

Bargaining Agents' and Retirees' proposals for the PSHCP

The following proposals are presented in no priority order.

Vision Care

- Vision care: Increase amount to \$500 every 2 years (from \$275)
- Increase to the lifetime laser eye surgery amount

Paramedical practitioners

- \$500 per year for each massage therapy, osteopath, naturopath, podiatrist or chiropractor (from \$300)
- \$750 per year for each chiropractor, speech language pathologist (from \$500)
- Remove \$500 to \$1,000 “corridor” of uncovered physiotherapy services
- \$4,000 per year for psychologist (from \$2,000) and allow claimants to use the services of psychotherapists, registered clinical counsellors, social workers, and family counsellors in addition to psychologists
- Nursing services – increase amount and allow members to use this amount towards services in public community clinics
- Electrologist to 80% at reasonable and customary limit add ability for people undergoing gender reassignment to access the benefit without prescription
- Remove requirement for a prescription to access the following benefits: Massage therapy, physiotherapy, psychology, social work, speech language pathology
- Introduction of the following new paramedical practitioners, each at \$500/year:
 - Occupational Therapy
 - Registered Dietitian/Nutritionist
 - Acupuncturist (remove the requirement that services be performed by a physician)
 - Doula/Lactation Consultant
 - Audiologist to be covered under the maximum for speech language pathologist (\$750)

Drug coverage

- Discuss changing the co-pay for drug coverage
- Reduce catastrophic coverage to \$2,000 annual out of pocket maximum (from \$3,000)
- Smoking cessation aids to \$2,000 per lifetime (from \$1,000)
- Increase other flat-rate amounts in the drug category
- Introduce coverage of medical cannabis where prescribed by a physician, subject to various conditions

Hospital Coverage

- Level 1 for the baseline coverage for hospitalization to increase to \$90
- The parties wish to discuss options and changes to levels 2 and 3 of hospitalization coverage

Miscellaneous expense benefits

- Hearing aids to \$1,500 every 60 months (from \$1,000); allow claims for batteries and discuss the claims period and repairs
- CPAP supplies to increase to \$500 (from \$300)
- Increases to orthopedic shoes, wigs and Insulin jet injector devices
- Introduce coverage for continuous glucose monitors without use of insulin pump
- Introduce coverage for in-vitro fertilization and infertility treatments
- Introduce coverage for needles for all injectable drugs, not just diabetes
- Amend coverage for wheelchairs and walkers:
 - Delete requirement that walkers and wheelchairs must be for use inside the patient's private residence
 - Add a provision to allow a claim for a new wheelchair within the existing 5-year time limit where a patient's medical condition changes such that s/he requires a different type of wheelchair (e.g. transport chair to manual wheelchair, or manual to electric wheelchair). The maximum eligible claim for the new wheelchair will be reduced by any amount reimbursed for other wheelchair purchases in the previous 5 years.
- Introduce coverage for injectable lubricants to treat joint pain and arthritis (e.g. Synvisc)

Out of country coverage

- \$2M per trip (from \$500,000) and extend the number of days to 90 per trip, exclusive of work
- 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 \$250/day (from \$150)
- Obstetrical care, including the coverage of midwives for members posted abroad

Other Plan Amendments:

- Discuss affordability issues for retirees including premiums and relief provisions
- Eligibility for retiree benefits to be six (6) years of service, including in cases where some of all of such service is not pensionable due to a member's age. This change shall be retroactive. Any member who has six years of service and was previously was ineligible for retiree benefits based on the existing rules shall have the option of enrolling in the PSHCP.
- Allow for single contribution only when on parental leave

Discussion items:

- Direct claims for services such as vision care, paramedical practitioners and high cost items
- Durable equipment clause, and clarifying the issue of "including but not limited to"
- Housekeeping language change to reflect the issue of enrolment in RAMQ
- Administration Authority discussion papers
- Convalescent and rehabilitation care

- Gender affirmation coverage
- Discount networks and preferred providers
- Definition of spouse

The bargaining agent and retiree Partners agree that this document represents the parties' initial proposals for the renewal of the PSHCP. The respective Partners reserve the right to focus on the proposals that serve the unique needs of those we represent. These proposals will be amended through negotiations by the renewal committee members in consultation with the Partners.