

# Bulletin



## Saving time and money with the PSHCP Benefit Card

The PSHCP benefit card was introduced in 2010, and since then, most Plan members have benefited from the convenience of using their card every time they fill a prescription at the pharmacy.

When you use your PSHCP benefit card, the pharmacy sends the details of your prescription directly to Sun Life, the Plan Administrator, so your claim can be processed instantly. You simply pay the 20% co-payment and any applicable deductible at the time of purchase. The 80% paid by the Plan and your 20% co-payment are reflected on your pharmacy receipt.

You will not receive additional reimbursement by sending the paper receipt in as a claim. Last year, the PSHCP processed more than 50,000 of these types of duplicate claims. The Administrator enters all received claims into the system, so even when further reimbursement is not due to the member, the Plan pays for these administrative costs.

### Need another card?

Your dependants over the age of 18 can use the PSHCP benefit card too! You, the Plan member, do not need to be present or provide a signature in order for their claims to be processed, even though the card is issued in your name. If you would like an additional card at no cost, simply contact the Sun Life Call Centre, or log onto your member account at [www.sunlife.ca/pshcp](http://www.sunlife.ca/pshcp) to print one from the website.

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# Dispensing fees may be driving up your prescription costs

Did you know that the cost of your prescriptions consists of a drug cost, a retail markup and a dispensing fee? Dispensing fees are service charges billed by your pharmacist. In Quebec, the dispensing fee is not indicated separately from the drug cost. Dispensing fees vary greatly by pharmacy, and typically range anywhere from \$3 to \$16 and sometimes higher.

Independent pharmacies, pharmacy chains, and pharmacies located within department and grocery stores may charge different fees for filling a prescription. It may be worthwhile to do a cost comparison of your prescriptions at different pharmacies to see which one has the lowest dispensing fees. Shopping around for the best price not only helps you save money on your 20% co-payment, but also contributes to your Plan's financial sustainability.

## “If it was prescribed, why wasn't it covered?”

It is a common misconception that all prescriptions are eligible for reimbursement by the Plan. Over-the-counter drugs that can be obtained without a prescription cannot be claimed under the PSHCP – even when they are prescribed by a physician. Over-the-counter products such as ibuprofen, acetaminophen, anti-nausea medication, calcium supplements, and laxatives are often submitted under the Plan, but are not eligible for reimbursement. Off-the-shelf smoking cessation aids are only covered under the Plan's Drug benefit when they are prescribed by a physician and dispensed by a pharmacist.

These are subject to a \$1,000 lifetime maximum.

More than 500,000 claims for over-the-counter drugs were declined in 2012 alone, which translates into significant costs to the Plan. As previously mentioned, the Plan absorbs the administrative cost of each transaction, whether the claim being processed is eligible or not.

Since not all drugs and services are covered under the Plan, you may wish to contact the Sun Life Call Centre to confirm the eligibility of your prescription prior to purchase.

### Plan coverage for PSA testing: monitoring only

The PSA test is used to measure levels of a protein called the prostate-specific antigen (PSA) in men's blood. High levels of PSA can sometimes be an indication of prostate cancer. Although the test can be used for both screening and monitoring purposes, the PSA test is covered by the Plan only when it is used for monitoring purposes once cancer has been diagnosed.

## Nursing home services are not covered under the Plan

If you or a dependant incur expenses while residing in a nursing home, you may have questions as to what products and services are eligible under the PSHCP.

### Prescription drugs

The Drug benefit provides reimbursement for prescription costs whether the member lives in a nursing home or not. Many nursing homes offer prescription services to residents so they no longer need to go to the pharmacy themselves. Charges for these services are not eligible for reimbursement under the Plan.

### Wheelchairs, walkers, and other durable medical equipment

If you expect that you or your dependant may need certain durable medical equipment such as wheelchairs and walkers that are not provided by the nursing home, it is recommended that you contact the Sun Life Call Centre to inquire as to what limitations or exclusions may apply.

### Short-term or long-term accommodation costs

Accommodation costs for care within a nursing home are not covered under the Plan whether they are for respite, short-stay, long-term or other accommodation. A nursing home is not considered a hospital under the Plan. Therefore, reimbursement for accommodation does not apply.

### Nursing and foot care services

Nursing and foot care services provided by salaried employees of a nursing home where the member or dependant resides are not covered under the Plan. Nurses working in such a facility receive a salary from the establishment for the services they provide.

### Other non-medical services costs

Costs for services or programs provided by a nursing home such as hairdressing, transportation, or in-room phone or cable are not eligible for reimbursement under the Plan.

## A new eligibility period for Vision Care has begun

This year marks the start of a new two-year eligibility period for the Vision Care benefit. Expenses incurred between January 2013 and December 2014 for the purchase of contact lenses or eyeglasses and associated repairs can be reimbursed to you at 80% of \$275, for a maximum reimbursement of \$220 after the annual deductible has been satisfied. Each Plan participant is also eligible to receive 80% reimbursement of the reasonable and customary charges for one eye examination within this two-year timeframe. It is important to note that the reasonable and customary charges vary by province.

The next eligibility period will begin in 2015. You can keep track of your entitlements under the Vision Care benefit by contacting the Sun Life Call Centre or by visiting your account online at [www.sunlife.ca/pshcp](http://www.sunlife.ca/pshcp) to review:

- Your vision care balance;
- The benefit period of your entitlement;
- The date of your last purchase; and
- The start date of your next entitlement of \$275 (payable at 80%).

## Coverage for surviving dependants

In many cases, coverage under the PSHCP can be extended to the surviving spouse and/or dependant children of a deceased Plan member if they are in receipt of an ongoing monthly survivor pension.

In order to continue coverage under the PSHCP, survivors must contact the late member's compensation advisor or pension office as soon as possible after the date of death to obtain a survivor information package, which contains the PSHCP application form. Surviving dependants **must** complete this form, even if they were listed as dependants prior to the member's death. A dependant child between the age of 21 and 25 who is in full-time post-secondary studies and in receipt of a surviving child pension can choose to apply for their own Plan coverage or be included in the surviving spouse's application.

The completed application must be sent to the pension office as soon as possible. If the application is received within 60 days of the survivor becoming eligible, coverage begins the first day of the month following receipt of the application. If the application is received after 60 days, coverage becomes effective the first day of the fourth month following receipt of the application, which is considered a three-month waiting period.

If the deceased was eligible for coverage but was not an active member of the Plan, or held Single coverage at the time of their death, the three-month waiting period will apply regardless of when the application is received.

All applicants must then complete positive enrolment with Sun Life.

For PSHCP members living outside of Canada, surviving eligible dependants can apply to have their Comprehensive Coverage continue for a maximum period of six months. Survivors can apply for Supplementary Coverage upon their return to Canada once their provincial or territorial coverage is reinstated. The three-month waiting period will also apply.

## Claim deadlines to keep in mind

Under the Plan, a claim must be received within 12 months following the calendar year in which the expense is incurred. This means that all your claims for expenses incurred in 2012 must be received no later than December 31, 2013. If Sun Life does not receive your claims by the established deadline, they will be declined due to late submission. However, if you have submitted a claim within the 12-month deadline and Sun Life requires additional information to substantiate it, such as medical information, you have a period of 12 months to produce the required documents from the date of receipt of the request.

### Appeals process

If you disagree with Sun Life's decision regarding your claim, you can submit an appeal to the PSHCP Administration Authority within 12 months of Sun Life issuing a Claim Statement informing you that your claim was denied. You may send your appeal to the Administration Authority at P.O. Box 2245, Station D, Ottawa, ON K1P 5W4. Members should attempt to resolve the issue with Sun Life prior to submitting an appeal.

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, 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. If you would like to change your mailing address for future bulletins, you may do so online at [www.sunlife.ca/pshcp](http://www.sunlife.ca/pshcp).

