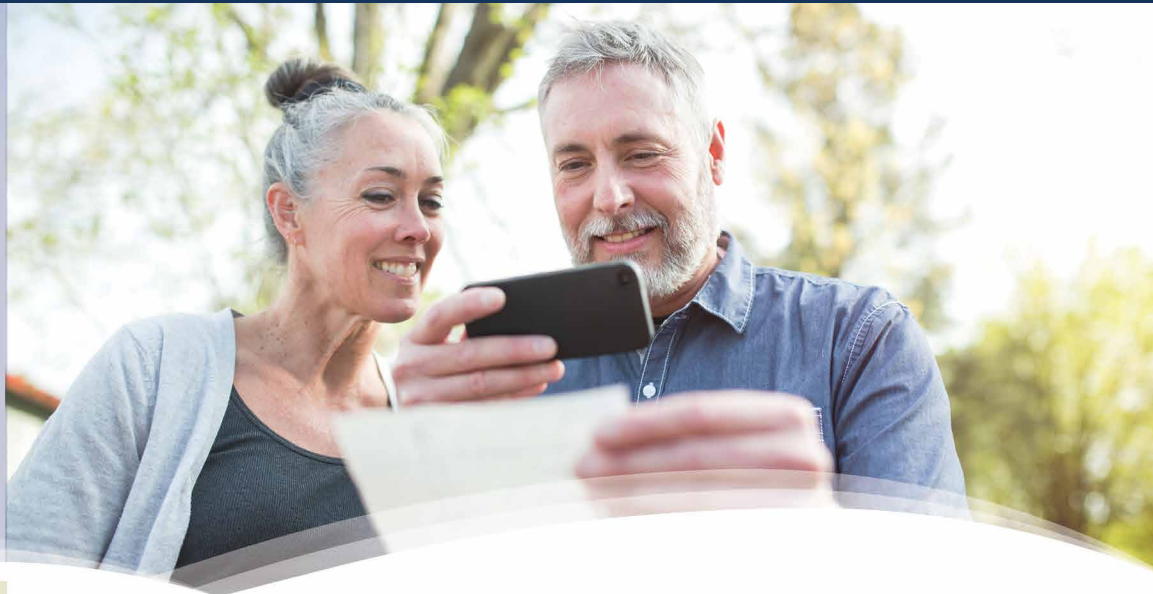


The Public Service Health Care Plan



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KEEPING YOU UP TO DATE

BENEFITS

New digital services launching spring 2018

We are pleased to announce the launch of PSHCP online claims submissions and other innovative digital services for web and mobile coming in spring 2018. Plan members residing in Canada will be able to submit their most common health claims electronically, including expenses incurred for vision care and paramedical services.

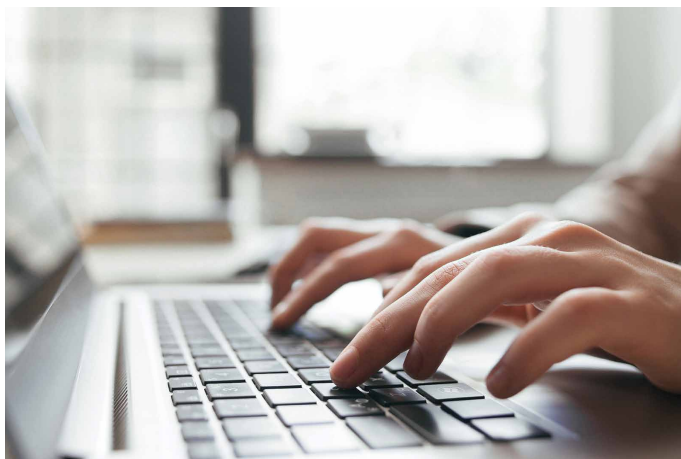
This service will be available through Sun Life's Plan Member Services website (www.sunlife.ca/pshcp). In addition, plan members will be able to review their claims history and available coverage.

Online claims submissions will also be available through the **my Sun Life Mobile App**. Using the app, you will have access to additional features not available through Sun Life's website, such as the ability to submit photos of your receipts and access your benefit card at any time.

Claims submitted either through **my Sun Life Mobile** or online through Sun Life's Plan Member Services website will be adjudicated immediately and, if approved, any reimbursement amount will usually be deposited into your bank account within 24 to 48 hours. The occasional claim may require additional review or information, which will result in a longer processing time.

To benefit from these digital services, you must have registered on the Sun Life Plan Member Services website. Sun Life will require your email address and banking details so that you may submit claims electronically.

These new digital services are a valuable addition to your benefit plan. Experience these secure and convenient service improvements when they launch in spring 2018. 📍



BENEFITS

Online services already available

A number of helpful services are already available on the Sun Life Plan Member Services website.

Drug Look-Up: Use this search feature to look up drug information by entering a drug name, keyword, or drug identification number (DIN). Drug Look-Up provides information on drug coverage, your recent prescriptions, and possible alternatives or generics that could reduce your out-of-pocket expenses.

Provider Search: Locate paramedical providers in your area.

Direct deposit: Register for direct deposit to ensure your reimbursements are deposited into your bank account within two business days.

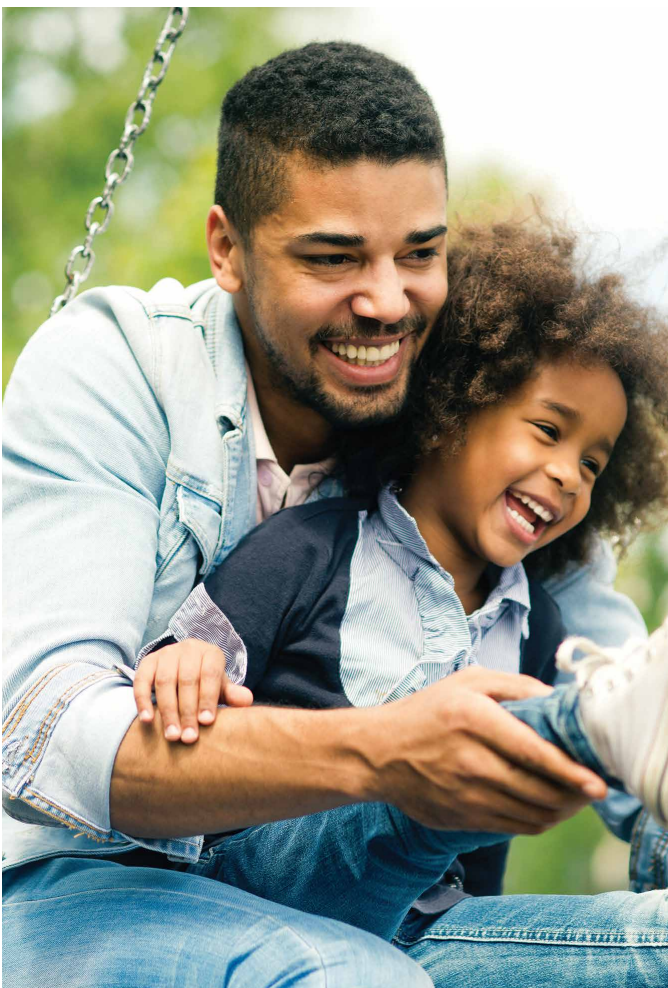
Access your PSHCP benefit card: Print copies of your benefit card. 📍

BENEFITS

Do not forget to update your Positive Enrolment information

Do you have a new dependant? Has your child turned 21? Following certain life events, it is important to update your Positive Enrolment information to ensure you and your dependants receive the benefits to which you are entitled.

To modify your Positive Enrolment information, log into your account on the Sun Life Plan Member Services website at www.sunlife.ca/pshcp or request a Positive Enrolment Change Form from Sun Life. It is your responsibility to update your file whenever there are any changes to your status or to that of a dependant. Incorrect information can cause delays in claims processing and even result in claims being denied. 📍



FAQs: Massage therapy, eye exams, maximums, and eligibility

The following FAQs provide responses to commonly asked questions regarding your benefits under the PSHCP.

MASSAGE THERAPY

To be eligible under the Plan, massage therapy must be prescribed by a physician and performed by a registered massage therapist. A registered massage therapist is defined as a person licenced by the appropriate provincial/territorial licensing body to provide massage therapy treatment. If your province/territory does not have a licensing body, an individual whose qualifications, as determined by Sun Life, are comparable with those required by a licensing body, will be considered under the Plan.

Q: WHAT IS THE MAXIMUM ELIGIBLE AMOUNT FOR MASSAGE THERAPY?

A: The annual maximum eligible amount for massage therapy is \$300 per participant, payable at 80% for a total annual maximum reimbursement of \$240. A physician's prescription for massage therapy is valid for one year from the date it is issued.

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 EYE GLASSES 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.

Q: ARE EXPENSES FOR A SECOND EYE EXAMINATION COVERED IF MEDICALLY REQUIRED?

A: No, while additional eye examinations may be required as a result of a medical condition, only one eye examination can be claimed, per individual, during a two-year benefit period. The current benefit period commenced January 1, 2017 and will end December 31, 2018.

REACHING THE MAXIMUM FOR A BENEFIT

Q: IF I HAVE REACHED THE MAXIMUM AMOUNT PAYABLE FOR A BENEFIT, CAN I KEEP MY RECEIPTS AND SUBMIT THEM LATER WHEN A NEW MAXIMUM IS AVAILABLE AGAIN? CAN I TRANSFER ANY REMAINING BALANCE FOR A SPECIFIC BENEFIT FROM ONE YEAR TO ANOTHER?

A: No, claims are assessed based on the date on which a product or service is received. This date is used to determine if the maximum eligible amount for a product or service has been reached during the calendar year or specified period (e.g. walkers are eligible every 60 months).

Claims are not eligible for reimbursement if you have reached the maximum on the date the product or service is received. The expense cannot be submitted for consideration at a later date. If you have not reached the maximum for a particular benefit during the calendar year or specified period, the unused balance cannot be carried forward.

COMMON-LAW PARTNERS

Q: ARE COMMON-LAW PARTNERS COVERED UNDER THE PLAN?

A: Yes, common-law partners are eligible for coverage under the Plan. To be eligible, you must have lived with your common-law partner for a period of at least one year, and continue to live with that person as if he or she were your spouse. Documents, such as a mortgage or bank statement, bills or other documents that demonstrate cohabitation, may be requested to verify the common-law relationship. 📍

Getting ready to send a paper claim to Sun Life?

Until online claims submissions are made available, ensure your paper claims are processed quickly by following these simple steps:

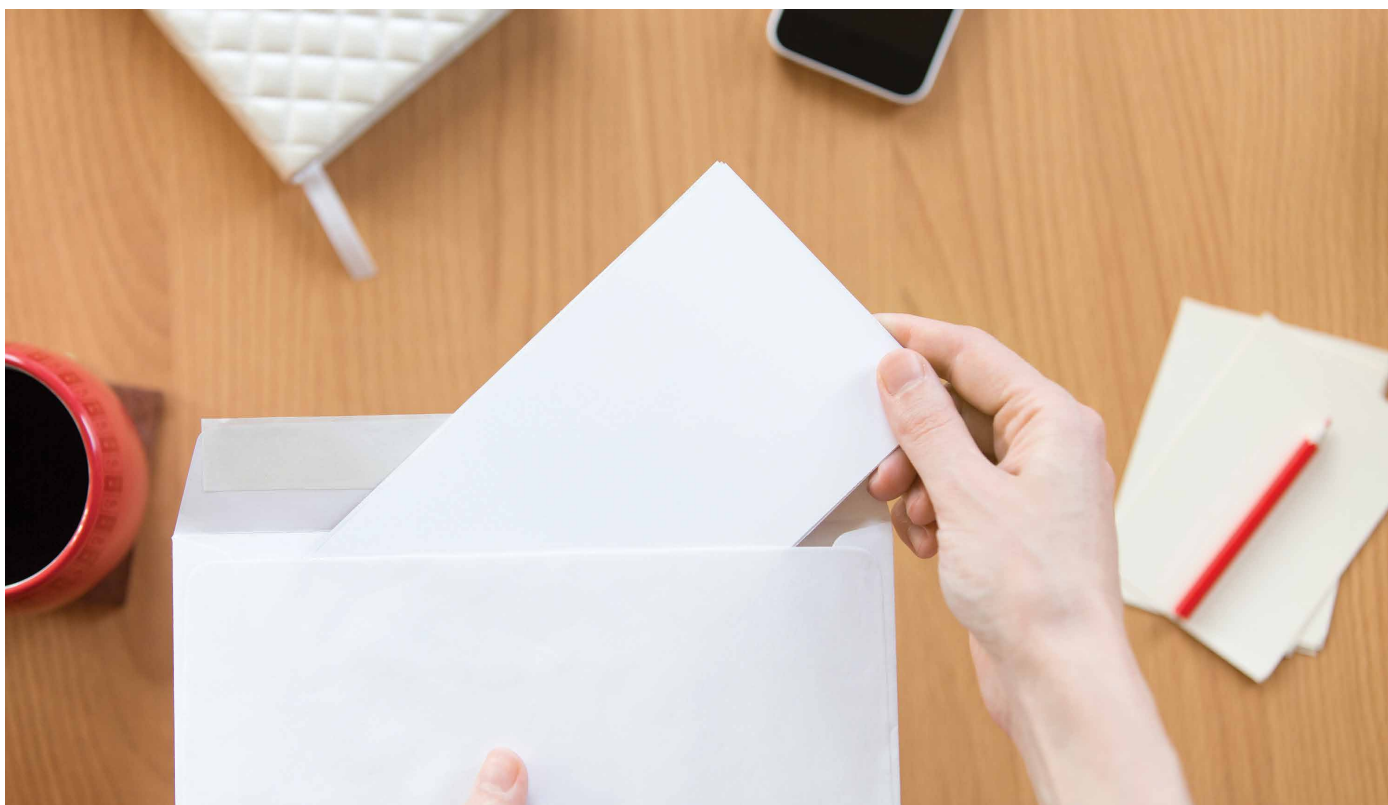
- **Include a signed claim form.** Estimates and receipts submitted without a signed claim form cannot be processed;
- **Only the plan member can sign the claim form.** Forms signed by a spouse or a dependant will be returned;
- **Include the original receipts.** Keep copies of your receipts, as they will not be returned;
- **Do not staple your receipts to the claim form.**

NOTE: Once digital services are launched, we encourage you to submit your claims electronically. However, paper claims will still be accepted. 📍

PO BOX REMINDER

Sun Life has changed its mailing address. All claims within Canada must be mailed to:

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



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.

