



National Association
of Federal Retirees

Association nationale
des retraités fédéraux


Algonquin Valley Branch Lunch and Learn Workshop

A Presentation of Your Health Care Plans

By

**Algonquin Valley Branch
National Association of Federal Retirees**





Exploring How The Ontario Health Insurance Plan, The Public Service Health Care Plan and MEDOC Work Together For You

Disclaimer

This presentation provides information about insurance, for your convenience only.

This information should be construed neither as modifying any insurance policy, nor as providing specific legal insurance coverage advice.



Disclaimer

Use of any information obtained from this presentation is voluntary.

Always obtain a qualified assessment of the accuracy and timeliness of such information by consulting the OHIP policy, PSHCP Directive and MEDOC policy before acting upon it.



Let's Start

First, let's ask ourselves the following questions



Is there a good fit for you among all the medical insurance plans at your disposal?



What Do You Need in the Way of Medical Insurance Coverage?



Is the Ontario Health Insurance Plan good enough?



What does the Public Service Health Care Plan offer?



Are you adequately covered when travelling in Canada, USA or other countries?



Why would you contemplate additional travel insurance, specifically through MEDOC?



What do you get from combining these plans?



Will you be able to financially handle medical emergencies?



**Will you have peace of mind while
travelling knowing you have
umbrella coverage?**



Let's now dive into the details looking in turn at OHIP, PSHCP and MEDOC coverage



OHIP

What is my Ontario Health Insurance Plan?

- a health care plan for Ontario residents
- including retirees, and
- their eligible dependants



OHIP

Who Pays for the Plan?

You do if you:

- Are a Canadian citizen
- Reside in Ontario for >153 days/year.

plus the government through

The Ministry of Health and Long Term
Care



Did You Know?

More than 40% of Ontario government expenditures each year are directed to health care



OHIP

What are your premiums?

Yearly premiums are based on your income level

< \$20,000 you are exempt

< \$36,000 you pay \$300

< \$48,000 you pay \$450

< \$72,000 you pay \$600

<\$200,000 you pay \$750

>\$200,600 you pay \$900



Who do you contact?

Service Ontario INFOline

Toll free 1-866-532-3161

Core hours: 8:30 am – 5:00 pm

www.health.gov.on.ca



OHIP

Who is covered with your premiums?

- You
- Legally married spouse, or
- Common-law spouse
- Any legally dependent children



OHIP

What is Covered under OHIP?

That depends!

Do you need medical attention while

- residing in Ontario?
- travelling elsewhere in Canada?
- travelling outside Canada?



OHIP

What is Generally Covered under OHIP in Ontario?

Medical – necessary services only from
physicians (e.g., not cosmetic surgery)

Physicians must be insured; if you miss an
appointment you can be charged a fee



OHIP

What is Generally Covered under OHIP in Ontario?

Hospital – standard ward rooms only



OHIP

What is Generally Covered under OHIP in Ontario?

Ambulance – Patient responsible for
\$45 co-payment



OHIP

What is Generally Covered under OHIP in Ontario?

Paramedicals - coverage for podiatrist
up to \$135/year;

- coverage for speech therapist in
hospital only



OHIP

What More is Generally Covered under OHIP?

Nursing Benefits and Home Care -
some coverage based on need



OHIP

What More is Generally Covered under OHIP?

Medical Supplies – Some coverage
under the Assistive Devices Program
(e.g., insulin pumps)



OHIP

What More is Generally Covered under OHIP?

Hearing Aids – some coverage under Assistive Devices Program; individual must apply for assistance.



OHIP

What is Generally NOT Covered under OHIP in Ontario?

Prescription Drugs – no coverage
except seniors over 65



OHIP

What is Generally NOT Covered under OHIP in Ontario?

Dental Benefits – no coverage except
for dental surgeon services in a
hospital



OHIP

What is Generally NOT Covered under OHIP in Ontario?

Paramedicals - no coverage for
chiropractor, psychologist, or
naturopath services



OHIP

What is Generally NOT Covered under OHIP in Ontario?

Vision care – no coverage*

*some, if you are over 65!



OHIP

What is Generally NOT Covered under OHIP in Ontario?

Accidental Death and Dismemberment
– no coverage



OHIP

What is Further NOT Covered by OHIP in Ontario?

The difference between the cost of a private or semi-private room and the cost of a standard ward room.



OHIP

What is Further NOT Covered by OHIP in Ontario?

The cost of ambulatory aids, such as crutches, canes or walkers.



OHIP

What is Further NOT Covered by OHIP in Ontario?

The cost of ambulance services -
\$45 if the patient is insured and the
service is essential
\$240 for all other uses.



OHIP

What is Further NOT Covered by OHIP in Ontario?

The cost of cosmetic/delisted procedures/services no longer covered by OHIP and their associated visits plus applicable taxes.



OHIP

What is Further NOT Covered by OHIP in Ontario?

The cost of private duty nurses or sitters requested by the family.



OHIP

What is the additional coverage for seniors under OHIP in Ontario?

You have to be 65 years of age to receive these benefits:



OHIP

What is the additional coverage for seniors under OHIP in Ontario?

Prescription Drugs – covers drugs listed on the Ontario drug formulary
– you pay the first \$100, then you pay the first \$6.11 for each prescription
– you will receive generic formulas



OHIP

What is the additional coverage for seniors under OHIP in Ontario?

Vision Care – one eye examination every 12 months



OHIP

What is the additional coverage for seniors under OHIP in Ontario?

Physiotherapy* – wonderful for our old aching bodies!

*BUT, only if physician approved and performed in a hospital



OHIP

Let's now look at what is covered under OHIP travelling outside Ontario but in Canada!

Know the rules!



OHIP

What is Covered under OHIP travelling outside Ontario but in Canada?

Emergency or immediate medical care from an insured physician and for hospital services only in accordance with rates listed in Ontario



OHIP

What is Covered under OHIP travelling outside Ontario but in Canada?

Non-emergency planned medical care



OHIP

What is NOT Covered under OHIP travelling outside Ontario but in Canada?

If you do not present your Ontario
Health card you will be billed directly



OHIP

What is NOT Covered under OHIP travelling outside Ontario but in Canada?

No coverage if treated at a private
clinic or hospital



OHIP

What is NOT Covered under OHIP travelling outside Ontario but in Canada?

No coverage for ambulance services



OHIP

What is Covered under OHIP outside Canada?

In a nutshell, damn little!



OHIP

What is Covered by OHIP outside Canada?

OHIP provides **very limited** amounts
for physical services and hospital
facility services,

PLUS



OHIP

What is Covered by OHIP outside Canada?

There are a number of criteria that must be satisfied before OHIP will pay.



What are these criteria?

The treatment must be medically necessary, **AND**



What are these criteria?

The treatment must be performed at a licensed hospital or licensed health facility, **AND**



OHIP

What are these criteria?

The treatment must be rendered in relation to an illness, disease, condition or injury, that:

- Is acute and unexpected, **AND**
- Arose outside of Canada, **AND**
- Requires immediate treatment



What are these criteria?

If the illness, disease, condition or injury arises before you leave Canada, or it is not acute or unexpected, no payment will be made



OHIP

What Else is Covered by OHIP outside Canada?

- OHIP pays \$50 Cdn per day for outpatient emergency room services
- OHIP pays \$200 Cdn per day for inpatient services and up to \$400 for operating room, coronary or intensive care units



OHIP

What is NOT Covered under OHIP?

OHIP does not pay for:

- Ambulance Services
- Transportation Costs
- Out of Hospital food, drugs, accommodation, or prescriptions



Is this coverage bleak for the
unsuspecting traveller?

More likely the lack of coverage
will be financially devastating



How Do You Appeal?

If your request for payment is denied by the ministry, you may request a hearing before the Health Services Appeal and Review Board.

A written request for a hearing must be received within 15 days of receiving your denial letter



OHIP

How Do You Appeal?

You must mail or deliver a written request for a hearing to:

Health Services Appeal and Review Board

151 Bloor Street West, 9th Floor

Toronto ON M5S 2T5

Telephone : 416-327-8512 or 1-866-282-2179

Facsimile : 416-327-8524

Email : hsarb@moh.gov.on.ca



OHIP

What Further Warnings come from OHIP?

“If you plan to travel outside of Ontario, it is strongly recommended that you obtain additional private medical insurance and that you fully understand what your policy covers.”

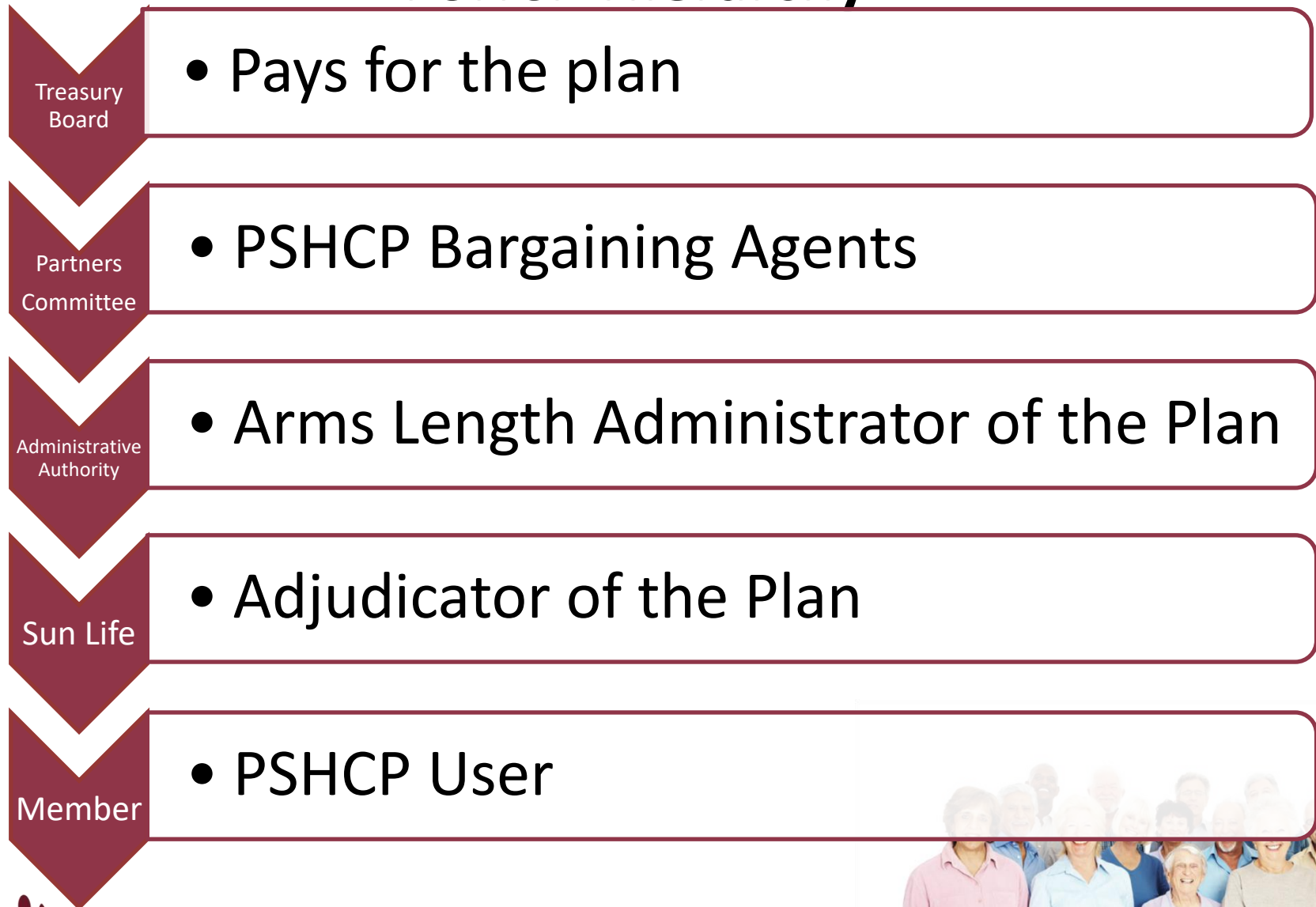


What is my Public Service Health Care Plan? (PSHCP)

- an optional health care plan
- for federal Public Service employees,
- Retirees, and
- their eligible dependants



PSHCP Hierarchy



Did You Know?

- There are approximately 600,000 Plan members, of which 46% are pensioners.



Who Pays for the Plan?

- The Treasury Board of Canada Secretariat pays for the plan when the member is an active employee
- In retirement, members used to pay 25% of the cost sharing ratio and the employer paid 75% but starting May 2015 the cost sharing ratio is moving towards 50:50!



New Contribution Rates

- 4 year phase in period beginning April 01, 2015 until equal cost sharing arrangement is achieved.
- April 1, 2015 - 31.25%
- April 1, 2016 – 37.5%
- April 1, 2017 – 43.75%
- April 1, 2018 – 50%



New Contribution Rates

Actual contribution rates in dollar figures will be communicated through future PSHCP Bulletins and on the National Joint Council Web site at

www.njc-cnm.gc.ca

Monthly contribution rates will be revised to reflect actual plan experience.



New Contribution Rates

Family Monthly Contribution Rates Supplementary Coverage			
Date	Level I	Level II	Level III
April 1, 2013	42.76	59.32	88.17
April 1, 2014	42.76	59.32	88.17
April 1, 2015	64.05	80.61	109.46
April 1, 2016	79.86	96.42	125.27



PSHCP

The firm of Gowling Henderson Lafleur LLP on behalf of the National Association of Federal Retirees on 2015 April 13 filed Affidavits to support the Notice of Application in the Federal Court of Canada submitted 2015 February 27. The legal action seeks to have the Courts declare the Government's actions regarding the PSHCP unlawful.



PSHCP

Contribution Premiums to the Public Service Health Care Plan

- Premiums are deducted from retirees' monthly pension payments
- Premiums including 8% PST paid are tax deductible



Who Adjudicates the Claims?

- Sun Life is the adjudicator of the claims for the plan
- Sun Life also administers the plan on behalf of the Treasury Board



PSHCP

What is covered under the PSHCP?

You can find information on the Plan at

<http://www.pshcp.ca/>



What is Covered Under the PSHCP?

- Extended Health Care Benefits
- Hospital Benefits



What is Covered Under the PSHCP?

- If you join the Plan, you are automatically covered for Level I benefits unless you elect for Level II or Level III



Hospital Benefits Provision**

Understand ward, semi-private or private room accommodation coverage when asked upon entering a hospital.

Your medical insurance gives you allowances based on your chosen level



PSHCP

What is Partially Covered Under the PSHCP?

■ Hospital Benefits

Level I provides for a maximum payment of \$60 per day

Level II provides for a maximum payment of \$140 per day

Level III provides for a maximum payment of \$220 per day



PSHCP

What is Partially Covered Under the PSHCP?

If a patient signs for an upgrade to semi-private or private, an additional charge (over the PSHCP benefit coverage) will be levied, i.e., NOT be covered under the PSHCP.



PSHCP

What is Partially Covered Under the PSHCP?

The difference between the cost of a private or semi-private room and the cost of a standard ward room at the Ottawa Hospital is \$220 per day for semi-private and \$260 per day for private.



PSHCP

What is Partially Covered Under the PSHCP?

For example using the Ottawa Hospital charges for semi-private room (\$220/day)

Level I – patient pays \$160/day

Level II – patient pays \$80/day

Level III – patient pays \$0/day



Benefits Available Only to Persons Residing in Canada

- The Public Service Health Care Plan covers you and your dependants for up to \$500,000 each in eligible medical expenses incurred as a result of an emergency while traveling on vacation or business as long as your trip is not more than 40 days!



Did You Know?

You can receive your claim reimbursement faster by signing up for Direct Deposit through the Sun Life Member Services website at

www.sunlife.ca/pshcp



What is not Covered?

- **No benefits are payable for the following:**
 - expenses incurred for an emergency that occurs more than 40 days after departure from Ontario
 - expenses incurred on a non-emergency basis



What is not Covered?

- **No benefits are payable for the following:**
 - expenses for the regular treatment of an injury or disease which existed prior to you or your covered dependant's departure
 - expenses above reasonable and customary charges



Did You Know?

An application form is required when you join or leave the plan, amend your coverage level, transfer your coverage type, or apply for survivor benefits.



PSHCP

Does PSHCP Pay 100% of My Costs?

- For Extended Health Care Benefits, **effective January 1, 2015**, the annual deductible was eliminated.



PSHCP

Does PSHCP Pay 100% of My Costs?

- For Hospital Benefits, there is no annual deductible



PSHCP

Does PSHCP Pay 100% of My Costs?

- For some extended health benefit services or products, there are annual maximum eligible expenses



PSHCP

So, does PSHCP Pay 100% of My Costs?

No!

- The Plan generally pays you 80% of expenses
- Some expenses are capped.



Who Can I Cover as a Dependant?

- Legally married spouse
- Common-law spouse



Who Can I Cover as a Dependant?

- Your dependant child or the dependant child of your spouse



PSHCP

How do I Make a Claim for Benefits Under PSHCP?

1. Complete the PSHCP claim form
2. Attach original bills and receipts and,
3. Forward to Sun Life Assurance Company of Canada



PSHCP

How do I Make a Claim for Benefits Under PSHCP?

Forward PSHCP claims to:

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



Did You Know?

- When you fill your prescriptions using your PSHCP Benefit Card at the pharmacy, you do not need to submit a paper claim.



What Happens to PSHCP Coverage When the Pensioner Dies?

- Coverage ceases for spouses and dependents!



What Happens to PSHCP Coverage When the Pensioner Dies?

- **Surviving spouses must reapply!**



What Happens to PSHCP Coverage When the Pensioner Dies?

- Coverage for survivor(s) will begin as soon as an application is submitted, BUT,
- If the application is not made within 60 days, then coverage is delayed another 3 months!



Online Account with Sunlife

- Sun Life Financial has an Internet service to provide members with secure access to claims information and other services



PSHCP

Who to Contact if You Have Questions on the Public Service Health Care Plan

- Sun Life Assurance
Company of Canada
PO Box 6192 Stn CV
Montreal, QC H3C 4R2
- 1-888-757-7427 (toll-free)
- www.sunlife.ca/pshcp



Appeals Process

- Send a letter by mail explaining why your disagreement with the claim denial.
- The appeal to a denied claim must be made within 12 months of the date of the claim statement



Appeals Process

- Include your contact information
- Your plan certificate number



Appeals Process

- send to:

Federal Public Service Health Care
Plan Administration Authority
P.O. Box 2245, Station "D"
Ottawa, ON
K1P 5W4



Appeals Process

- The appeals process is outlined on-line at

[http://www.pshcp.ca/appeals/
how-to-submit-an-appeal.aspx](http://www.pshcp.ca/appeals/how-to-submit-an-appeal.aspx)



What Extended Health Care Benefits are covered by PSHCP?

Let's delve into some!



Extended Health Provisions

- Drug Benefits
- Vision Care Benefits
- Medical Practitioner Benefits
- Miscellaneous Expense Benefits
- Out-of-province Benefits



Drug Benefits

- Eligible drugs – 80%
- Erectile dysfunction drugs - 80%,
\$500/year cap

Thus, your expenses are capped at \$500/year and you will be reimbursed 80% up to a maximum of \$400/year



Did You Know?

For over-the-counter smoking cessation aids to be eligible under the Plan, they must be prescribed by a physician AND dispensed by a pharmacist.



Drug Benefits

- Smoking cessation aids – 80%, \$1000 lifetime cap
- Catastrophic drug coverage – 100%, eligible drug expenses in excess of \$3,000 out-of-pocket drug expense/given calendar year



Did You Know?

Drugs used for treatment other than what is recommended by the drug manufacturer are not eligible under the Plan, even when such usage is recommended by a physician.



Vision Care Benefits

- Eyeglasses/contact lenses – 80%,
\$275 cap/2 years
- Eye examinations - 80%,
once/2 years



Vision Care Benefits

- Laser eye surgery – 80%,
\$1000 lifetime cap
- Intraocular lens– not subject to any
limits other than reasonable and
customary.



Medical Practitioner Benefits

- Physiotherapist – 80%,
\$500 cap/calendar year
- Psychologist – 80%,
\$1000 cap/calendar year
- Massage Therapist – 80%,
\$300 cap/calendar year



Medical Practitioner Benefits

- Osteopath – 80%,
\$300 cap/calendar year
- Naturopath – 80%,
\$300 cap /calendar year



Medical Practitioner Benefits

- Podiatrist – 80%, \$300 cap/year
- Chiropractor – 80%,
\$500 cap/calendar year
- Speech language pathologist – 80%,
\$500 cap/calendar year



Medical Practitioner Benefits

- Electrologist – 80%, \$20/visit
- Nurse (nursing services) – 80%, \$15,000 cap/calendar year



Did You Know?

Prior to incurring expenses for nursing services, your physician must fill out a questionnaire so Sun Life can determine if the services are eligible under the Plan.



Miscellaneous Expense Benefits

- Orthopaedic shoes – 80%, \$150 cap/calendar year
- CPAP and BiPAP machines– 80%, \$300 cap/calendar year
- Hearing aids – 80%, \$1000 cap less any claim over 5 years



Miscellaneous Expense Benefits

- Orthopaedic brassieres – 80%,
\$200 cap/calendar year
- Wigs – 80%, \$1000 cap/60 months
- Insulin jet injector device – 80%,
\$760 cap/36 months



Out-of-Province Benefits

- Emergency benefit while travelling – 100%, \$500,000 per period of travel (**not exceeding 40 consecutive days**)



Out-of-Province Benefits

- Referral benefit - 80%,
\$25,000 cap per injury or illness



Generic Medication and Branded Medication

- Public Service Health Care Plan has a generic drug policy
- Branded medication prescription must specify “no substitution” for coverage under the plan



Long Term Care

- PSHCP **does not** cover the cost of:
 - Long term care facilities
 - Stays in a rehabilitation facility unless it is designated as a hospital
 - Private care workers



Power of Attorney

The holder of a power of attorney or the executor of the estate

- can make necessary changes to PSHCP on your behalf
- by contacting the Pension Centre and providing the necessary documents



Words of Advice

- Carefully read the PSHCP Directive or Plan Booklet to understand your coverage



Words of Advice

- Call Sun Life for any coverage questions

1-888-757-7427
(toll-free)



Words of Advice

- Before purchasing any expensive medical devices or equipment, submit an estimate to Sun Life to avoid costly surprises



Words of Advice

- Sign up for an online Sun Life personal account



Words of Advice

- Research which pharmacy provides the lowest dispensing fees to save yourself out of pocket expenses



Words of Advice

- The PSHCP plan does not cover all health care treatments or drugs, so you will have out of pocket expenses for certain treatments or drugs.
- Budget and put money aside for this possibility.



What is MEDOC?

- MEDOC is a comprehensive **group emergency travel AND health insurance plan**
- provides up to \$5,000,000 for emergency medical treatment while traveling outside Ontario or outside of Canada
- 30% of the premium is for travel interruption, cancellation or delay insurance



MEDOC

How was MEDOC Chosen as a Preferred Partner?

- Endorsement is reviewed every three years - includes assessments of competing products.



MEDOC

How was MEDOC Chosen as a Preferred Partner?

- MEDOC was chosen :
 - competing products often included restrictions that would deny coverage on the basis of health or age
 - competing offerings sometimes were unable to service all of Canada.



MEDOC

How was MEDOC Chosen as a Preferred Partner?

- No single program can best meet the needs of each and every one of the Association's 185,000 + members.
- Members are encouraged to shop around.



MEDOC

Emergency Travel Assistance Benefit

- Global Excel Management is the company that specializes in providing emergency medical and general travel assistance for travellers with a **24-Hour Help Line**



Medical Evacuation

- The Emergency Travel Assistance Benefit provides medical evacuation when suitable care is not available in the area where the emergency occurred



Advance Payment Assistance

- Coverage under the Public Service Health Care Plan and the provincial health plan will be verified by **Global Excel Management** so that the hospital and/or medical payments can be paid on your behalf



Family Assistance Benefits

- Up to \$2500 for one travel emergency
- Return of Dependent Children
- Return of Other Family Members
- Visit of a Relative
- Meals and Accommodation (\$150/day)



Coverage Details

Watch Out! Be Aware!

- Assistance services are NOT available in a number of countries due to conditions such as war, epidemics, and geographic inaccessibility may also interfere or prevent the provision of assist services

Check with MEDOC before booking trips!



MEDOC

Public Service Travel Benefit and Emergency Travel Assistance Benefit

**To be used exclusively for travel-related
emergencies:**

Canada and USA 1-800-667-2883 (toll-free)

All Other Countries 519-742-1342 (collect)

Fax 519-742-2581

For general claims enquiries:

613-247-5100 (local calls)

1-888-757-7427 (toll-free)



MEDOC

MEDOC OFFERS

An increase in coverage limit to \$5,000,000 from PSHCP coverage limit of \$500,000 provides you with maximum peace of mind.



MEDOC

MEDOC OFFERS

**Up to \$12,000 Trip Cancellation,
Interruption & Delay Insurance
per insured per trip**



MEDOC OFFERS

**Up to \$1,500 Baggage &
Personal Effects Benefits
per insured
(maximum of \$3,000 per family)**



MEDOC

MEDOC OFFERS

**Up to \$100,000 Flight Accident and
Accidental Death & Dismemberment
Benefits per insured**



MEDOC

I've got the PSHCP, why do I need MEDOC?***

MEDOC offers total “peace of mind” coverage by

- insuring several expenses that are not covered by PSHCP and
- extending some out-of-province and outside Canada coverage



MEDOC

I've got the PSHCP, why do I need MEDOC?

- The MEDOC Annual **Base** Plan coverage is available regardless of health status with no medical questionnaire required



MEDOC

I've got the PSHCP, why do I need MEDOC?

Coverage not included in the PSHCP but included by MEDOC:

- Trip Cancellation, Interruption and Delay insurance (\$12,000 per insured)
- Vehicle return (\$5000)
- Pet return (\$500)
- In-hospital private duty nursing (\$10,000)



MEDOC

I've got the PSHCP, why do I need MEDOC?

Coverage not included in the PSHCP but included by MEDOC:

- Emergency dental expenses(\$5000)
- Emergency relief of dental pain(\$600)
- Additional hotel and meals expenses
- Incidental hospital expenses e.g. TV, telephone, etc. (\$50/day, \$2000)



MEDOC

How Do You Apply for MEDOC?

Apply online at
www.johnson.ca/fsna

(and click on the “MEDOC button)



MEDOC

How Do You Apply for MEDOC?

Or

Complete an application form and forward through the mail, along with a VOID cheque.

Or

Call **1-866-60-MEDOC (1-866-606-3362)**



MEDOC

What Is my cost for MEDOC Coverage?

Depends upon your age, your medical history and your travel plans. There is a rate schedule on the MEDOC website.



MEDOC

What Is my cost for MEDOC Coverage?

Choose the plan best suited to your needs:

Base Plan – designed for unlimited number of trips up to **40** days in length at a time

Supplemental Plan– designed for members who travel longer than **40** consecutive days to a maximum of 182 days for residents of Ontario



MEDOC

What Is my cost for MEDOC Coverage?

Supplemental Plan – consists of **Optimum, Preferred, and Standard** health rate categories;

- The 40 day **Base Plan** is automatically included;
- Completion of a Health Option Questionnaire is required to determine rates.



MEDOC

What Is my cost for MEDOC Coverage?

Optimum category – never been diagnosed or treated for:

- heart condition,
- lung condition,
- blood pressure,
- diabetes,
- stroke (TIA),

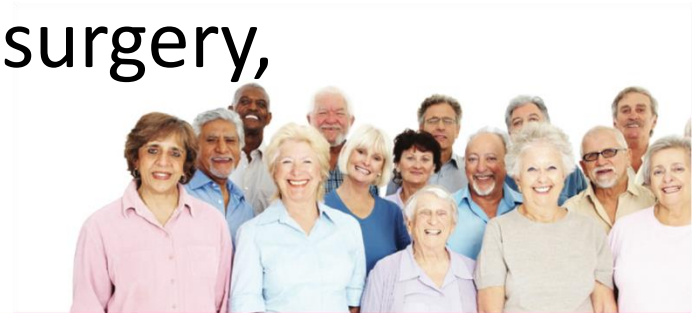


MEDOC

What Is my cost for MEDOC Coverage?

Optimum category – never been diagnosed or treated for:

- aneurysm,
- narrowing or blockage of any artery, or blood vessel,
- Alzheimer's/dementia,
- bowel obstruction, disease or surgery,
- gastrointestinal bleeding



MEDOC

What Is my cost for MEDOC Coverage?

Optimum category – never been diagnosed or treated for:

- liver disorder,
- pancreatic disease, or
- cancer (except basal cell squamous cell skin cancers), AND



MEDOC

What Is my cost for MEDOC Coverage?

Optimum category –

- never used any tobacco products in the past 5 years (60 months), AND
- had a regular medical checkup more than 18 months ago by physician or licensed nurse practitioner

Answer yes to any of the above and you drop into the **Preferred** category



MEDOC

What Is my cost for MEDOC Coverage?

Preferred Category – more specific

- Ever taken meds or treatment for heart condition
- Taking meds for diabetes and/or blood pressure
- In past 5 years, diagnosed or treated for stroke or cancer



MEDOC

What Is my cost for MEDOC Coverage?

Preferred Category – more specific

- In past 24 months diagnosed or treated for – lung condition, narrowing or blockage of artery/vessel, aneurysm, Alzheimer's/dementia, bowel obstruction, disease, or surgery, gastrointestinal bleeding, liver disorder, pancreatic disease or kidney disease (including kidney stones)



MEDOC

What Is my cost for MEDOC Coverage?

Preferred Category – more specific

- Last regular medical checkup more than 24 months ago

Answer yes to any of the previous points, then you move to the **Standard** Category.



MEDOC

What Is my cost for MEDOC Coverage? **

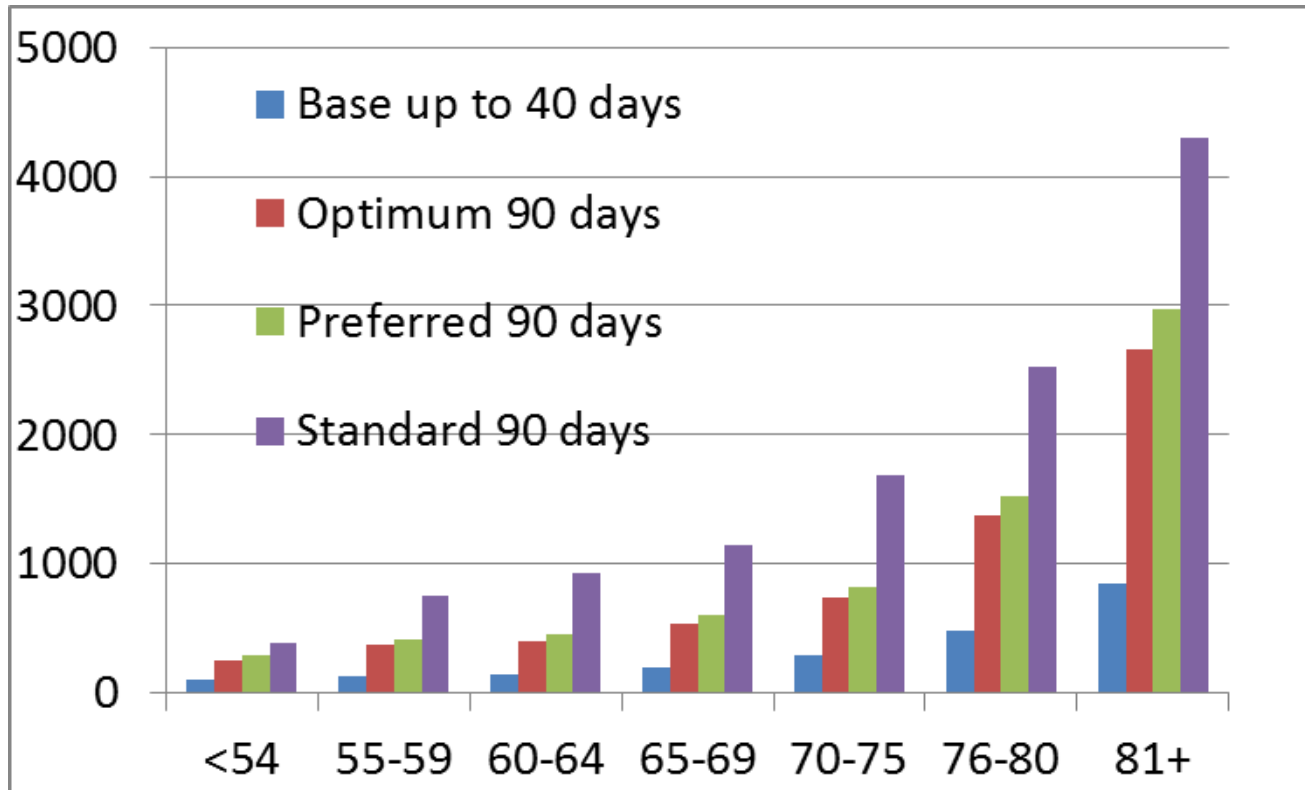
Recall that rates are dependent on age and how medically fit you are

30% of the rate cost is the premium for trip cancellation.



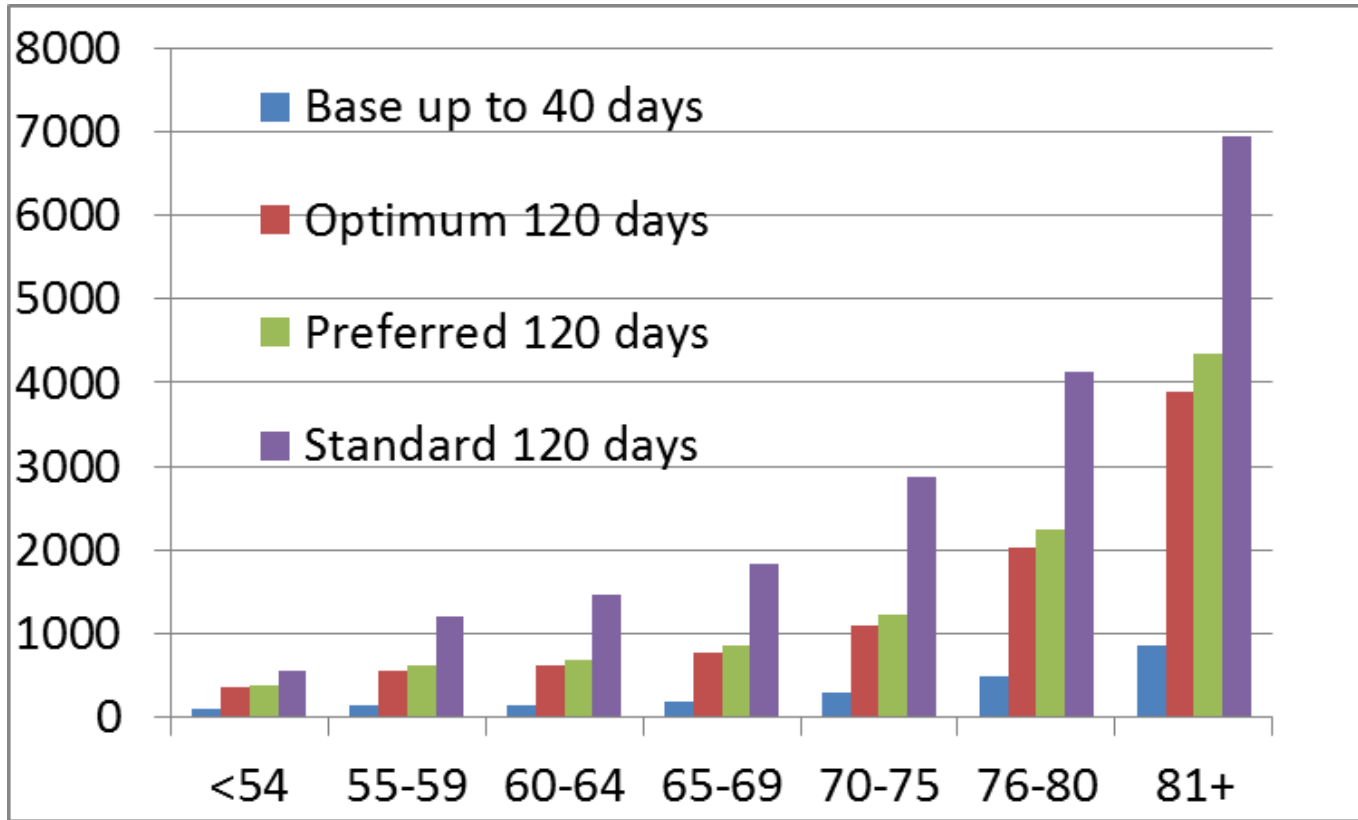
MEDOC

What Is my cost (Family) for MEDOC Coverage?



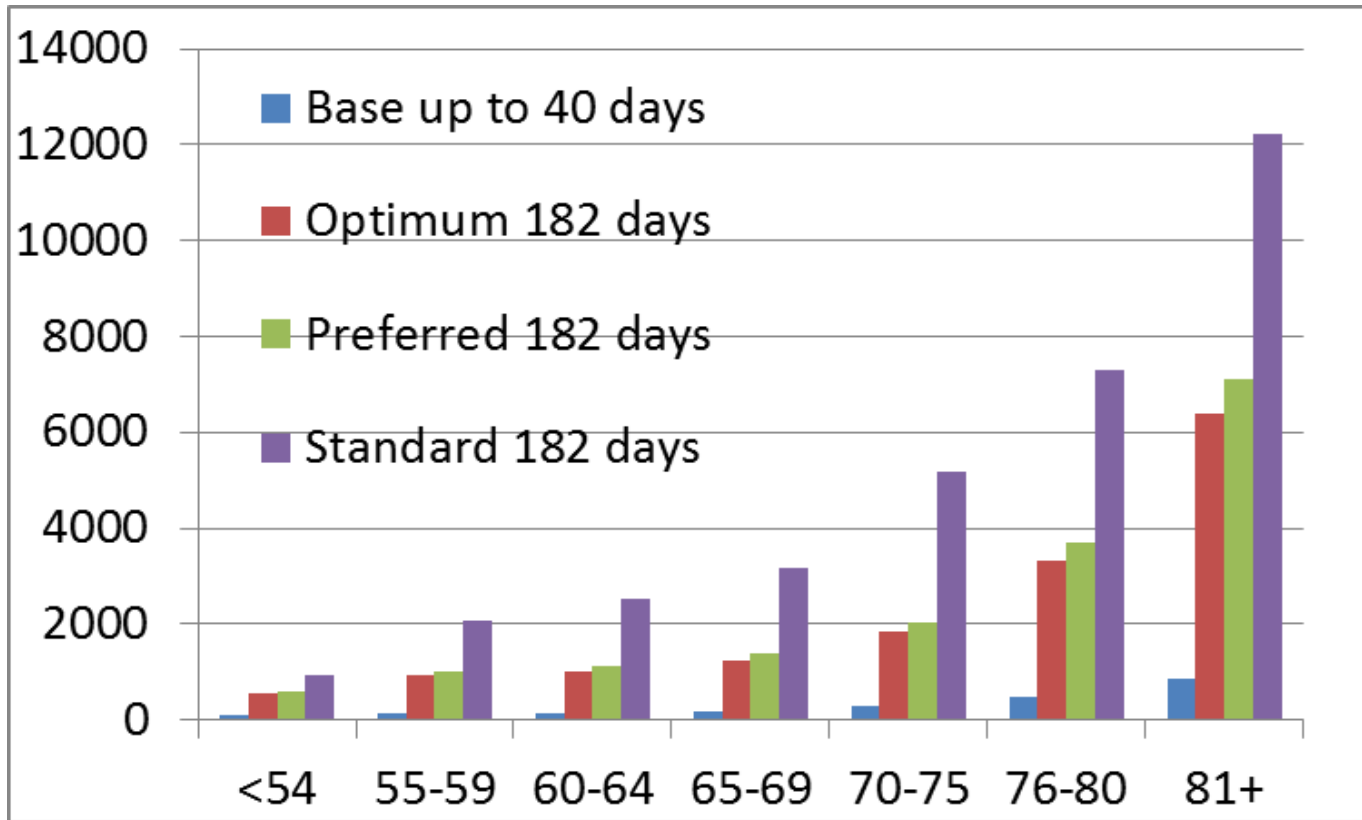
MEDOC

What Is my cost (Family) for MEDOC Coverage?



MEDOC

What Is my cost (Family) for MEDOC Coverage?



MEDOC

Stability Clause

With MEDOC there is **NO** stability clause for pre-existing medical conditions for **MOST** policyholders



MEDOC

What is the Stability Clause?

- no new treatment
- no new prescribed medication
- no change in treatment
- no change in prescribed medication
- no new symptoms
- no change in frequency of symptoms
- no hospitalization or referral to a specialist

In the 90 days prior to travel.



Stability Clause

Base Plan policyholders are NOT subject to the stability clause.



Stability Clause

Supplemental Plan policyholders who have qualified for **Optimum** or **Preferred** rates are NOT subject to the stability clause regardless of the travel time out of province or out of country.



Stability Clause

ONLY **Supplemental** Plan policyholders who have qualified for **Standard** coverage are subject to a 90 day stability clause if travelling in excess of 40 days!



MEDOC

Stability Clause

Basically, all MEDOC policyholders who will travel out of province or out of country for less than 40 days are **NOT** subject to the 90 day stability clause.



MEDOC

Stability Clause

HOWEVER

Supplemental Plan policyholders who have qualified for **Standard** coverage should make sure their doctor gives them permission to travel and there are no outstanding tests or treatment scheduled if they are travelling for less than 40 days



What to do in the Event of a Claim?

Coordination with your PSHCP coverage:

- One number to call should you have a claim – GEM (Global Excel Management).
- GEM will coordinate with PSHCP and MEDOC to ensure that your claim is handled seamlessly.



MEDOC

Travel Assist Provider

The MEDOC Claims Assistance Centre
(Global Excel Management Inc.)

24-hour Emergency Help line



MEDOC

Travel Assist Provider

In the event of an emergency, members must call the MEDOC Claims Assistance Centre as soon as medically possible.



MEDOC

Travel Assist Provider

The MEDOC Claims Assistance Centre
will:

Refer you to the nearest
appropriate medical facility.



Travel Assist Provider

The MEDOC Claims Assistance Centre
will:

Arrange for your eligible expenses to
be paid directly (whenever possible).



MEDOC

Travel Assist Provider

The MEDOC Claims Assistance Centre
will:

Relay important messages to and
from your family or physician.



MEDOC

Travel Assist Provider

The MEDOC Claims Assistance Centre
will:

Provide language assistance
and help obtain legal services.



MEDOC

Emergency Contact Numbers MEDOC 24 HOUR EMERGENCY HELPLINE

In Canada/USA: 1-800-709-3420

In Mexico(toll free): 00-1-800-514-7983

Worldwide(toll free): 00-1-800-014-44444

Worldwide(collect call): 819-566-1002

Global Excel E-mail Assistance:

assistance@globalexcel.com



Words of Advice

- Know your medical condition(s)



Words of Advice

- Be honest about your medical condition(s) and fully disclose your medical condition(s) if required



Words of Advice

- Read your policy carefully before travelling



Words of Advice

- Do not wait until the last minute to purchase MEDOC coverage



Word of Advice

- Don't buy your tickets and then apply for Medoc, you won't be eligible for the travel cancellation insurance.



Words of Advice

- Know the rules and follow them



Words of Advice

- Carry the emergency contact information with you at all times



Other Coverage?

No single plan can best meet the needs of each and every one of the Association's 185,000+ members.

Members are encouraged to shop around.



MEDOC

Other Coverage?

Do you consider MEDOC too
expensive?

Are there other alternatives available?



Other Coverage?

Be careful, you get what you pay for!



Other Coverage?

Be careful, you get what you pay for!

Other carriers do not offer the
extensive travel cancellation
and reimbursement



Other Coverage?

Be careful, you get what you pay for!

Other carriers may not provide adequate coverage to get you home.



Other Coverage?

Be careful, you get what you pay for!

Other carriers may not provide the equivalent coverage benefits.



Other Coverage?

Be careful, you get what you pay for!

Other carriers may not have the same
upper limit of coverage for
emergency medical treatment



Other Coverage?

However,

Other carriers may allow you to self-insure with deductibility amounts of \$100, \$1000, or \$5000, thus, lowering the premiums you pay



Other Coverage?

Other carriers may allow you to increase the amount of coverage for catastrophic medical treatment



Sources of Other Coverage

- Travel Agents
- Canadian Association of Retired Persons (aka Snowbird Association)
- Insurance Companies
- internet-based comparisons

<https://www.kanetix.ca/snowbird-travel-insurance>



Words of Advice

- Be prepared for the unexpected



Words of Advice

- Consult the Government of Canada's Travel website before travelling



Words of Advice

- Consult MEDOC if you are planning to visit an exotic/off-the-beaten-path area of our planet.



Words of Advice

- Call/visit a health travel clinic for a consultation a few months before you leave



Words of Advice

- Do not automatically assume that you will be covered for all medical emergency related expenses



Words of Advice

- Read your policy and if you have any questions go back to MEDOC for answers.



Conclusions

- Consider OHIP to be of limited assistance, it may be universal, but it has big holes that can cost you financially



Conclusions

- PSHCP can close some of the financial sink holes if you do not travel



Conclusions

- MEDOC further helps to minimize your financial risks while travelling, but you need to follow their rules.



Conclusions

- Check for MEDOC coverage if you are planning to travel to an exotic/out-of-the-way destination.



Conclusions

- If you are inclined to be risk adverse, then make sure you are adequately covered for emergency medical treatment



Conclusions

- Carry all your contact information with you, preferably with your passport



Conclusions

- You will never be 100% covered, but you can have peace of mind while travelling if you medically insure you and your dependents properly.



We have posted the slides on the
branch website

www.fsnaalgonquinvalley.com



Feedback/Questions

Please help us by filling out the feedback form.

How can we improve the message/content?

Care to share your experiences?



Feedback/Questions

Don't pull a fast one by travelling with MEDOC then canceling for a refund and then later in the same year reapply when you want to travel again. MEDOC will require you to pay for the intervening months.



Feedback/Questions

If you have MEDOC coverage and are no longer a NAFR member, your MEDOC coverage ends!



Feedback/Questions

For income tax returns, if you have $> 3\%$ of your total income in expenses you need to document ALL of the medical deductions declared:

Physician approval, receipts for treatment/drugs, dates of treatment, miles driven and justified, meals taken, expenses covered by insurance providers



Upcoming Branch Events

**Lunch and Learn Workshops
in February and April
on Estate Planning
(wills, POA, trusts, executors)**

Branch Annual Meeting in April

Petawawa Spring Showcase in May





National Association
of Federal Retirees

Association nationale
des retraités fédéraux

Thank you for your participation today!