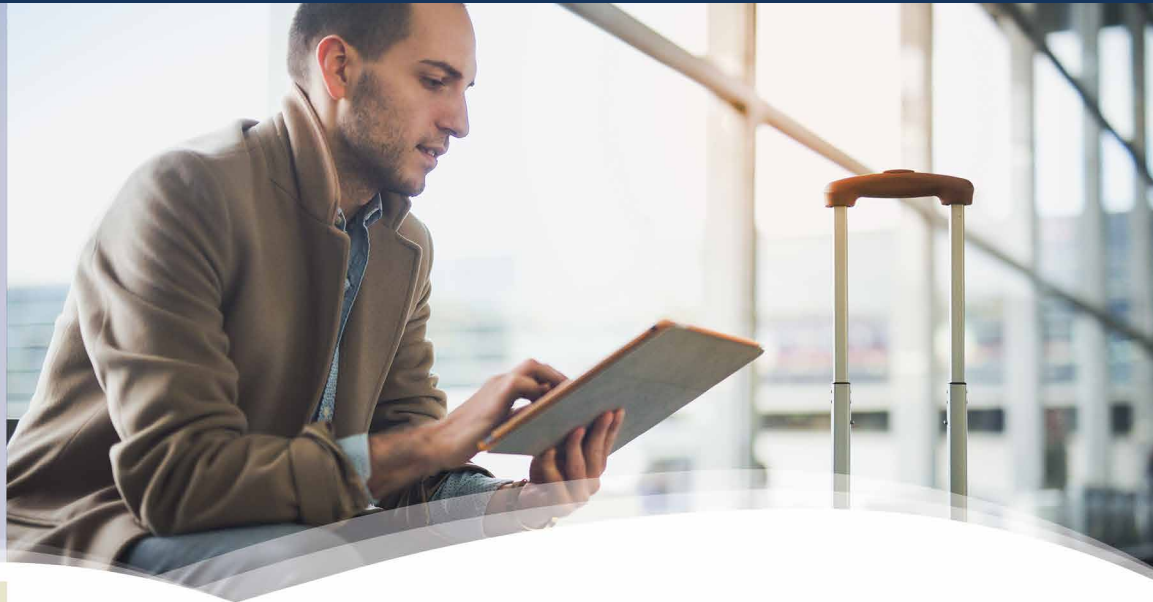




The Public Service Health Care Plan



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KEEPING YOU UP TO DATE

Emergency Benefit while Travelling

As a PSHCP member with Supplementary coverage, you and each of your eligible dependants are covered under the Out-of-Province Benefit for up to \$500,000 (CAD) per participant, per trip for emergency medical expenses incurred up to 40 days after you leave your home province or territory on vacation. The Out-of-Province Benefit also covers members travelling on government business. Business travel is exempt from the 40-day time limit but the \$500,000 (CAD) benefit maximum still applies.

Whether on business or personal travel, all members can use the Emergency Travel Assistance Services. These benefits are administered by Allianz Global Assistance, which operates a 24-hour helpline for medical, legal or other travel-related emergencies. If you have a medical emergency while travelling, contact Allianz right away. Allianz will help you through your emergency and, if required, will arrange transportation to the nearest suitable medical facility. Allianz can also arrange for direct payments to medical and hospital providers for emergency-related expenses. Remember to always carry your PSHCP benefit card when travelling. It lists your Plan Certificate Number and Allianz's Worldwide Care Helpline telephone numbers.

Medical emergencies related to COVID-19 are covered under the Emergency Benefit while Travelling, but the PSHCP does not cover:

- travel expenses resulting from trip cancellations or changes
- expenses resulting from a quarantine, unless you or a dependant contract COVID-19
- the cost of COVID-19 testing for you or a dependant
- the cost of repatriation, arranged by Canada, to a quarantine location 📍

Choose to go paperless

As the COVID-19 pandemic continues to evolve, we're all finding ways to adjust to a new reality. Signing up for Sun Life's paperless services is one way you can, if you choose, avoid delays caused by the pandemic.

It's easy to go paperless! PSHCP members living in Canada can submit claims electronically through Sun Life's Plan Member Services website or the my Sun Life Mobile application. Submit your claims and receive your reimbursement without leaving the comfort of your home. PSHCP members with Comprehensive coverage must submit paper claims to Allianz.

FAST AND EFFICIENT

Most claims submitted electronically are processed immediately. You may enter up to eight health-related expenses on a single claim. Sun Life will also send you an email when your claim has been processed. To use electronic claims submission, you must provide Sun Life with your email address and banking details.

SIMPLE AND RELIABLE

Going paperless is convenient, safe and good for the environment. When you choose to receive your claim statements and communications electronically, you receive your important documents quickly.

Note: If you are unable to go paperless you will still have access to the services and information you require.

GO PAPERLESS IN THREE EASY STEPS

1. Ensure you're registered to the Plan Member Services website at www.sunlife.ca/pshcp.
2. Sign in to the website or the my Sun Life mobile app.
3. **Web:** Click on the **Account settings** icon in the top right-hand corner, select **Preferences** from the drop-down menu, and choose **Paperless**.

Mobile: From the **More** menu, select **Preferences**, and choose **Paperless**.

If you register for direct deposit, your approved claim payments will usually be deposited into your bank account within 24 to 48 hours. No more waiting for a cheque to arrive! You will need your transit, institution and account numbers to register for direct deposit. Note your banking information must be updated through the Plan Member Services website and cannot be updated using the mobile app.

To add or update your banking information:

1. Sign in to the Plan Member Services website at www.sunlife.ca/pshcp.
2. Under **Benefits**, select **Benefits centre**.
3. Select **Direct deposit and online claim statements** from the **Take me to** drop-down menu.
4. Under **Banking information**, select **update** to enter or update your banking information.
5. Click **Submit** and then **Done**.

NEED HELP?

You can reach a PSHCP Call Centre representative at 1-888-757-7427 (toll free in North America) or at 613-247-5100 in the National Capital Region, Monday to Friday from 6:30 a.m. to 8:00 p.m. EST.

If you are signed in to the Plan Member Services website at www.sunlife.ca/pshcp, you can also choose to chat online with a representative by clicking **Chat live now**, Monday to Friday from 9:00 a.m. to 5:30 p.m. EST. 📍

Claims submission deadline

Sun Life can reimburse 2020 claim expenses only if they are received by December 31, 2021.

Looking after your health and the COVID-19 temporary measures

To support members during the pandemic, temporary changes to the PSHCP were introduced in March 2020. These measures were implemented to address the mental health impacts of the pandemic, and to reduce the need for face-to-face contact between plan members and health care providers.

These temporary changes to the PSHCP are still in effect. Social workers, psychotherapists and counsellors are temporarily accepted as mental health practitioners under the PSHCP and there is currently no need to have a doctor's prescription for their services.

In addition, prescriptions for paramedical services that expired on or after March 20, 2020 will be honoured. Sun Life will not ask members to renew prescriptions for paramedical services during the pandemic period.

The PSHCP covers you and your dependants for virtual services provided by paramedical practitioners registered in the province or territory where they practice. In addition to social workers, psychotherapists and counsellors, the PSHCP covers virtual services for the following providers:

- Chiroprodists
- Chiropractors
- Naturopaths
- Osteopaths
- Podiatrists
- Speech Therapists



Claims for services received virtually must be sent to Sun Life according to the normal process. Keep paper copies of receipts, completed claim forms and any other documentation for 12 months. Before booking an appointment, consult **Sun Life's list of delisted providers** at www.sunlife.ca/pshcp.

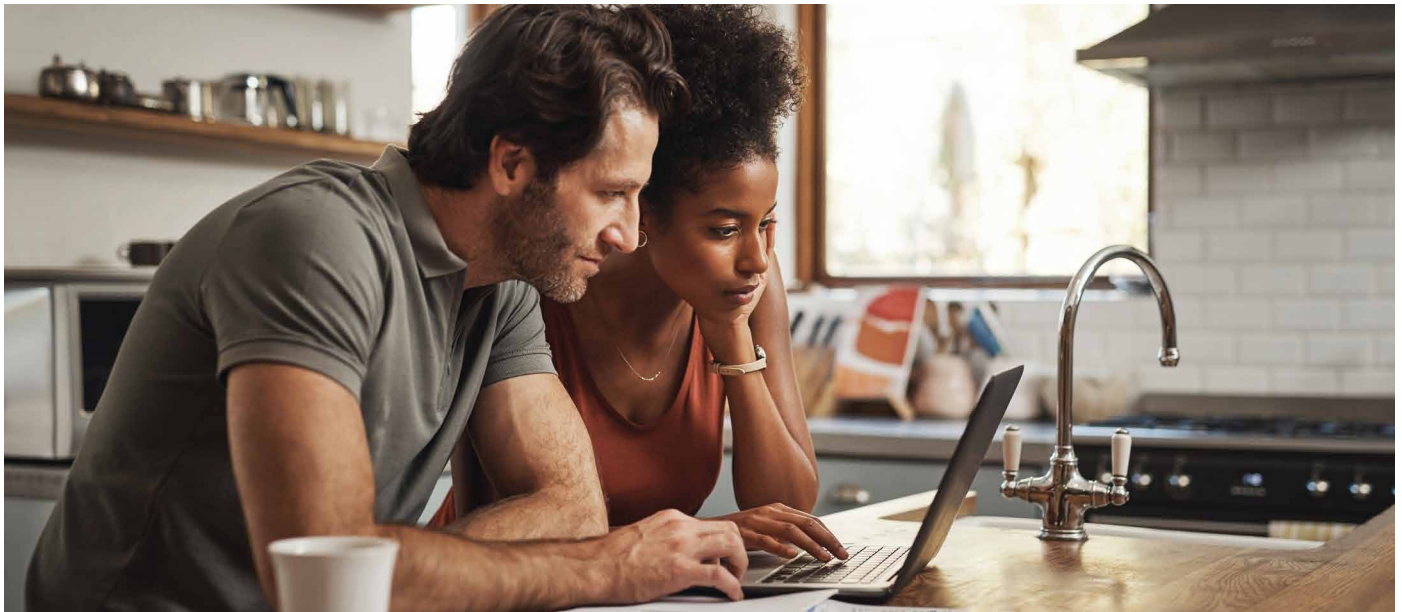
Find the latest information on the COVID-19 temporary measures at www.canada.ca/pension-benefits. 📍

Miscellaneous Expense Benefit: Durable equipment

When you submit a claim for durable equipment, be sure your receipt or invoice includes:

- Date of purchase
- Claimant's name
- Item description
- Quantity
- Cost
- Doctor's name (unless a prescription is submitted with the receipt)
- Proof of provincial plan involvement (when applicable)
- Facility address

Your receipt must be personalized and itemized and must indicate that the purchase has been paid in full. Cash register slips are not accepted and claims for some durable items may require additional documentation or steps. Contact Sun Life for more information. 📍



Public Service Compensation Email Notification System

Have you subscribed to the public service compensation email notification system?

You can receive general information about your public service pay, pension and benefits plans by subscribing to the system at www.canada.ca/pension-benefits. This additional way to receive information about your plans will not replace existing communications products and you will never receive personal information through this subscription. 🗣️

Leave without pay

If you have questions about your PSHCP coverage when on leave without pay (LWOP), visit www.pshcp.ca/news-and-bulletins and select the Leave Without Pay article.

Survivor Benefits: Protecting your family

PSHCP coverage for eligible surviving dependants (spouse and eligible children) can continue after a member has passed away. Monthly PSHCP contributions apply and are deducted from the survivor's pension benefit.

For coverage under the PSHCP, eligible survivors must complete the **Pensioner Application Form**, which can be obtained from the Pension Centre or at www.pshcp.ca/forms-and-documents. If the application is submitted within 60 days of the member's death, coverage will begin the first day of the month following the month the application is received. If the application is not received within 60 days, there will be a three-month waiting period.

If the deceased member was living outside of Canada at the time of death, eligible survivors may continue Comprehensive Coverage for up to six months. Survivors may also obtain Supplementary Coverage on their return to Canada, once their provincial or territorial health care coverage is reinstated. 🗣️

