

PSHCP BULLETIN

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Claim filing deadline for 2001 expenses: June 30, 2002

Please remember to file your claims no later than 6 months from the end of the calendar year in which you incurred your expenses. Claims for 2001 expenses must be submitted **no later than June 30, 2002**.

Please note that if you are mailing your claim, it must be mailed and postmarked no later than June 30 for the claim to be accepted. This requirement will only be waived in cases where the late claim is the result of unavoidable circumstances such as medical or psychological incapacity.

Please use a personalized claim form when you submit your claim. If you don't have a personalized claim form and need to obtain a standard PSHCP claim form, contact your Pay and Benefits or Pension Office, or download the form from the Treasury Board Secretariat (TBS) website at <http://www.tbs-sec.gc.ca>. To find the claim form, click on: *Policies and Publications / Human Resources Management / Insurance and Related Benefits / Health Care*.

Benefit news

The Trustees wish to provide you with the following benefit news:

- ***Vitamin injections for weight loss not an eligible expense*** – under the PSHCP Drug Benefit, the Plan allows for “vitamins and minerals which are prescribed for the treatment of a chronic disease, ***when in accordance with the customary practice of medicine (emphasis added)***, the use of such products are proven to have therapeutic value and no other alternatives are available to the patient.”

Following a review of claims for these services, the Trustees have determined that vitamin injections as a treatment for weight loss does not meet the requirements set out under the PSHCP Drug Benefit. As a result, the PSHCP does not provide reimbursement for vitamin injections when used for the purposes of weight loss.

As the Plan has reimbursed these claims in error in the past, the Trustees have authorized Sun Life, the Plan Administrator, to reimburse on an exceptional basis the reasonable and customary charges for vitamin injections when used as a treatment for weight loss for services received up to August 31, 2002 only. Effective September 1, 2002 the PSHCP will no longer reimburse these expenses.

Coordination of Benefits between benefit plans – it pays!

If both you and your spouse or common-law partner have separate benefit plans, you may be able to submit an eligible claim to both plans to maximize your reimbursement. To coordinate benefits, when an individual is covered under two or more benefit plans, one plan pays part of a claim and the balance is paid by the other plan. It is therefore to the member's advantage to coordinate benefits.

Here's how it works:

Let's say you have "family" coverage under the PSHCP, and your spouse or common-law partner has separate coverage under his or her employer's benefit plan. If your spouse or common-law partner incurs an eligible expense, he or she **must submit the claim to their own plan first**. The balance remaining from the claim may then be submitted to the PSHCP (because you have family coverage) to coordinate benefits.

With respect to the claims of children, if both parents have "family" coverage under their own separate benefit plans, the plan of the parent whose **birthdate (month and day) is earlier in the calendar year** is the first payer. If there is an unpaid balance left over from the first claim, it may then be submitted to the other parent's plan for coordination of benefits.

It is very important to keep photocopies of receipts so that you may claim to the second plan. When claiming to the second plan to coordinate benefits, you need to submit a fully completed claim form, attach photocopies of the receipts, and include the original Explanation of Benefits (EoB) from the first plan that paid the claim. **Please be sure to complete the question(s) on the claim form that ask for information regarding coverage for individuals under another benefit plan.**

Please note that if each spouse or common-law partner is a member of the PSHCP in their own right (e.g. both federal government employees) there is no coordination of benefits between two members of this Plan. In addition, if each spouse or common-law partner is a member of the PSHCP in their own right, a dependant child may be covered as a dependant of one member only.

Continuous Positive Airway Pressure (CPAP) device

The PSHCP Miscellaneous Expense Benefit provides reimbursement toward the rental or purchase of a Continuous Positive Airway Pressure (CPAP) device for plan members and eligible dependants **in cases where the patient suffers from moderate to severe obstructive sleep apnea.**

To determine whether you may be eligible for a CPAP device under the PSHCP, the Plan Administrator requires the following information:

- The results of a sleep study both with and without the CPAP in place. Two types of sleep study qualify: a polysomnogram or an overnight oximetry;
- A physician's prescription, and;
- A copy of the attending specialist's consultation letter summarizing the patient's case.

It is important to note that any expense you may incur to obtain the required information is not covered under the Plan. Once the CPAP and the related expenses for necessary supplies (e.g. humidifiers) have been approved, the PSHCP will reimburse 80% of eligible costs, after the Plan's annual deductible amount is satisfied.

Devices such as CPAP are limited to one every 10 years under the terms of the Plan. After you purchase the CPAP, you must therefore wait 10 years before repairs to the CPAP or the purchase of another is eligible for reimbursement. The Plan does not reimburse expenses for supplies associated with the ongoing use of a CPAP and for durable equipment that is considered an accessory to a CPAP (other than expenses incurred at the time of purchase or rental). Replacement supplies are not eligible.

The PSHCP may consider a dental or oral appliance **in lieu of** a CPAP in certain limited circumstances. In addition to the information normally required for a CPAP as outlined above, you must also submit medical information that confirms that the patient is unable to tolerate the use of the CPAP. The reimbursement level and provision for repair and replacement remain the same as for CPAP.

Successful audit of the Plan Administrator

Earlier this year, an independent third party conducted an audit of the claims adjudication and administrative performance of the PSHCP Administrator, Sun Life Assurance Company of Canada. The Trustees are pleased to report the very favourable results of the audit.

The major findings of the audit confirmed that Sun Life is performing diligently and professionally – claims are being adjudicated in accordance with the Plan Document, proper controls are in place to ensure the accurate adjudication of claims, and service standards are being met or exceeded.

The *PSHCP Bulletin* is produced by the Public Service Health Care Plan (PSHCP) Trust to provide you with benefit and administrative information about your health care plan.