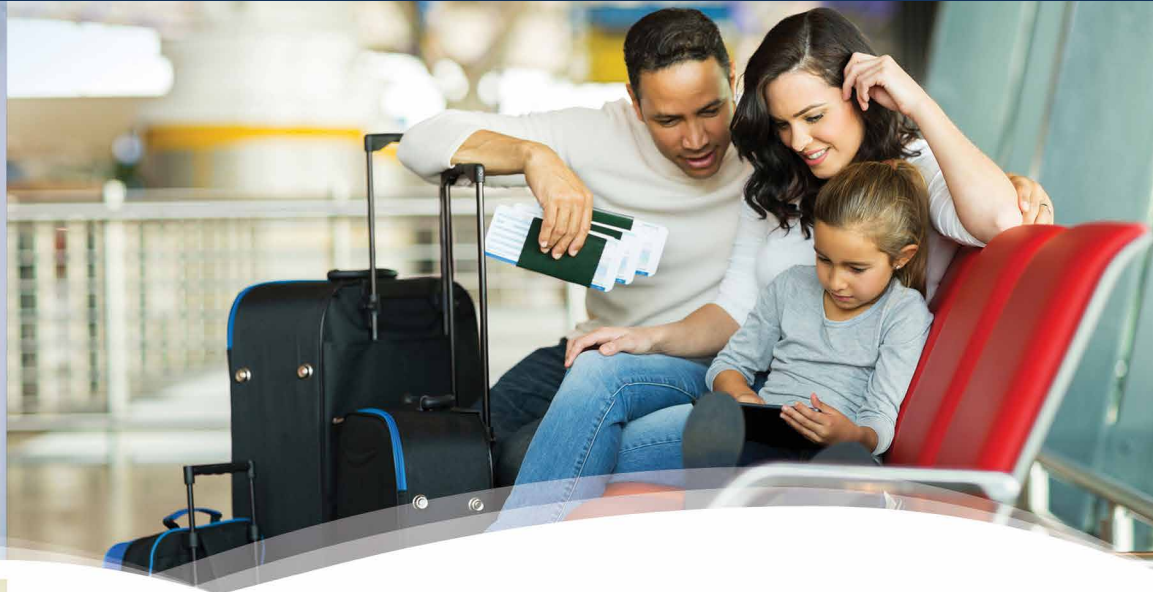


The Public Service Health Care Plan



CONTENTS

KNOW YOUR PLAN:
OUT-OF-PROVINCE BENEFIT
P1-2

KNOW YOUR PLAN:
MISCELLANEOUS
EXPENSE BENEFIT,
DURABLE EQUIPMENT
– LIFTS OR HOISTS
P2

SINGLE OR
FAMILY COVERAGE
P2

FRAUD AND ABUSE MATTERS:
PROTECTING YOUR PLAN
P3-4

SUN LIFE CLAIMS
DEPARTMENT:
CHANGE OF ADDRESS
P4

DELISTED PROVIDERS
P4

Bulletin.

KEEPING YOU UP TO DATE

BENEFITS

Know your Plan: Out-of-Province Benefit

As a PSHCP member with Supplementary coverage, you and each of your eligible dependants have automatic coverage under the Out-of-Province Benefit. This benefit comprises of the Emergency Benefit While Travelling, Emergency Travel Assistance Services and the Referral Benefit. The emergency benefits are administered by Allianz, who provides members with a 24-hour helpline for medical, legal or other travel-related emergency assistance. This includes medical evacuation or ambulance services.

If a medical incident occurs while you are travelling, you or someone on your behalf must contact Allianz as soon as possible. They will help you throughout your emergency and, if required, will retain services to evacuate you or transport you to the nearest suitable medical facility. Whenever possible, Allianz will also arrange for direct payments on your behalf to medical and hospital providers.

Following an emergency, should you find yourself in a hospital that is not providing suitable care or is not equipped to provide the required medical services and you or a dependant must be transferred to another institution, costs for your ambulance or air ambulance may be considered for reimbursement. The service must be retained by Allianz. If you opt for an ambulance or air ambulance provider that has not been retained by Allianz, your incurred expenses will not be considered for reimbursement under the Plan.

... CONTINUED ON PAGE 2

P1 / SEPTEMBER 2016

Note that if you or your dependant is receiving suitable care where you are, costs to be transferred to another facility or to return to your home province will not be reimbursed.

Whenever you or your covered dependants travel, remember to take your PSHCP benefit card listing your Plan Certificate Number and Allianz's Worldwide Care Helpline telephone numbers. 📍

BENEFITS

Know your Plan: Miscellaneous Expense Benefit, durable equipment – lifts or hoists

The PSHCP provides coverage for lifts or hoists, in certain circumstances. Lifts or hoists are equipment used to transfer a patient in and out of bed or from the bedroom to the bathroom as medically necessary.

The purchase or rental of a lift or hoist is eligible for coverage under the Plan if it is:

- Manufactured specifically for medical use
- For use in the patient's private residence
- Approved by the Administrator for cost effectiveness and clinical value
- Designated as medically necessary

The Plan covers 80% of the reasonable and customary expenses for the purchase or rental of an eligible lift or hoist. Only one purchase can be reimbursed per covered person under the Plan, per lifetime.

The PSHCP also covers 80% of the costs of repairs for a lift or hoist, if its original purchase was not claimed under the Plan. Any amount previously paid for repairs will be deducted from the amount eligible for reimbursement if a member purchases a new lift or hoist.

The Plan does not consider costs for equipment such as stair lifts, lift chairs, stationary bath lifts, car lifts, and platform lifts, as these do not meet the requirements stated above. 📍

BENEFITS

Single or family coverage

Following certain life events such as the birth of a child, marriage, divorce or death of a spouse or family member, you may need to modify your PSHCP coverage from single to family coverage, or vice versa. You are responsible for amending your coverage to ensure that you have the appropriate level of coverage to meet your needs. When life events occur, updates to your Plan are not processed automatically, and under the terms of the Plan, a retroactive cancellation of coverage is not permitted and refunds are limited.

All too often members realize that their coverage level no longer reflects their current situation and that they have been paying for coverage that they do not require. For example, a member may realize that he or she is still paying family coverage, yet they no longer have a spouse or eligible children under the Plan. Unfortunately, this results in an overpayment of contributions that may not be refunded.

To verify your level of coverage, visit the Compensation Web Applications (CWA), review your Pension and Insurance Benefits Statement or contact your pay or pension office. Should you need to amend your coverage, make your changes through CWA or submit an amendment form to your pay or pension office. Any change will also require a modification to your positive enrolment information with Sun Life. 📍



Fraud and abuse matters: Protecting your Plan

Fraud and abuse of the Plan is taken very seriously, therefore, Sun Life applies industry best practices and detection mechanisms aimed at identifying claims that require further investigation.

Fraud involves the intentional use of deception to obtain personal gain and services at the expense of the Plan. The three main types of benefit fraud are:

- **Provider fraud:** for example, when a healthcare service provider submits false claims to Sun Life using the names and personal information of existing PSHCP members or dependants.
- **Plan member or dependant fraud:** for example, when a plan member or dependant submits claims for services not received.
- **Provider and plan member collusion fraud:** for example, when healthcare providers and plan members submit claims for prescription eyewear when non-prescription designer sunglasses were received.

WHAT IS BEING DONE?

When fraud occurs against the PSHCP, it is against your employer. As a result, the Government of Canada must pay more to cover the loss and manage the increasing costs, putting your Plan's sustainability at risk. Fraud can have a significant impact on your Plan, therefore, Sun Life has implemented a robust anti-fraud program to protect the PSHCP. This involves a complex set of audit components that detect billing irregularities and anomalies in pharmacy, hospital, medical practitioner and other claims submitted by members, dependants and providers.

WHEN FRAUD OCCURS

If Sun Life detects overpayments or fraudulent activity, action will be taken to recover the loss to the Plan. Additional consequences may also be considered by the Plan and your employer.



WHAT CAN YOU DO?

As a member, you have good reason to want to preserve the Plan and its value. There are many ways that you can help protect the PSHCP from fraudulent activity:

- **Keep your benefits information confidential.** Your benefits information is valuable and can be used by others inappropriately. As such, make sure to keep your PSHCP benefit card, contract number, certificate number and Plan Member Services Website access information confidential and in a secure place.
- **Verify your claims.** Be sure to carefully review all communications you receive from Sun Life regarding recent claims activities and regularly review claim information provided on the Sun Life Plan Member Services Website at www.sunlife.ca/pshcp.
- **Respond to Sun Life's information requests.** When contacted by Sun Life with a request to provide information to confirm receipt of services or questions related to your enrolled dependants, promptly follow the instructions provided.
- **Check your receipts.** Ensure your receipts are correct and reflect the services or treatment you received. Always check that the name on the receipt matches that of the provider who performed the service.

... CONTINUED ON PAGE 4

- **Do not sign claim forms in advance.** Sign one completed claim form at a time and never sign blank forms. Your signature is a certification that you or your dependants have received all goods and services for which reimbursement is being claimed.
- **Do not substitute products or services.** If a service provider suggests substituting one covered product or service for another that is or is not covered by the Plan, decline the offer.
- **Report suspicious activity.** If you are suspicious of any activity or request from a service provider, send an email to clues@sunlife.com. Your report will remain confidential and your personal information will be protected.

Sun Life claims department: Change of address

In 2010, Sun Life's health claims processing departments were consolidated to their Montreal office. To provide faster and more efficient service, Sun Life's Ottawa PO Box will be **closed as of March 31, 2017**.

Effective immediately, please mail your completed forms to the address below:

**Sun Life Assurance Company of Canada
PO Box 6192 Stn CV
Montreal QC H3C 4R2**

The address can also be found on printable claim forms by visiting www.sunlife.ca/pshcp. After March 31, 2017, any claims sent to addresses other than the one listed above will be returned to you.

ELIGIBILITY

Delisted providers

Sun Life maintains a national list of service providers, clinics, facilities and medical suppliers. However, from time to time it becomes necessary to 'delist' a provider, following a careful review and investigation. This means that Sun Life will no longer process claims for services or supplies from these providers and it will result in your claim being denied. Sun Life has a responsibility to protect the health and wellbeing of members and the integrity of the Plan.

Information on delisted providers is updated regularly and can be viewed by logging in to your Sun Life Plan Member Services account at www.sunlife.ca/pshcp and selecting "List of delisted service providers" located on the left hand menu. We encourage you to check the list periodically so that you do not unknowingly use the services of a delisted provider. This would result in your claim being denied. 📍

