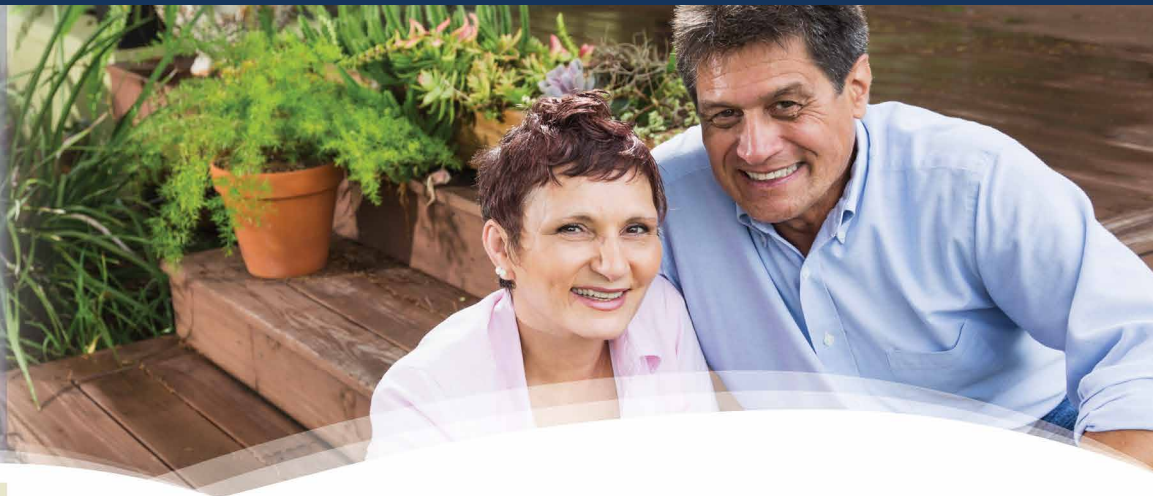


The Public Service Health Care Plan



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KEEPING YOU UP TO DATE

The annual deductible has been eliminated!

Effective January 1, 2015, the annual deductible was eliminated. In previous years, an annual deductible of \$60 (single coverage) or \$100 (family coverage) had to be satisfied before your initial claims were reimbursed. Now, expenses incurred on or after January 1, 2015 are not subject to a deductible. However, if you are submitting a claim for expenses incurred prior to January 1, 2015, the deductible will be applied if it has not already been satisfied from claims previously submitted. 📍

BENEFITS

Travel exceptions for day supply limits

When you fill a prescription, your pharmacist can use your PSHCP benefit card to electronically submit expenses to the Plan for up to a 100-day supply of medication. This 100-day threshold is the Plan's day supply limit.

If you are planning to travel and know that you will need more than a 100-day (or three-month) supply of medication, you can request a travel exception from Sun Life. Simply call the Sun Life PSHCP Call Centre at 1-888-757-7427 or 613-247-5100 in the National Capital Region one to two weeks prior to your departure date. Sun Life will make a notation on your file so that you can purchase an additional 100-day (or six-month) supply with your PSHCP benefit card. This file update will take two business days to reach your pharmacy. 📍

Contribution rates for retired members effective April 1, 2015

The contribution rates for retired members in the Public Service Health Care Plan with Supplementary coverage will be adjusted on April 1, 2015. The following table represents the 2015 Supplementary coverage monthly contribution rates for retired members at the 31.25:68.75 (retired member:employer) cost sharing ratio.

TYPE OF COVERAGE	SINGLE RATES	FAMILY RATES
Hospital Level I	\$33.42	\$64.05
Hospital Level II	\$49.98	\$80.61
Hospital Level III	\$78.83	\$109.46

2015 is the first year of a four-year contribution rate phase-in period towards an eventual 50:50 cost sharing arrangement. Retired members will see the new rates reflected on their March 2015 pension cheque for April 2015 coverage.

EXCEPTION:

If you joined the PSHCP as a retired member on or before March 31, 2015 and are either in receipt of a Guaranteed Income Supplement (GIS) benefit or if you have a net income or a joint net income lower than the GIS thresholds, you may retain the 25:75 cost sharing ratio. To do so, complete a PSHCP Relief Provision Application Form and return it to your pension office for validation. This form can be downloaded at www.pshcp.ca/forms-and-documents. Alternatively, a paper copy can be obtained by calling 1-855-383-0879. If you are a Canadian Forces or Veteran Affairs Canada member, call 1-800-267-6542. If approved, the PSHCP Relief will be applied the second month after your pension office receives your application. Retroactive reimbursement of the difference in the rates will not be permitted.

The following table represents the 2015 Relief Provision Supplementary coverage monthly contribution rates for retired members at the 25:75 cost sharing ratio.

TYPE OF COVERAGE	SINGLE RATES	FAMILY RATES
Hospital Level I	\$26.73	\$51.24
Hospital Level II	\$43.29	\$67.80
Hospital Level III	\$72.14	\$96.65

For a listing of all of the PSHCP contribution rates, please visit the National Joint Council Web site at www.njc-cnm.gc.ca and visit Schedule V of the PSHCP Directive under the NJC Directives link on the left menu.

Note: Schedule V has a new layout that breaks down the components of the total monthly contribution.

Appeal process

An appeal process is available to all members of the Public Service Health Care Plan.

If you do not agree with how your claim was processed, you can submit an appeal to the PSHCP Administration Authority. However, prior to submitting an appeal, you should attempt to resolve the issue. Start by verifying your Plan's details in your **Plan Member Booklet** or the **Plan Directive** at www.sunlife.ca/pshcp. You can also contact Sun Life who may ask you to provide additional information in order to re-assess your claim.

If you feel the issue is not resolved, submit a letter to the PSHCP Administration Authority indicating that you wish to appeal Sun Life's decision. Please send your appeal to the following address:

PSHCP Administration Authority
P.O. Box 2245, Station D
Ottawa ON K1P 5W4

Appeals related to claims must be submitted within 12 months of the date that your Claim Statement was issued. Note that the appeals committee cannot approve benefits that are not eligible under the Plan. For more information on the appeal process and required documentation, visit www.pshcp.ca/appeals.

You can also submit an appeal if you believe that your level of coverage does not reflect your desired protection or contribution under the Plan. You should first contact your Compensation and Benefits Office, Public Service Pay Centre or Pension Office. If your issue cannot be resolved at that level, you may then submit an appeal to the PSHCP Administration Authority at the address mentioned above.

DID YOU KNOW?

Coverage for laser eye surgery

The vision care benefit was expanded on October 1, 2014 to include reimbursement for elective laser eye surgery. This new benefit has a lifetime maximum of \$1,000, reimbursed at 80% for a total maximum reimbursement of \$800. This benefit does not apply to cataract surgery.



BENEFITS

Changing your level of coverage under the Plan's Hospital Provision

If you wish to **increase** your level of coverage under the Hospital Provision, you must advise your Compensation and Benefits Office, Public Service Pay Centre or Pension Office. The Hospital Provision provides reimbursement for reasonable and customary charges, up to specified amounts, for each day of hospital confinement for the cost of hospital room and board charges other than standard ward charges.

To submit coverage change requests, employees with access to the Compensation Web Applications (CWA) can use the secure online Public Service Health Care Plan Web Application tool. If you don't have access to CWA or you are a retired member, you can complete and submit a PSHCP application form available at www.pshcp.ca/forms-and-documents. Your new level of coverage is generally effective the first day of the fourth month following receipt of an amendment application. For example, if your application to increase your hospital provision coverage is received on March 15, your new coverage will be effective July 1 and your new contribution rate will be applied as of that date.

This waiting period is waived if the application is received within 60 days of the following events:

- Adding a dependant on the same application form;
- Switching from Supplementary Coverage to Comprehensive Coverage or vice versa;

- Becoming a retired member under the Plan;
- Becoming a civilian employee in the public service (if you are a member of the Canadian Forces or Royal Canadian Mounted Police, or you are a retired member);
- Becoming a surviving dependant (where you receive an ongoing survivor benefit or children's benefit).

Note: The time period is different if you wish to **decrease** your level of coverage under the Hospital Provision. In this case, the amended coverage takes effect the first day of the third month following receipt of your application. If your application to decrease your level of hospital coverage is received on March 15, your new coverage will take effect on June 1 and your new contribution rate will be applied as of that date. 📍

ELIGIBILITY

New six-year eligibility rule

Reminder: If you retire on or after April 1, 2015, you will require a minimum of six years of cumulative pensionable service in order to qualify for coverage under the Plan. This new eligibility rule will also apply to you if you become re-employed in the public service and retire again.

There are certain exceptions to the new rule. They are listed in the October 2014 PSHCP Special Bulletin available online at www.pshcp.ca/news-and-bulletins. 📍

Results of the 2013 member survey

In June 2013, Sun Life sent a Member Satisfaction Survey to 30,000 randomly selected Plan members asking for feedback on the benefits and services offered under the PSHCP. The results indicated that Plan members are generally satisfied with the Plan and the level of service they receive from Sun Life. The results also identified areas where clarity and availability of information could be improved. Below are some highlights from the survey results. The next survey will be conducted in 2016.

AREAS OF HIGH SATISFACTION:

(RATED OUT OF 10)

PSHCP benefit card	8.66
Emergency Travel Assistance Call Centre (Allianz)	8.58
Sun Life PSHCP Call Centre	8.40
Overall satisfaction with Sun Life	8.29
Paper claims process	8.26
Overall satisfaction with the PSHCP	8.22

AREAS FOR IMPROVEMENT:

Member knowledge of the Plan: **6.68**

Uptake of electronic services:

- Only **55%** of respondents are currently registered for the Sun Life Plan Member Services Website
- Only **42%** are registered for direct deposit

Based on the comments received, efforts will be made to improve the quality of communications to members to ensure they are clear and comprehensive.

You can also assist us in addressing the areas for improvement by taking advantage of the Plan's electronic services by registering to Sun Life's Plan Member Services Website and signing up for direct deposit at www.sunlife.ca/pshcp.

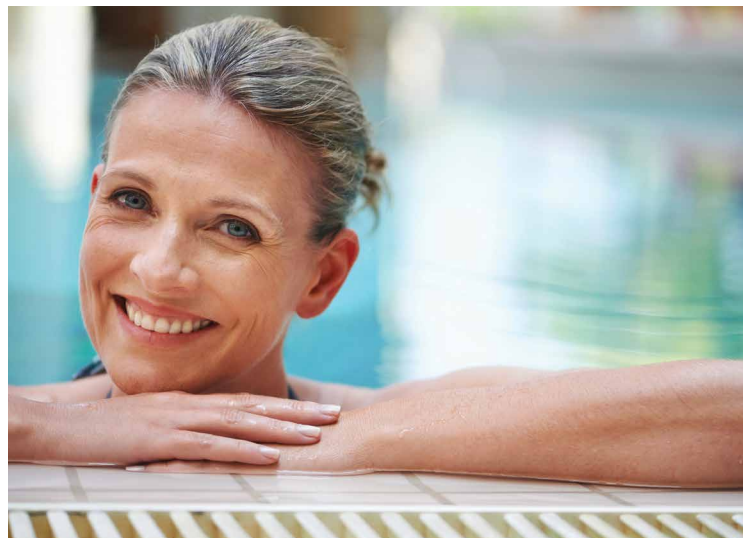
BENEFITS

Do you use REMICADE®?

We are happy to announce that Sun Life has come to an agreement with the manufacturers of REMICADE® that will result in reduced claim costs for you, as well as for the Plan overall. REMICADE® is a specialty drug manufactured by Janssen Inc. and approved by Health Canada for the treatment of Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Ulcerative Colitis, Crohn's Disease, and Plaque Psoriasis. Under the terms of the new arrangement, PSHCP members will pay less for REMICADE®, provided they use their PSHCP benefit card, that the Plan is the first payor, and that they are registered with BioAdvance®, a patient assistance program for REMICADE® users.

A BioAdvance® coordinator will contact members who are enrolled in their program to explain how they may qualify for reduced costs for REMICADE®. Sun Life will contact members who are not enrolled in the BioAdvance® program to provide them with information on how to participate.

Note: The program currently does not apply to members residing in Quebec, as provincial regulations prohibit the manufacturers of drugs on the Régie de l'assurance maladie du Québec (RAMQ) formulary from entering in exclusive agreements with other parties.



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.

