

PSHCP BULLETIN

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The Travel Benefit and Emergency Travel Assistance Benefit

Are you travelling outside your home province in the near future? Are you aware that if you're a member of the PSHCP and a resident of Canada, you and each of your covered dependants have automatic coverage under the Travel Benefit and Emergency Travel Assistance Benefit?

The Travel Benefit covers you and your dependants for up to \$100,000 (CDN) each in eligible expenses incurred for **emergency medical treatment** while travelling on vacation or business. This coverage continues for up to 40 days after departure from your province of residence. Where treatment continues beyond the 40 day period, related expenses will be covered if you are not medically able to return to Canada. Eligible expenses under the Travel Benefit are reimbursed at 100 per cent with no annual deductible.

The Emergency Travel Assistance Benefit, administered by World Access Canada, provides plan members with a 24-hour "help line" for medical, legal or other travel-related emergency assistance. **Should a medical emergency occur outside your home province, if possible, you or someone on your behalf are to contact World Access Canada immediately to ensure that you receive appropriate medical care. World Access, whenever possible, will also arrange for direct payments on your behalf to medical and hospital providers.**

When travelling, remember to take your "Public Service Emergency Travel Assistance" card that shows your plan Certificate/Identification Number and the World Access Emergency Help Line telephone numbers.

If you incur medical expenses and do not contact World Access before your treatment to arrange for advance payments, you must first submit your expenses upon your return to your provincial health care plan for reimbursement. Once you receive the settlement of your claim from the provincial plan, you may then submit a claim to Sun Life for any balance remaining. In these cases, the PSHCP only accepts charges for eligible expenses that *exceed* the amount covered by your provincial plan.

It is important that you personally determine whether the coverage provided under the Travel Benefit and the \$100,000 per trip limit for you and each of your covered dependants is sufficient for your circumstances. If not, you may wish to consider purchasing additional "top-up" travel health insurance from another plan. In addition, if you're travelling for more than 40 days you should obtain additional travel health insurance from another plan for your entire trip.

Please note, the Travel Benefit does not cover expenses for the regular treatment of a disease or injury that existed before departure.

Emergency Travel Assistance services are not available in certain countries affected by war, political instability, epidemics or geographic inaccessibility.

If you require more complete details concerning these benefits, please consult your PSHCP booklet and the pamphlet entitled “Public Service Travel Benefit and Emergency Travel Assistance Benefit”.

The Hospital Benefit - Levels I, II and III

The Hospital Benefit provides reimbursement, **up to specified dollar amounts**, for daily hospital charges for semi-private and private accommodation. Eligible expenses are reimbursed at 100 per cent. The amount you receive depends on whether you have chosen Level I, Level II or Level III hospital coverage. The maximum amount payable for each level is:

Level I = \$60/day; Level II = \$100/day, and; Level III = \$150/day.

Please note that the charges for semi-private and private hospital accommodation vary by hospital and by region. In some cases, a hospital may charge more than the maximum payable under Level I, II or III of the Hospital Benefit. In this situation, you must pay the difference between the actual hospital charge and the maximum amount payable under the level of hospital coverage you have chosen.

You should ensure that your level of hospital coverage is adequate and reflects the daily rates at your local hospital(s) for the type of hospital accommodation that you prefer. To determine the current daily rates in your area, we suggest that you call your hospital and inquire about the charges for semi-private and private accommodation.

If you wish to amend your level of hospital coverage, please contact your Personnel or Pension Office. There is a 3 month waiting period before the change takes effect. If you choose to increase your level of hospital coverage, the amount of your monthly contribution rate toward the Plan will also increase.

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.