

What to do before you return to Canada to ensure your PSHCP coverage

Here is what you need to know and do before your return to Canada from your deployment to ensure seamless access to your Public Service Health Care Plan (PSHCP) health benefits.

Once you return to Canada, your health benefits, for the PSHCP will be administered by Canada Life and will no longer be administered by MSH International (MSH).

What to do before you return to Canada

For a seamless transition from Comprehensive Coverage to Supplementary Coverage:

1. Submit any outstanding Comprehensive Coverage claims to MSH before returning to Canada. This will ensure that claims are submitted to the correct insurer and your claim reimbursement will be faster and easier.
2. If you have not already, create a PSHCP Member Services account through [My Canada Life at WorkTM](#), so you can:
 - access your PSHCP benefit cards for you and your eligible dependant(s) (if applicable)
 - sign up for direct deposit for claim payments
 - submit claims electronically and access claims history
 - get notified when claims have been processed
 - access the details of benefits, claim forms and other important information
 - find health care providers who offer eClaims
 - submit co-ordination of benefits claims between 2 Canada Life plans or submit the remaining balance of a claim already processed through another benefit plan
 - update your positive enrolment information, including your direct deposit information
 - access the Drug search feature to look up prescription drug information by entering a prescription drug name or drug identification number (DIN)
 - submit photos of receipts for all medical expenses
 - submit supporting documentation requested by Canada Life, such as physician referrals and medical questionnaires
 - securely contact Canada Life using the online chat or secure messaging from the Contact us page

Note that your departmental compensation office may automatically change your coverage from Comprehensive to Supplementary, 3 months after the date of your End of Posting confirmation. If this has not occurred, please contact your departmental compensation office to switch from Comprehensive Coverage to Supplementary Coverage once your provincial or territorial coverage is in effect. For more information, see Provincial or territorial health benefits coverage.

How to create your PSHCP Member Services account

You will need your plan and certificate numbers. These are the same plan and certificate numbers that you used while your benefits were administered by MSH and can be found on your benefit card.

If you have not already, create a PSHCP Member Services account:

1. Go to the [PSHCP Member Services website](#).
2. Select **Sign in** in the top right corner.
3. Select **Register**. Use the same email you provided during positive enrolment to create your account.

PSHCP design changes

Plan design changes came into effect on July 1, 2023. For a list of these changes, please review the Improvements and changes to the Public Service Health Care Plan article in the [PSHCP Bulletin #45](#).

While you were deployed, the following PSHCP design changes did not apply to you:

- Prior Authorization and biosimilar drug substitution
- Pharmacy dispensing fee frequency limits
- Pharmacy dispensing fee caps
- Mandatory Generic Drug Substitution

Upon your return to Canada, these changes will apply. Biosimilar substitution and Prior Authorization are further explained for you below.

Biosimilar substitution

Biosimilar substitution was introduced by the PSHCP on July 1, 2023. Canada Life will only reimburse 80% of a biosimilar drug when one is available in place of an originator biologic drug.

Biosimilar drugs are highly similar in terms of quality, efficacy and safety to an originator biologic drug. If you or your eligible dependant(s) are on an originator biologic drug where a biosimilar drug is available, Canada Life may contact you with details regarding the switch to a biosimilar drug.

For more information, please review the Biosimilar substitution section of the [PSHCP Member booklet](#).

Prior Authorization

The PSHCP Prior Authorization Program is a process where a sub-set of prescription drugs require pre-approval before they can be reimbursed under the PSHCP. If you were prescribed a prescription drug while deployed outside of Canada that requires Prior Authorization, you will need to submit a request for Prior Authorization once you return to Canada. Without submitting a request for Prior Authorization, your prescription drug may be declined at the pharmacy. You can find the list of Prior Authorization prescription drugs and Prior Authorization forms on the [Your forms](#) page of the PSHCP Member Services website.

To avoid a break in coverage, please visit the Your forms page of the PSHCP Member Services website to select and complete the Prior Authorization form.

What to do once you return to Canada

How to submit Supplementary Coverage claims (excluding Emergency Travel Assistance claims) to Canada Life

Once you return to Canada, there are 3 ways to submit your claims to Canada Life:

- directly through a registered pharmacy or paramedical provider
- online through your PSHCP Member Services account or My Canada Life at Work mobile app
- by mail using a paper claim form

How to submit a claim through your pharmacy or provider

Submitting claims through your pharmacist

When picking up prescription drugs, prescription drug supplies and eligible medical supplies at your pharmacy in Canada, present your PSHCP benefit card so that your claim(s) can be submitted directly to Canada Life on your behalf. Your claim(s) will be processed in real-time, and you will only be required to pay any ineligible expenses and the 20% co-payment amount.

If you and your spouse or common-law partner have coordinated your benefits, the co-pay amount may not apply.

Note: You must present your PSHCP benefit card at the pharmacy when purchasing prescription drugs to benefit from the best rates available for PSHCP members. If you do not present your PSHCP benefit card, your reimbursement amount will be limited to 80% of the cost of what a PSHCP member would have paid using their PSHCP benefit card.

Submitting claims through your provider (paramedical)

Eligible providers that are registered for Provider eClaims can submit paramedical claims on your behalf. This means that Canada Life will pay providers directly, reducing your out-of-pocket expenses. You will only be responsible for paying any ineligible expenses and the co-payment amount.

If your provider is eligible and registered for Provider eClaims, present your PSHCP benefit card to them to have your claim(s) submitted in real-time.

For a full list of providers registered for Provider eClaims, sign in to [your account](#) and select Find a Provider.

If your provider is not registered for Provider eClaims, you can submit your claim online through your PSHCP Member Services account or you can send your claim by mail. The following details how to submit a claim online or by mail.

How to submit a claim online (for expenses incurred in Canada)

Once you have completed positive enrolment and registered for an [account](#), you can submit claims online through the PSHCP Member Services website or My Canada Life at Work mobile app.

To submit a claim digitally:

1. Sign in to [your account](#) through the PSHCP Member Services website or the My Canada Life at Work mobile app.
2. Select **Submit a claim** (or select **Make a claim** if you are using the mobile app).
3. Choose the appropriate claim type and follow the steps to complete the claim.

How to submit a paper claim (for expenses incurred in Canada or for non-emergency claims incurred while out of country)

To submit a paper claim:

1. Print and legibly complete and sign the appropriate form(s) found on the [Your forms](#) page of the PSHCP Member Services website or call the PSHCP Member Contact Centre to request that a form be sent to you by mail (see Contact Canada Life). If your form is incomplete or illegible, it will be returned to you by mail within 3 weeks, and you will need to submit a new form to Canada Life.
 - [In-Canada Expenses Claim Form \(M635D\)](#)
 - [Non-Emergency Out of Country Expenses Claim Form M7518](#)
2. Mail the form to the address indicated on the form along with the originals of any supporting documentation (original receipts, bills, invoices, physician or practitioner statements, and/or questionnaires, etc.). Keep a copy for your own files, Canada Life will not return original documents or receipts after claims are processed.

If you are coordinating benefits with your spouse or common-law partner, please include any explanation of benefits statements received from the other benefit plan(s).

Provincial or territorial health benefits coverage

If you are waiting to access provincial or territorial health benefits coverage, your claims will be assessed as follows while you retain Comprehensive Coverage:

- Hospital Outside Canada Provision: Reasonable and Customary Charges (R&C) is based on 1x the Provincial Medical Association Fee guides for where the service was incurred
- Health care services will be assessed using both Canada Life's R&C and the PSHCP's benefit maximums

Accessing claims history

To view PSHCP claims dating back to July 1, 2023, that you submitted to Canada Life before your deployment or after your return to Canada, sign in to your [PSHCP Member Services account](#). If you or your eligible dependant(s) visited Canada during your deployment and used your PSHCP benefits, this information will also be in your PSHCP Member Services account.

To view the Comprehensive Coverage claims you submitted to MSH since July 1, 2023, while you were deployed, log in to your [MSH PSHCP Member Portal](#).

Claim submission deadline

Claims must be received by Canada Life no later than December 31 of the year following the calendar year in which the expenses were incurred. For example, if you incurred expenses in July 2024, you have until December 31, 2025, to submit your claim. Some exceptions may apply, see the [PSHCP Directive](#) for more details.

Request an estimate of reimbursement from Canada Life

To get an estimate for what will be reimbursed for a product or service before the expense is incurred, ask your health care provider for a document detailing the proposed service(s), medical equipment or supplies required and the total estimated cost of the expense.

You can request an estimate of what will be covered by Canada Life either online or by mail. In some cases, your provider may be able to make this request on your behalf. Work with your provider to determine the best way to receive an estimate.

How to request an estimate online:

To request an estimate through [your account](#) sign in and select **Benefits**, then **Estimates**.

If you need a claim form, follow the steps until you are presented with a claim form, then complete the claim form (indicate on the form that it is for an estimate) and upload it along with any other supporting documentation.

Alternatively, if your provider has prepared an estimate, upload the estimate document they have provided. In this case, there is no need to complete or submit the Canada Life claim form.

How to request an estimate by mail:

Print and legibly complete and sign the appropriate claim form found on the [Your forms](#) page of the PSHCP Member Services website or contact Canada Life to request a form by mail. Be sure to indicate Pretreatment/estimate at the top of the claim form.

Canada Life will send you a statement with your estimate of reimbursement by email or mail, depending on the communication preference indicated in your file. The statement will provide:

- a decision on whether the expense is eligible for coverage under the PSHCP
- an estimate of the dollar amount that is eligible for reimbursement when there is no coordination of benefits

Note that if the actual service cost varies from what you provided in your estimate request, Canada Life will only reimburse what is eligible.



Questions?

If you have any questions about your PSHCP coverage, please review the PSHCP Member booklet found on the [Your plan](#) page of the PSHCP Member Services website or the Key Forms and Documents page of your [MSH PSHCP Member Portal account](#). You can also call the PSHCP Member Contact Centre (see Contact Canada Life) for more information.

If you have any questions about your Comprehensive Coverage, or Emergency Travel Assistance, please contact MSH.



Contact Canada Life

PSHCP Member Contact Centre

- North America (toll-free): 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time
- International (collect): 1-431-489-4064, Monday to Friday from 8 am to 5 pm, ET

Deaf or hard of hearing access to a telecommunications relay service

- TTY to Voice: 771
- Voice to TTY: 1-800-855-0511

Secure email

Sign in to your PSHCP Member Services account through [My Canada Life at Work](#) and go to the Contact Us page to email Canada Life.

Secure online chat

Sign in to your PSHCP Member Services account through [My Canada Life at Work](#) and go to the Contact Us page.



Contact MSH International

Comprehensive Coverage Contact Centre (Monday to Friday from 7 am to 8 pm ET)

- North America (toll-free): 1-833-774-2700
- International (collect): 1-365-337-7427

Email: assist@pshcp-msh.ca

Use this email address to ask basic plan or process questions, however, please do not use this email address to submit personal or confidential information. If you need to share personal information or if you have a question requiring that you provide personal information, please call the MSH Call Centre.