Veterans Affairs Canada | Anciens Combattants Canada

Access to Public Service Health Care Plan - Health Benefits Program

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Purpose

The purpose of this policy is to provide an overview of Veterans Affairs Canada's (VAC) Health Benefits Program, and to identify those individuals who are eligible for this program.

Policy

Eligibility

1. Effective April 1, 2006 and subject to the terms and conditions of enrollment of the Public Service Health Care Plan (PSHCP), the following individuals are defined as the VAC Client Group and eligible to join the plan:
    a. Former members of the Canadian Forces (CF) (CF Veterans) who have been approved for benefits under the Service Income Security Insurance Plan Long Term Disability (SISIP LTD) on or after April 1, 2006 and who do not otherwise have PSHCP eligibility;
    b. Veterans of the Canadian Forces (CF) with a rehabilitation need that is service related, identified by Veterans' Affairs Canada (VAC), who do not otherwise have post-release PSHCP eligibility;
    c. Survivors of CF members and Veterans who die on or after April 1, 2006, as a result of an injury or illness attributable to service, if the survivor does not otherwise have PSHCP eligibility.

General

2. The intent of VAC's Health Benefits Program is to fill gaps in post-release health coverage by ensuring that eligible CF Veterans and certain survivors who are currently ineligible for health coverage, have access to group family health insurance through the PSHCP.
3. The Treasury Board Secretariat (TBS) has expanded eligibility for the PSHCP to include the designated VAC Client Group as described above.
4. VAC determines eligibility for the PSHCP for the designated VAC Client Group according to the conditions of the Memorandum of Understanding between VAC and the TBS. VAC determines effective

date of coverage as well as the eligibility of dependants for the PSHCP for the VAC Client Group in accordance with the terms and conditions of the PSHCP Directive. Enrollment and participation in the Plan is voluntary and membership is subject to the terms and conditions of PSHCP.

5. Benefits provided by the PSHCP do not replace VAC health care benefits, Veterans Independence Program services or Long Term Care for which clients may qualify.
6. For information about the terms and conditions of coverage for the PSHCP, applicants should refer to the PSHCP Directive. The Plan Directive will provide applicants/participants with information including but not limited to, the following topics:
    a. plan eligibility;
    b. dependants;
    c. coverage;
    d. contributions, deductibles and co-payments;
    e. effective dates;
    f. eligible services;
    g. appeals;
    h. cancellation and termination.

References