

The Public Service Health Care Plan



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BENEFITS

Get the most out of the Plan

As a PSHCP member, when you fill a prescription at the pharmacy, the Plan reimburses 80% of your eligible expenses while you pay the remaining 20%, which is referred to as the co-payment. You can reduce your out-of-pocket expenses by using the following cost-saving strategies the next time you buy your medication.

Shop around. Contact your local pharmacies to find out how much they charge to fill a prescription. Dispensing fees can range from \$4 to \$15.

Get a larger supply. Members using maintenance medication can save costs by getting a larger supply since the same dispensing fee is charged for each prescription filled. A supply of 100 days (or 3 months) for maintenance medication and 30 days for narcotics can be requested when you fill each prescription. By requesting a larger supply, you will reduce the number of times medication is dispensed and the applicable fees.

Take the generic. A generic is clinically identical to its brand-name counterpart, with the same active ingredients and usually costs significantly less. 

Contribution rates for retired members effective April 1, 2016

The contribution rates for retired members in the PSHCP with Supplementary coverage will be adjusted on April 1, 2016 to meet this year's 37.5:62.5 (retired member:employer) cost sharing ratio. PSHCP contribution rates have been updated based on calculations that include both an adjustment to reflect the cost-sharing arrangement and an adjustment for increases in total pensioner plan costs.

For more details please refer to www.canada.ca/pension-benefits under the Public service group insurance benefit plans and then click on Changes to pensioners' Public Service Health Care Plan contribution rates frequently asked questions.


The new rates listed below will be reflected on retired members' March 2016 pension cheque for April 2016 coverage.

PENSIONER MONTHLY CONTRIBUTION RATES: SUPPLEMENTARY COVERAGE

TYPE OF COVERAGE	SINGLE RATE	FAMILY RATE
Hospital Level I	\$41.06	\$79.86
Hospital Level II	\$57.62	\$96.42
Hospital Level III	\$86.47	\$125.27

PENSIONER MONTHLY CONTRIBUTION RATES: RELIEF PROVISION

TYPE OF COVERAGE	SINGLE RATE	FAMILY RATE
Hospital Level I	\$27.37	\$53.24
Hospital Level II	\$43.93	\$69.80
Hospital Level III	\$72.78	\$98.65


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

Relief provision reminder

If you joined the PSHCP as a retired member on or before March 31, 2015 and you are or become a recipient of a Guaranteed Income Supplement (GIS) benefit, or you have a net income or a joint net income lower than the GIS thresholds, you may be eligible for the PSHCP Relief Provision. This will allow you to retain the 25:75 (retired member:employer) monthly contribution cost-sharing model. To apply, complete a **PSHCP Relief Provision Application Form** (available at www.pshcp.ca/forms-and-documents) and return it to your pension office. If you are approved for the relief provision, it will be applied on the first day of the second month after your pension office receives your completed application form.

If you are an eligible retired member but your application was previously denied and your income has changed, or if you are now in receipt of a GIS benefit, you may re-apply at any time.

The most current GIS threshold amounts are available on the Service Canada website.

Note: If you were approved for the Relief Provision, the lower monthly contribution cost-sharing model will continue. In summer 2016, Relief Provision members will receive information concerning the future renewal process. 



PSHCP coverage while on Leave Without Pay

PSHCP members who are on authorized Leave Without Pay (LWOP) are generally eligible to continue PSHCP coverage for the duration of their leave. If you are planning on going on LWOP, here are some important details you should know.

TYPES OF LWOP WHERE THE EMPLOYER SHARE OF CONTRIBUTIONS CONTINUE

The employer is required to contribute the employer portion towards PSHCP coverage for the first three months of any authorized LWOP. If you wish to continue PSHCP coverage after the three months, the employer will only continue to contribute the employer share if your type of LWOP is for one of the following reasons:

1. Education considered to be to the advantage of your employer;
2. Serving with the Canadian Forces;
3. Pregnancy, illness or disability;
4. Serving with an organization (other than a public service bargaining agent or credit union) considered to be to the advantage of your employer; and,
5. Parental leave for up to 52 weeks after the birth or adoption of a child.

LWOP WHERE THE EMPLOYEE PAYS BOTH THE EMPLOYER AND EMPLOYEE SHARE

If your LWOP exceeds three months and is for reasons other than those listed above, you are required to pay both the employee and employer share of the contributions in order to retain coverage.

Please consult the PSHCP Directive for full details or contact your Compensation Office or the Public Service Pay Centre.

CONTRIBUTIONS WHILE ON LWOP

Prior to your LWOP starting, you can:

1. Choose to continue your coverage.
2. Choose to opt out of the PSHCP. You must provide written notice to your Compensation

Office or the Public Service Pay Center. If not, your coverage will automatically continue and any corresponding employee only or employee and employer contributions will be required when you return to work or terminate your employment. Coverage resumes on the first day of the month following your return to work.

It is important that you obtain a package from your Compensation Office or the Public Service Pay Centre explaining your options and return your signed PSHCP agreement indicating either:

1. Pre-payment of your contributions monthly or quarterly by cheque; or,
2. Payment of your contributions at the end of your leave. Repayment can be made in installments over the same duration of your LWOP or by lump sum.

Note: If your employment is terminated while you are on LWOP, a lump sum payment by cheque will be required immediately.



Other important information

CANCELLATION OF COVERAGE DURING LWOP

While on LWOP, you can cancel your PSHCP coverage at any time, however, re-instatement can only occur when you return to work. You must submit a new application form and a three month waiting period will apply. Retroactive cancellation

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of coverage is not permitted and contributions will be required for the portion of your LWOP that you were covered.

COVERAGE AMENDMENTS DURING LWOP


If you retained PSHCP coverage during a period of LWOP, coverage amendments are not permitted unless you have acquired a new dependant. In such case, an application to amend coverage from Single to Family will be effective the date you acquired the dependant, if you submit an application within 60 days of the event. Otherwise, a waiting period will apply.

AMENDMENT TO LWOP TYPE

If your type of LWOP changes while you are on leave, such that the employer either starts or stops contributing the employer share, the new contribution sharing arrangement will come into effect the first day of the month following the change in your LWOP type.

RETENTION OF COMPREHENSIVE COVERAGE WHILE ON LWOP

You will be eligible to retain Comprehensive Coverage while on LWOP if:

1. You are taking leave to serve with an international organization outside of Canada with the approval of your department/organization; or
2. You are on educational leave outside of Canada with the approval of your department/organization; or
3. You are a member with Comprehensive Coverage and were posted outside Canada before beginning a period of LWOP. In this case you will have access to all the Plan's Provisions with the exception of the Basic Health Care and Hospital Expense Outside Canada. 


BENEFITS

Update on oral and injectable vitamins and minerals

Under the PSHCP, vitamins and minerals administered orally or by injection only qualify for reimbursement when they meet the Drug Benefit's eligibility criteria. Such products must:

1. Be prescribed by a physician for the treatment of a chronic disease;
2. Have a use proven to have therapeutic value; and,
3. Have no other alternatives available.

When submitting claims, please ensure that your physician's prescription provides sufficient information for Sun Life to determine the eligibility of the vitamin(s) or mineral(s) claimed.

Note: Any fee that a physician may charge to provide supporting medical information is at the member's expense. 

2016 Member satisfaction survey – we want to hear from you

Later this year, Sun Life will be distributing a short survey to a random sample of PSHCP members to assess their satisfaction with its service delivery and with the Plan overall.

If you receive an invitation to complete the survey, we strongly encourage you to share your opinions. Your feedback is valuable to help improve services to meet your needs. Responses are kept anonymous. Thank you for your participation!

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.

