

The Public Service Health Care Plan



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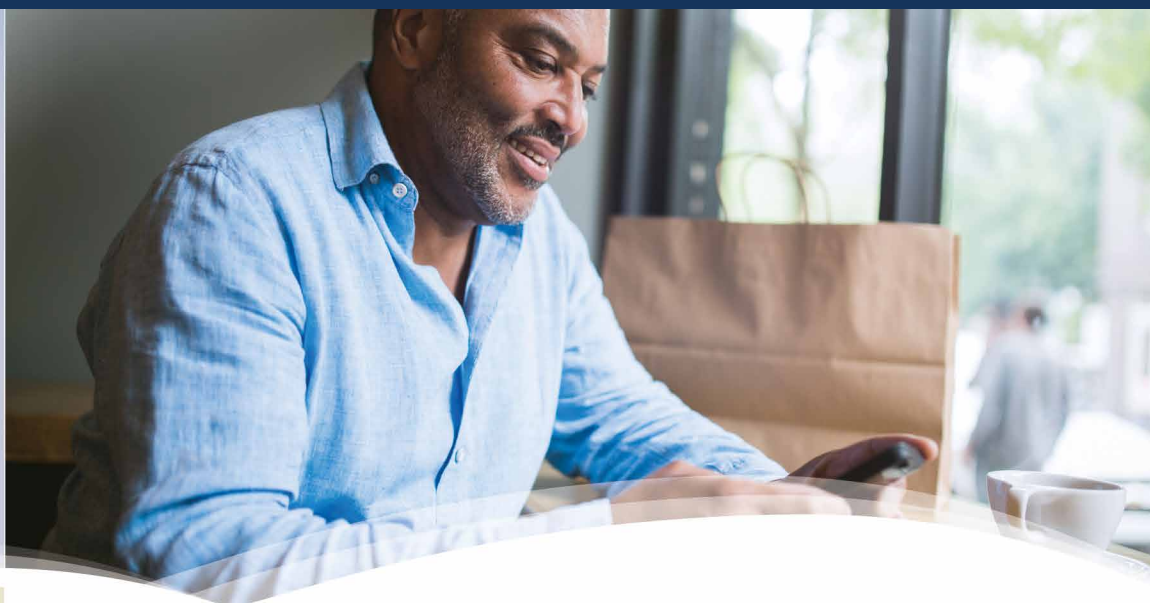
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Bulletin.

KEEPING YOU UP TO DATE

BENEFITS

Web and mobile claim submissions

The much anticipated implementation of digital services, including electronic claims submissions and the **my Sun Life Mobile app**, will launch on April 1, 2018.

Members residing in Canada will be able to submit claims for paramedical services and vision care benefits electronically, from both the Sun Life Plan Member Services website at www.sunlife.ca/pshcp and the **my Sun Life Mobile app**.

In addition to electronic claims submissions, the following features will be available online and through the **my Sun Life Mobile app**:

- **Review your recent claims:** View completed claims or track a claim being processed.
- **Coverage information:** Find out what is covered under your Plan.
- **Provider search:** Locate health practitioners near you.
- **Drug lookup:** Review your drug claim history, drug coverage, and explore potential alternative drugs.
- **Benefit card:** Access your PSHCP benefit card any time.

WEB SPECIFIC FEATURES:

- **Coordination of benefits:** Submit coordination of benefits claims between two Sun Life plans or submit the remaining balance of a claim already processed through another insurer.
- **Positive enrolment:** Complete and update your positive enrolment information.
- **Direct deposit:** Sign up for direct deposit or update your banking information currently on file.
- **Wellness:** Access health related resources.

ADDITIONAL FEATURES AVAILABLE ON THE MOBILE APP:

- **Photo submission:** Submit photos of receipts for more complex medical expenses, such as treatments lasting more than one hour, lab tests, equipment, and medical supplies.
- **Send documents:** Provide supporting documentation requested by Sun Life, such as physician referrals and questionnaires for a claim.
- **Apple Wallet:** Add your PSHCP benefit card to your Apple Wallet.
- **Touch ID sign-in:** Activate this feature to log in to the **my Sun Life Mobile app** securely without a password.

HOW TO PREPARE FOR THESE SERVICES:

1. Register to Sun Life’s Plan Member Services website at www.sunlife.ca/pshcp. Sun Life will require your email address and banking details so that you may submit claims electronically. If you are already registered, you must also provide this information to benefit from these services.
2. Download the free **my Sun Life Mobile app** for iPhone and Android devices from the **App Store** and **Google Play**.

BENEFITS

Healthcare providers and facilities offering inappropriate incentives

Certain types of incentives offered by paramedical providers and medical suppliers can be considered fraudulent. Be wary of promotions or “deals” offered when purchasing medical supplies or services, including free or discounted non-medical items, cash-back, and gift cards. These involve products or services that do not offer clear health or medical benefits and/or cost more than the same product or service obtained elsewhere. These seemingly legitimate incentives are used to entice customers. By accepting such promotions, you may receive medical supplies that are inferior in quality.

Be vigilant and recognize inappropriate incentives. Claims from providers that Sun Life deems to be fraudulent may not be honoured and are added to the Delisted providers list.

WHAT IS CONSIDERED INAPPROPRIATE?

INCENTIVE	APPROPRIATE OR INAPPROPRIATE?
Two-for-one prescription eyeglasses.	Appropriate – Prescription eyeglasses offer a medical benefit.
Free pair of running shoes with the purchase of prescription orthotics which are inferior in quality.	Inappropriate – The running shoes do not offer a medical benefit and result in receipt of inferior medically required orthotics.
40% off the cost of compression stockings when purchased at the same time as custom orthotics. Both products have been prescribed by a physician.	Appropriate – Both products offer a medical benefit and have been prescribed.

Contribution rates for retired members effective April 1, 2018

The contribution rates for retired members of the PSHCP with Supplementary coverage will be updated effective April 1, 2018, to reflect the 50% : 50% cost-sharing ratio. This marks the end of the four-year phase-in period that began April 1, 2015. The rates have been amended based on calculations that include both an adjustment to reach the 50% : 50% cost-sharing ratio and an adjustment for increases in total pensioner Plan costs. Future rate changes will ensure the 50% : 50% cost-sharing ratio is maintained based on increases in Plan experience and usage.

The new rates (listed below) will be reflected on retired members' March 2018 pension cheques for April 2018 coverage (i.e. contributions are owed one month in advance).

The following tables break down the contribution rates by the Extended Health Provision (EHP) and the Hospital Provision (HP) with a total amount paid by the pensioner each month.

PENSIONER MONTHLY CONTRIBUTION RATES: SUPPLEMENTARY COVERAGE

TYPE OF COVERAGE			
SINGLE RATE	EHP	HP	Total
Hospital Level I	\$58.31	\$0.00	\$58.31
Hospital Level II	\$58.31	\$16.56	\$74.87
Hospital Level III	\$58.31	\$45.41	\$103.72

TYPE OF COVERAGE			
FAMILY RATE	EHP	HP	Total
Hospital Level I	\$115.06	\$0.00	\$115.06
Hospital Level II	\$115.06	\$16.56	\$131.62
Hospital Level III	\$115.06	\$45.41	\$160.47

PENSIONER MONTHLY CONTRIBUTION RATES: RELIEF PROVISION

TYPE OF COVERAGE			
SINGLE RATE	EHP	HP	Total
Hospital Level I	\$29.16	\$0.00	\$29.16
Hospital Level II	\$29.16	\$16.56	\$45.72
Hospital Level III	\$29.16	\$45.41	\$74.57

TYPE OF COVERAGE			
FAMILY RATE	EHP	HP	Total
Hospital Level I	\$57.53	\$0.00	\$57.53
Hospital Level II	\$57.53	\$16.56	\$74.09
Hospital Level III	\$57.53	\$45.41	\$102.94

Reminder: Relief Provision

If you joined the PSHCP as a retired member on or before March 31, 2015, you may be eligible for the PSHCP Relief Provision if:

- You are a recipient of a Guaranteed Income Supplement (GIS) benefit, or
- you will become a recipient of a GIS benefit, or
- you have a net or joint net income lower than the GIS thresholds.

To apply, complete a PSHCP Relief Provision Application Form, available at www.pshcp.ca/forms-and-documents and return it to your pension office. 📍



Possible fraud and your Plan

As the Plan Administrator, Sun Life is committed to identifying and preventing fraud. Using industry-leading anti-fraud technology, significant measures are taken to protect both the Plan and its members. In order to detect billing irregularities and anomalies, paper and electronic claims are subject to Sun Life’s robust anti-fraud and audit programs. Providers suspected of fraudulent activity are thoroughly investigated, and, if evidence of fraud is obtained, they are removed from Sun Life’s list of approved providers. Products and services from delisted providers will not be processed or reimbursed under the Plan.

HOW CAN YOU PROTECT YOURSELF?

- **Avoid sharing Plan details:** Be wary of providers and retailers who ask questions about your covered benefits or attempt to sell you more than is medically necessary. Providers may try to entice you into buying additional products or services for their own financial gain.
- **Review all communications received from Sun Life:** Review your claim statements for any irregularities to ensure you received the services or products that were submitted for reimbursement.
- **Check your receipts:** Ensure that the names, services, and dates printed on your receipts are correct and that they indicate that the products or services have been paid in full.
- **Check the Delisted providers list:** Log into your Sun Life Plan Member Services account at www.sunlife.ca/pshcp and select Coverage information. From the right-hand menu, select the **Delisted providers list**. We encourage you to check the list periodically so that you do not unknowingly use the services of a delisted provider.

- **Report suspected fraud:** If you suspect fraudulent activity, we encourage you to email clues@sunlife.com. Reports are confidential and your privacy and personal information will remain protected. 🧑🏻

Erratum

For plan members who received a paper copy of the PSHCP Bulletin 35 (September 25, 2017), the FAQ section contained incorrect information about eye examinations being included in the maximum eligible amount for glasses and contact lenses under the Vision Care Benefit. The correct question and answer should have read:

VISION CARE

The reasonable and customary expenses incurred for an eye examination performed by an optometrist or ophthalmologist are eligible for reimbursement under the Plan’s Vision Care Benefit. These exams are eligible every two years, commencing on every odd year.

Q: What is the maximum eligible amount for eyeglasses and contact lenses?

A: The maximum eligible amount for these expenses is \$275 per participant every two calendar years, commencing every odd year. Reimbursement is payable at 80% of the reasonable and customary amount.

The question heading was also changed from “Eye examinations” to “Vision Care.” A corrected version of **Bulletin 35** has been uploaded to the PSHCP Administration Authority and Sun Life websites.

We apologize for any confusion this error may have caused. 🧑🏻

