



Federal Government Dockyard Trades & Labour Council (West)



BULLETIN

August 8, 2022

To All Members

Public Service Health Care Plan Update: New tentative agreement reached

After several years of negotiations, the FGDTLC (West) is pleased to announce that a new tentative agreement has been reached with the employer to update the Public Service Health Care Plan (PSHCP). The tentative agreement is being presented to Treasury Board in the near future for ratification. The PSHCP, which provides benefits to most federal public service workers, their families, and retirees, hadn't been reviewed since 2006 and needed significant updates, especially to reflect increased health care service costs.

Negotiations for the PSHCP occur outside of the collective bargaining process, and are a very lengthy and time-consuming process. A committee comprised of members of the National Joint Council Bargaining Agents and the National Association of Federal Retirees, negotiate this agreement with the employer representatives from the Treasury Board of Canada. The Bargaining Agent members included the NJC Bargaining Agents Side Co-Chair Dany Richard, PSAC (Public Service Alliance of Canada), PIPSC (Professional Institute of the Public Service of Canada), RCEA (Research Council Employees Association), and NAFR (National Association of Federal Retirees).

Key gains were made on mental health benefits, vision care, paramedical practitioners' coverage, gender affirmation and premium rates while on parental and caregiving leave. The plan also introduces industry standard cost-containment measures to keep up with PSHCP cost increases in the future, including a prior authorization program, mandatory generic substitution and pharmacist dispensing fee caps. A detailed list of benefit improvements is provided below.

These long-awaited benefit improvements will take effect on July 1, 2023. This is the same date that the new service provider, Canada Life, takes over the plan.

In the next few months, more detailed information on benefit changes will be shared by TBS and Canada Life. The FGDTLC (W) will also share additional information as

it becomes available and we ask for your patience until then. In the meantime, please contact the Council Office for any urgent matters.

Detailed list of benefit improvements

Vision care

- Maximum eligible amount increased to \$400 every two years (from \$275)
- Maximum lifetime eligible amount for laser eye surgery increased to \$2,000 per lifetime (from \$1,000)

Paramedical practitioners

Increased annual maximum eligible amounts for:

- Each one of massage therapy, osteopath, naturopath, podiatrist or chiropodist to \$500 (from \$300)
- Nursing services to \$20,000 (from \$15,000)
- Psychological practitioners to \$5,000 (from \$2,000)
- Speech language pathology to \$750 (from \$500)

Additional benefits secured:

- Electrolysis to a reasonable and customary amount with an annual maximum of \$1,200, with prescriptions waived for members going through gender affirmation procedures
- Expansion of psychological providers to include coverage for psychotherapists, social workers (for all members, regardless of place of residence) and registered counsellors
- Removed prescription requirements for massage therapy, physiotherapy, psychological services and speech therapy
- Audiologists are now eligible under the speech therapy category
- New coverage for the following practitioners: dieticians, occupational therapists, and lactation consultants each at eligible maximum of \$300 per year
- Acupuncture is now eligible when performed by a registered acupuncturist at an eligible maximum of \$500 per year

- Foot care is now covered under the podiatrist/chiropracist amount when done at community nursing stations
- Removal of \$500-\$1,000 member-paid corridor for physiotherapy with a new annual eligible maximum of \$1,500

Hospital and emergency coverage

- Level 1 of the baseline coverage for hospitalization to increase to \$90 per day (from \$60)
- Level 2 and 3 rates to increase \$30 each (\$170 for level 2 and \$250 for level 3)
- Out of country coverage to be for 40 days exclusive of periods of work, with coverage now at \$1M per trip (from \$500,000)
- Family Assistance benefits overall maximum to increase to \$5,000 (from \$2,500)
- Daily allowance for meals and accommodations under family assistance benefits to increase to \$200 per day (from \$150)

Drug coverage

- Smoking cessation drugs increase to \$2,000 per life (from \$1,000)

Miscellaneous expense benefits

Increase maximum eligible amounts for:

- Orthopedic shoes to \$250 per year (from \$150)
- Insulin jet injector device to \$1,000 every 36 months (from \$760)
- CPAP supplies to \$500 per year (from \$300)
- Hearing aids to \$1,500 every 60 months (from \$1,000)
- Wigs to \$1,500 every 60 months (from \$1,000)

Additional benefits secured:

- Introduced coverage for injectable synovial fluid to treat joint pain and arthritis (e.g. Synvisc) to an eligible maximum of \$600 per year

- **Allow claims for a new wheelchair within the existing five-year time limit where a patient's medical condition changes requiring a different type of wheelchair. The maximum eligible claim for the new wheelchair will be reduced by any amount reimbursed for other wheelchair purchases in the previous five years**
- **Delete requirement that walkers and wheelchairs must be for use inside the patient's private residence**
- **Introduced coverage for needles for injectable drugs, not just diabetes, to a maximum of \$200 per year**
- **Introduced coverage for hearing aids batteries of up to \$200 per year separate from the increased amount for hearing aids**

Coverage for diabetic conditions

- **Introduced coverage for diabetic monitors without use of insulin pump, to a maximum of \$700 per 60 months**
- **Introduced coverage for continuous glucose monitor supplies (type I diabetics) at \$3,000 per year**
- **Introduced coverage for other diabetic testing supplies (for type II diabetics) such as flash glucose supplies and testing strips to a maximum of \$3,000 per year**
- **Removed reference to "blood" glucose monitors**

Other benefit amendments

- **Enhanced gender affirmation coverage at lifetime eligible maximum of \$75,000**
- **Introduced coverage for medically necessary monitors including oxygen saturation meters, pulse oximeters, satsurometers, blood pressure monitors (once every 60 months each)**
- **Allowed nurse practitioners to provide prescriptions for nursing coverage or medical supplies, provided it is in their scope of practice**

Amendments to retirement benefits

- **Relief provisions will be extended for retired members who retire after 2015 at the same level to those who retired before 2015 (i.e. if eligible for the Guaranteed Income Supplement, only 25% of premiums are payable)**
- **Retirees with six years of service are eligible for retiree benefits, even if all six years are not pensionable due to age**
- **Anyone who returned to work after retirement shall not lose access to their retiree benefits once they retire again**

Amendments to coverage during leave and other definitions

- **Coverage now at regular premium rates for the full period of parental leave and any period of caregiving leave**
- **Definition of common law spouse amended to remove the requirement that one must publicly represent themselves as spouses**

Amendments to drug coverage and pharmacist fees

- **Implementation of a Mandatory Generic Substitution with a 180-day grandfathering period and exceptions only based on medical necessity**
- **Implementation of a system of prior authorization for high-cost drugs. Approval will be granted using an evidence-based model and all members will be fully grandfathered with the exception that they may be required to switch their existing biologic drug to a biosimilar**
- **Reimbursement of pharmacist fees will be capped at a maximum of five times per year for each maintenance drug prescribed. Exceptions will be made for safety or storage or where a member's co-pay for a three-month supply of a given drug is more than \$100**
- **Reimbursement of pharmacy dispensing fees will be capped at \$8 per fee. This limit does not apply to biologic drugs or compounded drugs**
- **Compound drugs will only be covered where at least one active ingredient has a DIN and would otherwise be covered, subject to a 180-day grandfathering period**

- **Increase to the out-of-pocket maximum for catastrophic drug coverage will increase to \$3,500 (from \$3,000)**