

# PSHCP BULLETIN

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## Explaining “Deductible” and “Co-payment”

The **annual deductible** is a specific dollar amount that you must satisfy each calendar year before you receive reimbursement by the plan, and it applies to the year that medical expenses are incurred. If you have “single” coverage, your annual deductible amount is \$60, and if you have “family” coverage your annual deductible amount is \$100. These amounts are subtracted from your first claim(s) during the year, and are indicated on your Explanation of Benefits (EoB).

The Extended Health Care Benefit of the Public Service Health Care Plan (PSHCP) reimburses you for 80% of eligible costs, after you satisfy the plan’s annual deductible amount. The remaining 20 % is the amount that you are required to pay toward each eligible expense, and is referred to as the **co-payment**.

**Example:** You have “single” coverage under the PSHCP and you purchase \$100 of eligible prescription drugs on January 3, 1998. When you submit your claim for \$100, the \$60 annual deductible amount for 1998 is subtracted, leaving a balance of \$40. The remaining \$40 balance is then subject to the Plan’s 20% co-payment rate, providing you with a total reimbursement of \$32 (80% of \$40) from the PSHCP.

## Physician’s Prescription for Massage Therapy

On January 1, 1997, a plan change confirmed that the services of a registered massage therapist would continue to be covered, but introduced the requirement for a physician’s prescription to qualify as an eligible expense.

We wish to clarify that the physician’s prescription for massage therapy is **valid for 6 months**, at which time it must be renewed to confirm continuing medical necessity.

## Private Duty Nursing Services

The PSHCP Health Practitioners Benefit provides reimbursement for the services of a number of health practitioners, including nursing services. For the purposes of the PSHCP, a “nurse” means: a registered nurse, registered nursing assistant, registered practical nurse, licensed practical nurse or certified nursing assistant.

The plan provides coverage for private duty nursing services if the following important conditions apply:

- the nursing services are prescribed by a physician;
- the nursing services are medically necessary for the treatment of a disease or injury, and;
- the nursing services are rendered in the plan member's private residence (nursing services received in a hospital, for example, are not eligible).

The medical services provided by the nurse must be within the nurse's area of expertise, and must require the skills and qualifications of a nurse. If the care required can be adequately provided by someone without the skills and qualifications of a nurse, such as a home care attendant, these services **are not** eligible. For example, a plan member may require help with normal activities of daily living such as feeding, bathing or household chores. Even if these duties are rendered by a nurse, these services are not covered by the plan because they do not require the specific skills and qualifications of a nurse.

**If you know that you or a covered dependant may require and be eligible to receive reimbursement for private duty nursing services, please contact the Administrator, Sun Life, to obtain a medical questionnaire.** The questionnaire must be completed by the plan member's attending physician (any fee that the physician may charge to complete the questionnaire is not reimbursable under the plan). The questionnaire lists information on the medical condition requiring the nursing care, the duties the nurse will perform, and the length of time the nursing care will be required. If the Administrator does not receive the completed questionnaire before they receive the first claim, claim processing will likely be delayed while Sun Life requests the necessary information.

Even though your attending physician may recommend or prescribe nursing services, coverage by the plan for expenses relating to nursing services is not automatic. After considering all the circumstances of your case, the Administrator will determine in accordance with the plan whether or not you are eligible to receive reimbursement for nursing services. The medical questionnaire also enables the Administrator to determine the number of hours per day and days per week of nursing care that can be considered eligible for reimbursement.

Finally, depending on the circumstances of the case, at some future point during the course of treatment the Administrator may ask for an update from the attending physician to confirm continuing medical necessity.

The current maximum eligible expense for nursing services is \$15,000 each calendar year. As with other expenses under the PSHCP Extended Health Care Benefit, eligible expenses for nursing services are reimbursed at 80%, after the plan's annual deductible amount is satisfied.

The *PSHCP Bulletin* 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.