

# PSHCP BULLETIN

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## The Vision Care Benefit

The Public Service Health Care Plan (PSHCP) Board of Management has received a number of inquiries concerning the Vision Care Benefit. The Board provides this article in an effort to clarify this aspect of your health care coverage.

### Eyeglasses and contact lenses

You and your covered dependants may claim up to a maximum of \$200 each toward the cost of eyeglasses or contact lenses that you purchase during each fixed two-year period under the Vision Care Benefit. **It is important that your purchase date (reflected on the receipt) falls within the appropriate fixed two-year period explained below.**

The current fixed two-year period began on January 1, 1997 and ends on December 31, 1998. The next two-year period begins on January 1, 1999 and ends on December 31, 2000. The fixed two-year period is the same for every plan participant. **Once you claim the \$200 maximum eligible expense for each covered plan participant, you cannot claim any additional expenses for eyeglasses or contact lenses purchased during the same two-year period.**

There are no carry-forward provisions with the fixed two-year period. In other words, if you don't claim the cost of eyeglasses or contact lenses purchased during a particular two-year period, you cannot claim twice during the next period.

The PSHCP reimburses you for 80% of eligible costs, after you satisfy the plan's annual deductible amount. This means that if you purchase eyeglasses or contact lenses that exceed \$200, **your maximum reimbursement will be \$160 (80% of \$200).** If the plan's annual deductible is applied to the claim, the total amount paid will be further reduced.

### Examples:

*A Vision Care claim without the annual deductible amount applied:*

Total Claimed	\$240
Total Eligible	200
Co-payment (20%)	-40
Total Amount Paid	160

*A Vision Care claim with the annual deductible amount applied:*

Total Claimed	\$240
Total Eligible	200
Deductible	-60
Co-payment (20%)	-28
Total Amount Paid	112

To be eligible, eyeglasses and contact lenses must be necessary for the correction of vision, and must be prescribed by an optometrist or ophthalmologist. The cost to repair eyeglasses or contact lenses may also be claimed, subject to the above-mentioned limitations.

Please note that there is no limit on the initial purchase of eyeglasses or contact lenses that are required as the direct result of surgery or an accident. **However, the eyeglasses or contact lenses must be purchased within six months of the related surgery or accident.** An “accident” is defined as an injury to the eye, and not an incident where only the glasses are broken. If you submit a claim for eyeglasses or contact lenses that are required as a direct result of surgery, please remember to include the date of surgery, and indicate whether the surgery was on the left eye, right eye, or both.

### **Eye Examinations**

Plan members may claim the cost of an eye examination by an optometrist once every two years. The same fixed two-year period that applies to the purchase of eyeglasses or contact lenses (explained above) also applies to eye examinations. The PSHCP reimburses you for 80% of the eligible costs of an eye examination, after you satisfy the plan’s annual deductible amount.

### **PSHCP booklet now on the Internet**

The most recent version (1992) of the Public Service Health Care Plan (PSHCP) booklet is now available on-line through the Treasury Board Secretariat (TBS) Internet web site. If you have Internet access, we invite you to visit the site to obtain answers to your PSHCP benefit inquiries. To reach the site, type the following in the address section of your World Wide Web browser: **<http://www.tbs-sct.gc.ca>**

To find the booklet on the TBS web site, click on “*What’s New*”. Alternatively, you may find the booklet under the following menu: *What’s on Site / Policies and Publications / Human Resources / Human Resources Management / Insurance and Related Benefits / Health Care.*

Plan changes since 1992 are also posted with the booklet. It is important to read all the plan change notices to ensure that you have a thorough understanding of current PSHCP benefit coverage.

**The Board of Management encourages plan members who have questions about their PSHCP benefit coverage to consult either the paper copy of their booklet, or conveniently access the booklet on the Internet.**

Lastly, efforts are underway to rewrite and update the PSHCP booklet. We will provide an announcement when the new booklet is available.

### **Acupuncture must be performed by a physician**

The Board of Management wishes to remind plan members that acupuncture treatments must be performed by a physician in order for these expenses to be eligible under the PSHCP. A physician is defined as a doctor of medicine (MD) legally licensed to practise medicine. Acupuncture treatments rendered by a practitioner other than a physician are not eligible for reimbursement.