

PSHCP BULLETIN

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In this issue:	The new PSHCP Trust	Important communications initiatives for 2001	Claim filing deadline	Benefit news	How to contact the PSHCP Trust or the Plan Administrator
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The new PSHCP Trust

This is the first PSHCP Bulletin issued by the new Public Service Health Care Plan (PSHCP) Trust – the people who manage your Plan. We thought that we would take this opportunity to introduce the Trust, and explain how this change positively impacts not only the Plan, but plan members as well.

Since April 1, 2000, the PSHCP has been managed by a Trust. The PSHCP Trust is an independent body that operates at arms' length from the federal government. The Trust is comprised of nine Trustees and a Chairperson who have been meeting regularly to ensure a smooth and seamless transition, and to continue to serve the interests of PSHCP members.

What does this mean to you?

In December 1999, the Treasury Board of Canada, the Bargaining Agents of the National Joint Council, and the Federal Superannuates National Association (FSNA) signed a Memorandum of Understanding (MOU) setting out the long-term financial and management framework for the PSHCP. This led to the signing of a Trust Agreement with a five-year term to expire March 31, 2005. This agreement had the following significant outcomes:

- The PSHCP is now managed by a group of Trustees appointed by the Parties to the agreement. The Trust Agreement sets out the mandate, responsibilities, powers and obligations of the Trustees;
- The Parties have agreed that the benefits provided by the Plan will not be reduced during the five years of the agreement – this includes both the annual deductible and co-payment amounts, which will remain at current levels until at least 2005;
- The monthly contribution rates for the Extended Health Care Plan and Level I Hospital Benefit will also remain at the April 2000 level for the duration of the agreement;
- The Treasury Board, as employer, has committed to a funding formula that will take into account the usage under the Plan. Every year of the agreement, the Treasury Board will adjust the employer contribution to reflect the Plan's financial experience.

What's the mandate of the Trust?

The Trustees are the fiduciaries of the PSHCP. As such, the Trustees have pledged to protect the interests of the beneficiaries, i.e. plan members and your covered family members.

A key obligation of the Trustees is to manage the Plan within the financial resources allocated for this purpose. This is a challenge in the current environment. As you know, the costs of health care, particularly prescription drugs, continue to escalate. While the commitment of the Treasury Board to a new PSHCP funding formula clearly allows the Plan to better respond to this challenge, the Trustees must still consider appropriate cost management initiatives to help contain spiralling health costs and safeguard the valuable protection the Plan provides to its members.

To this end and as recommended by the Parties, the Trustees will, over the course of the five-year agreement, look at ways to implement long-term cost management strategies. The Trustees will study ways to manage the drug formulary, assess the feasibility of introducing a pay-direct drug card, review the opting-in and opting-out provisions of the Plan, and ensure that the benefits provided by the PSHCP are effectively coordinated with any provincial, territorial or other public health plans.

Important communications initiatives for 2001

A number of major initiatives are underway in this area, with the following four expected to be completed in 2001:

- The Trust will prepare and distribute a new Booklet for plan members;
- The Bulletin will resume its regular publication;
- The PSHCP Trust will create a unique and innovative website;
- The Trust, in concert with the Plan Administrator, will provide you with access to Sun Life Financial's Member Services website; this new value-added service will enable you to access your own claims information through a secure Internet site, view plan details concerning vision care amounts available, print a claim form, etc.

PSHCP BOOKLET

Please note that the PSHCP Booklet dating from 1992 is no longer available to members because it does not accurately reflect current Plan provisions. Efforts are underway to prepare and distribute a new Booklet later this year. In the meantime, should you wish to consult the official Plan Document, you may do so by accessing the Treasury Board Secretariat website (www.tbs-sct.gc.ca). The Plan Document contains the complete provisions of the Plan.

If you still have questions about PSHCP benefits after consulting this source of information, please contact the Plan Administrator, Sun Life Assurance Company of Canada, at 1-888-757-7427 (toll-free in North America) or 247-5100 in the National Capital Region. For any questions other than those relating to plan benefits, please contact either your Pay and Benefits or Pension Office.

Claim filing deadline for 2000 expenses: June 30, 2001

Please remember to file your claims no later than 6 months from the end of the calendar year in which you incurred your expenses. Claims for 2000 expenses must be submitted **no later than June 30, 2001**.

Please note that if you are mailing your claim, it must be mailed and postmarked no later than June 30 for the claim to be accepted. This requirement will only be waived in cases where the late claim is the result of unavoidable circumstances such as medical or psychological incapacity.

Please use a personalized claim form when you submit your claim. If you don't have a personalized claim form and need to obtain a standard PSHCP claim form, contact your Pay and Benefits or Pension Office, or download the form from the Treasury Board Secretariat (TBS) website at <http://www.tbs-sct.gc.ca>. To find the claim form, click on: *Policies and Publications / Human Resources Management / Insurance and Related Benefits / Health Care*.

Benefit news

The Trustees wish to provide you with the following benefit news:

- **Definition of Psychologist** – the current maximum eligible expense of \$1000 per calendar year for psychologist services under the PSHCP Health Practitioners Benefit remains unchanged. Effective June 21, 2000, however, the services of Psychological Associates in Ontario qualify for reimbursement under this benefit. To be eligible under the plan, psychologist services must be medically necessary and must be prescribed by a physician. Eligible expenses are reimbursed at 80%, after the plan's annual deductible amount is satisfied.
- **Implanted Penile Prosthesis** – effective June 21, 2000, an implanted penile prosthesis is now an eligible expense under the PSHCP Miscellaneous Expense Benefit. To be eligible, the implant must be medically necessary and must be prescribed by a physician. Eligible expenses are reimbursed at 80%, after the plan's annual deductible amount is satisfied. An external pump is **not** eligible.
- **Implanted Intraocular Lenses** – this is to clarify that the initial purchase of either eyeglasses, contact lenses or intraocular lenses **required as a direct result of surgery or an accident** are considered as eligible expenses under this particular aspect of the Vision Care Benefit. With respect to intraocular lenses, reimbursement at 80% will only be provided in cases where the cost is not covered by a provincial health care plan.

How to contact either the PSHCP Trust or the Plan Administrator

The Trustees have established a Secretariat to support their work and assist them in fulfilling their mandate. The Secretariat will ensure that the policies and decisions of the Trustees are implemented and monitored effectively.

If you wish to correspond with the **Trust** about policy matters, or submit an appeal of a decision by the Plan Administrator, please use the following address:

PSHCP Trust
Box 1328 Station "B"
Ottawa ON K1P 5R4

You should continue to contact the **Plan Administrator** directly for any claims or plan benefit questions that you may have. Please continue to send your claims or claim related inquiries to:

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

to provide you with benefit and administrative information
about your health care plan.