for coordination of expenses with provincial/territorial health insurance plans.

Limits to hospital coverage for pensioners living outside of Canada

If you are a pensioner living permanently outside of Canada and no longer covered under a provincial/territorial health insurance plan, you must have PSHCP Comprehensive Coverage to maintain Plan coverage. Comprehensive Coverage means that you retain all of the PSHCP benefits available if you resided in Canada, with the exception of the Hospital (Outside Canada) Provision.

Under the Hospital Benefit, if you are living outside of Canada you will only receive reimbursement of reasonable and customary charges, up to a maximum of \$60, \$140 or \$220 for each day of hospital in-patient stay. The maximum amount payable is determined by the level of coverage you have chosen (level I, II or III).

There is no benefit payable for hospital expenses such as laboratory and other diagnostic procedures, anaesthetic and surgical supplies, nursing services and the services of salaried physicians and other professionals.

Since your overall hospital costs will likely exceed the reimbursement provided under the Comprehensive Coverage provision, you are encouraged to obtain hospital coverage through another source.

Hearing Aids – Did you know?

The PSHCP covers miscellaneous expenses such as hearing aids. You can claim eligible expenses for hearing aids every 60 months from the date of purchase, *not* the date of your last claim for hearing aids. If your initial purchase of a hearing aid is required as a direct result of an accident or surgery, there is no set eligible expense maximum other than the reasonable and customary charges that the PSHCP will cover. In addition, expenses for the cost of hearing aid batteries are only eligible for coverage with the purchase of the initial hearing aid.

Maximum Eligible Expense – Did you know?

Under the PSHCP there exists a maximum eligible expense summary that describes the reimbursement rate after you have met the annual deductible. Before incurring expenses, it is important to understand that the amounts listed in the summary of expenses in your Member's Booklet are maximum eligible expenses, not maximum reimbursements. For example if the maximum eligible expense for a medical supply is \$1,000 the maximum that you may receive is \$800. This is equal to 80% of \$1,000.

The *PSHCP Bulletin* is produced by the Federal Public Service Health Care Plan Administration Authority to provide benefit and administrative information about your health care plan.

If you have any questions about the content of this bulletin, or would like to change your mailing address for future bulletins, please contact Sun Life at 1-888-757-7427 toll-free from anywhere in North America or 613-247-5100 in the National Capital Region.

