

## **Understanding your health care plan...how does it work and who's who?**

The purpose of the Public Service Health Care Plan (PSHCP) is to protect you and your eligible dependants against expenses for certain medically required treatment and products. The PSHCP is a private health care plan and the largest group medical plan in the country.

The PSHCP is managed by a Board of Management which is composed of an equal number of employer and union representatives of the National Joint Council. Pensioners' concerns are represented by the National President of the Federal Superannuates National Association.

The Board monitors all aspects of the Plan's financial performance and reports, as required, to the National Joint Council.

The Board of Management also reviews the Plan on an ongoing basis, and periodically recommends plan modifications to reflect or respond to constantly changing circumstances that affect the plan. In making recommendations about the type and level of expenses that the plan should cover, difficult choices must often be made. The Board's challenge is to ensure that coverage remains relevant to the overall needs of the membership and that the plan remains viable.

The Plan is operated on a self-insured basis. This means that the Plan assumes full liability for the payment of all costs related to the operation of the Plan, including the payment of claims. Sun Life administers the plan based on direction received from the Board of Management. Sun Life's role is to adjudicate claims according to plan policy and pay claims from plan funds.

## **Understanding your health care plan...how is it funded?**

The government and individual plan members share the payment of contributions required to fund the PSHCP. Contributions are paid into a plan account each month. As the Administrator issues benefit payments to plan members, those claims costs are then recovered from the account. The contributions paid each month should therefore be sufficient to pay all of the plan costs for that month.

Different monthly contribution rates are payable by each category of membership i.e. employees, members of the Canadian Forces, RCMP and pensioners. The rates are determined by the amount of claims that the plan pays for each group.

The monthly contribution rate that you pay depends on whether you have "single" or "family" coverage, and on the level of hospital coverage that you choose. The higher the level of hospital coverage that you choose (i.e. Level I, Level II or Level III), the higher the contribution rate. Employees, members of the Canadian Forces and RCMP pay no monthly contribution rates for Extended Health Care and Level I hospital coverage. In these cases, the government currently pays the full rate.

## When Calling for Claim Status Information...

The Board of Management has always advocated the importance of plan members and their families having access to a dedicated and specialized service centre to provide benefit, coverage and claims status information.

Last July, the plan Administrator extended service hours, increased the number of phone lines, and implemented an automated claim status inquiry system.

The Sun Life Service Centre currently receives thousands of calls each day from plan members throughout North America. For a number of different reasons, including peak claims period, PSHCP changes, and changes to provincial health care plans, the number of calls to the Administrator has substantially increased since December.

As a result, the Board of Management is currently exploring ways to reduce the need for some of the calls to better manage costs and keep plan resources focussed on meeting the health care needs of our members.

You can help control these costs. If you're calling the Administrator to inquire about the status of your claim, the Board of Management **urges you to wait three weeks from the date the claim was mailed**. This period takes into account timeframes for mailing and standard claim turnaround times.

Lastly, as another effort to lower call volumes, the Board will be including answers to many of your frequently asked questions in the *PSHCP Bulletin*.

## Where to send your PSHCP claim forms

We have found that many plan members continue to send their PSHCP claim forms to the former Administrator's address.

This is a reminder to mail your PSHCP claim forms to the Administrator, Sun Life of Canada, at the following address:

Sun Life of Canada  
Health Claims Office  
PO Box 9601 CSC-T  
Ottawa ON K1G 6A1

Effective August 1, 1997, PSHCP claim forms sent by plan members to the previous administrator, Mutual Life, will no longer be automatically forwarded by Canada Post to the above address.

In addition, please remember to write your Certificate Number on the top line of your claim form, and to sign the form at the bottom. Otherwise, claim forms that are incomplete or sent to the wrong address will result in unnecessary delays in the processing of your claims.

<p>The <i>PSHCP BULLETIN</i> is produced by the Public Service Health Care Plan (PSHCP) Board of Management to provide you with benefit and administrative information about your health care plan.</p>
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