

To submit claims, visit www.gov.bc.ca/mspbcresidentforms for the **Out-of-Country Claim** form, which can be printed and mailed with your original receipts to HIBC at the address on the form.

Health services provided outside Canada often cost more than the amount paid by the Ministry of Health. Sometimes the difference is substantial. In addition, some items/services that may be a benefit in B.C. are not covered outside the province. The Ministry of Health does not subsidize fees charged for ambulance service obtained outside British Columbia.

We advise you to buy additional health insurance to supplement your basic coverage before you leave the province, even if you only plan to be away for a day. A private insurance company or travel agency can advise you about extra coverage to pay for any difference in fees and can provide benefits not covered by MSP. If you have a pre-existing medical condition, please mention this when purchasing additional insurance as most policies will not cover treatment of that condition outside British Columbia.

LEAVING CANADA TO OBTAIN MEDICAL SERVICES

If you are leaving Canada to obtain medical services, the B.C. specialist must write to HIBC (see General Contact Information section) and provide information regarding the medical necessity for a referral outside of Canada. Non-emergency services that are undertaken without prior approval from MSP cannot be considered for payment. Travel costs and accommodation are the responsibility of the patient. Additional information is available online at www.gov.bc.ca/outofcountrymedicalbenefits.

ABSENCES FROM BRITISH COLUMBIA

Temporary Absences

To maintain eligibility for MSP coverage, an individual must continue to meet the residency requirements (see Who Is Eligible? section).

In some circumstances, while temporarily outside the province for work or vacation, individuals may retain eligibility for coverage during an "extended absence" of up to 24 consecutive months, once in a 60 month (five year) period.

More information on eligibility during an extended absence is available online at www.gov.bc.ca/leavingbctemporarily.

Studying Outside British Columbia

Residents who leave B.C. temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.

More information on eligibility while studying outside B.C. is available online at www.gov.bc.ca/leavingbctemporarily.

Permanent Move from British Columbia

It is important to contact HIBC before leaving B.C. or submit a **Permanent Move Outside BC** form online at www.health.gov.bc.ca/exforms/msp/7063.html.

Within Canada – Benefits are provided for the balance of the month you leave the province plus two months. Upon arrival, you should immediately apply to the health plan of your new home province or territory.

Outside Canada – Benefits are provided for the balance of the month you leave the province.

Cancelling Benefits

If you will no longer be a resident, you must notify HIBC of your date of departure, indicate the reason for cancellation, and provide your new address.

For more information on absences or moving from B.C., download a copy of the Leaving B.C. pamphlet at www.gov.bc.ca/leavingbctemporarily. Alternatively, contact HIBC or your community Service BC office.

OTHER HEALTH SERVICES BENEFITS

Laboratory Services

For information on laboratory service benefits under the *Laboratory Services Act*, visit www.gov.bc.ca/laboratoryservices.

Prescription Drugs

PharmaCare provides assistance with the purchase of many prescription drugs and certain other benefit items. PharmaCare does not provide out-of-province benefits.

For information visit www.gov.bc.ca/pharmacare, contact your local pharmacy, or contact HIBC.

Hospital Benefits

Hospital benefits are provided to all residents of B.C. who are enrolled with MSP. For information contact your local health authority.

For patient care quality concerns, please contact 1 866 952-2448.

Ambulance Service

Ambulance Service is not an insured benefit; however, the Province subsidizes fees for beneficiaries. Please note that fees for services required while outside the province are not subsidized and can range from several hundred to several thousand dollars.

For fee information visit www.bcehs.ca/about/billing/fees or contact BC Emergency Health Services:

By Mail:

PO Box 9676 Stn Prov Govt
Victoria BC V8W 9P7

By Phone:

Victoria: 250 356-0052
Toll-free: 1 800 665-7199

TRAVEL ASSISTANCE PROGRAM (TAP)

The program provides travel cost discounts for beneficiaries who need to travel outside their communities for physician referred non-emergency specialist medical care. For more information, visit www.gov.bc.ca/travelassistanceprogram or phone HIBC (see General Contact Information section).

PRIVATE INSURANCE

Private insurance companies may provide coverage for services/ amounts that are not paid by the Ministry of Health. Ask your employer, union or pension plan whether they administer an extended benefits plan.

Private insurance companies may also cover persons who are not eligible for provincial health care benefits.

COLLECTION & USE OF PERSONAL INFORMATION

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purposes of administration of the Medical Services Plan. Information may be disclosed pursuant to section 33 of FOIPPA.

If you have any questions about the collection and use of your personal information, please contact:

Health Insurance BC
Chief Privacy Office
PO Box 9035 Stn Prov Govt
Victoria, BC V8W 9E3
or call 604 683-7151 (Vancouver)
or 1 800 663-7100 (toll-free)

LEGISLATION

This brochure provides a general outline. All information is subject to change in accordance with the provisions of the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between this brochure and the legislation, the legislation will prevail.

SERVICE BC

Service BC delivers government's information and services to the public. Offices located throughout B.C. can provide you with MSP forms, help you apply for coverage and/or Supplementary Benefits, and answer questions about your MSP account. Visit www.servicebc.ca or the blue pages of your telephone directory to find the nearest office in your community.

GENERAL CONTACT INFORMATION

Online: www.gov.bc.ca/contactmsp

By Phone:

Use our toll-free automated service 24 hours a day, 7 days a week from anywhere in North America to obtain general information about PharmaCare, MSP and Supplementary Benefits. We encourage you to use this service during evenings and on weekends when access is most readily available. If your question is related to your MSP coverage or of an urgent nature, a customer service representative will be available to assist you between 8:00 a.m. and 4:30 p.m. PST, Monday to Friday, except statutory holidays.

Lower Mainland: 604 683-7151
Rest of B.C.: 1 800 663-7100

By Mail:

For prescription drugs: PharmaCare PO Box 9655 Stn Prov Govt Victoria, BC V8W 9P2	For MSP and Supplementary Benefits: Medical Services Plan PO Box 9035 Stn Prov Govt Victoria, BC V8W 9E3
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Note: When submitting a form by mail, use the specific mailing address on the form.

MSP INVOICING AND PAYMENTS

For payment of outstanding MSP premiums, contact Revenue Services of British Columbia at 1 877 405-4909 or visit www.gov.bc.ca/revenueservicesbc.

MSP FORMS

- ▶ Complete and submit an application for MSP enrolment online at gov.bc.ca/AHDC
- ▶ Download and print paper forms at gov.bc.ca/mspbcresidentforms
- ▶ Contact HIBC by phone
- ▶ At a Service BC office – visit servicebc.ca for nearest office

Medical Services Plan



www.hibc.gov.bc.ca



BRITISH
COLUMBIA

Ministry of
Health

MEDICAL SERVICES PLAN (MSP)

The Medical Services Plan pays for medically required services of physicians and surgeons and for dental or oral surgery when medically required to be performed in a hospital. MSP also provides coverage for other health benefits – see Additional Benefits section of brochure for details. MSP is administered by Health Insurance BC (HIBC).

For more information, visit www.hibc.gov.bc.ca.

WHO IS ELIGIBLE?

Residents of British Columbia are eligible and are required to enrol themselves and their dependents with MSP. Under the *Medicare Protection Act*, a resident is defined as a person who:

- ▶ Is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
- ▶ Makes his or her home in B.C., and
- ▶ Is physically present in B.C. for
 - » At least six months in a calendar year (January 1 – December 31) or
 - » A shorter prescribed period,

and includes a person who is deemed under the regulations to be a resident, but does not include a tourist or visitor to British Columbia.

Certain other individuals, such as some holders of study and /or work permits valid for a period of six or more months, may be deemed to be residents. For more information on eligibility, visit: www.gov.bc.ca/mspeligibility.

Dependents

Dependents must qualify as residents and they include a beneficiary's:

1. Spouse, either married to, or living and cohabiting in a marriage-like relationship with the beneficiary (and may be of the same gender), or
2. Child, who is a minor, who does not have a spouse and who is supported by the beneficiary, or
3. Dependent post-secondary student, who is older than 18 and younger than 25 years of age, who is in full-time attendance at a recognized post-secondary institution, and who is

supported by a beneficiary who is the person's parent or who stands in place of the person's parent.

A dependent post-secondary student may include a student enrolled in full-time studies at a trade school, technical school or high school.

REQUIREMENT TO ENROL/RENEW ENROLMENT

Residents of B.C. are **required by law** to enrol themselves and their dependents in MSP. Existing BC Services Card holders are expected to renew enrolment by the card expiry date specified on their BC Services Card.

Under the *Medicare Protection Act*, it is an offence to use another person's personal health number (PHN) or knowingly allow your PHN to be used by someone else. Contact HIBC immediately if your PHN has been lost or if you suspect it has been misused.

HOW TO ENROL

You must complete two steps to enrol in MSP.

Step 1: If coverage is available through your employer, union or pension plan, contact their office for an Application for Group Enrolment form. Otherwise, an application for MSP enrolment can be completed and submitted online at gov.bc.ca/AHDC, using the BC Application for Health and Drug Coverage. Using the same form, you can register for Fair PharmaCare (which helps B.C. families pay for eligible prescription drugs, dispensing fees and medical supplies, based on family income) and Supplementary Benefits (see "Supplementary Benefits" for details). Paper forms can be found:

- ▶ Online at gov.bc.ca/mspbcreidentforms – complete, sign and submit to HIBC;
- ▶ By phoning HIBC – see the General Contact Information section; or
- ▶ At a Service BC office – visit servicebc.ca for the office nearest you.

If you are a new or returning resident, you are required to provide photocopies (do not send originals) of documents to support the legal name and Canadian citizenship or immigration status of all persons listed on your application.

Step 2: Obtain your BC Services Card by visiting an Insurance Corporation of BC (ICBC) driver licensing office. To find an ICBC driver licensing office near you, please visit icbc.com.

When coverage through an employer, union or pension plan ends, MSP will automatically set up a self-administered plan for you. If you have not heard from HIBC within **60 days** of the date you left your employer, please contact HIBC (see the General Contact Information section).

WHEN DO BENEFITS BEGIN?

New residents or persons re-establishing residence are eligible for benefits after completion of a wait period that consists of the balance of the month of arrival in B.C., plus two months. Application should be made immediately after arrival. You must be in B.C. when applying. If the application is late, the effective date of benefits will be determined by HIBC. If absences from Canada exceed a total of 30 days during the wait period, eligibility for benefits may be affected.

Benefits During the Wait Period

Persons moving from other parts of Canada should arrange for coverage with their former medical plan during the wait period. New or returning residents arriving from outside Canada should contact a private insurance company for coverage during this period.

BC SERVICES CARD

Your personal health number will be printed on your BC Services Card. Your BC Services Card will expire and will need to be renewed.

If you have questions about the BC Services Card, go to www.gov.bc.ca/bcservicescard.

CHANGES AFFECTING COVERAGE

Certain changes can affect your coverage; for example, marriage or a change in family size. If you are on a self-administered MSP account, notify HIBC. If you are on an account administered by your employer, union or pension plan, you must notify their office.

Children are no longer eligible for coverage on a parent or guardian's account as dependents when they:

- ▶ Marry or live and cohabit with another person in a marriage-like relationship;
- ▶ Turn 19 years of age, unless they are in full-time attendance at a recognized post-secondary institution and are supported by the parent or guardian. Coverage can continue to age 25 for dependent post-secondary students.

In the case of a divorce, the former spouse is no longer eligible for coverage on your account and must apply for separate coverage.

CHANGE OF NAME OR ADDRESS

HIBC must be notified immediately of any change of name or address. The fastest way to update your account is by submitting one of the change forms online at www.gov.bc.ca/mspbcreidentforms.

Account changes can be completed online with the **MSP Account Change** form or a **Group Change Request** (if you are covered under a group plan administered by your employer, union or pension office).

Address changes can be completed online with the **Address Change BC** form or the **Permanent Move Outside BC** form.

BENEFITS PROVIDED

MSP provides the following benefits:

- ▶ Medically-required services of a physician, or of a specialist (such as a surgeon, anaesthetist or psychiatrist) when referred by a physician;
- ▶ Maternity care by a midwife, physician or by a specialist when referred by a physician;
- ▶ Diagnostic services, including x-rays, provided at approved diagnostic facilities when ordered by a physician, podiatrist, dental surgeon or oral surgeon;
- ▶ Dental and oral surgery when medically required to be performed in a hospital; and
- ▶ Surgical podiatry.

SUPPLEMENTARY BENEFITS

For those who qualify based on annual net income, MSP will contribute \$23 per visit for a combined limit of 10 visits each calendar year for the following services, when performed in British Columbia: **

- ▶ acupuncture;
- ▶ chiropractic;
- ▶ massage therapy;
- ▶ naturopathy;
- ▶ physiotherapy; and
- ▶ non-surgical podiatry.

You can apply for Supplementary Benefits online when you apply for MSP enrolment, using the BC Application for Health and Drug Coverage at gov.bc.ca/AHDC.

ADDITIONAL BENEFITS

Surgical podiatry services are a benefit for all beneficiaries. However, if a podiatrist is opted out, he/she may charge patients more than is insured by MSP. Patients receiving surgical podiatry services may be responsible for operating room or surgical suite fees; surgical supplies; and service charges over and above what is insured by MSP.

Medically required eye examinations are a benefit for all beneficiaries. Eye examinations for routine refractive services are not a benefit of MSP for patients aged 19-64. This applies to services provided by both optometrists and ophthalmologists.

BENEFITS NOT PROVIDED BY MSP

MSP does not provide coverage for the following:

- ▶ Routine physical examinations performed for reasons other than medical necessity;
- ▶ Medical examinations, certificates or tests required for life insurance, a driver's licence, school, immigration, employment, etc.;
- ▶ Cosmetic surgery for the alteration of appearance;

** Patients may be charged an additional amount if the practitioner's fee is higher than the amount payable by MSP.

- ▶ Restorative or other dental work performed in a dental office;
- ▶ Eyeglasses, hearing aids, and other equipment or appliances;
- ▶ The services of counsellors or psychologists;
- ▶ Routine eye examinations for beneficiaries between the ages of 19 and 64; and
- ▶ Chiropractic, physiotherapy, naturopathy, massage therapy, acupuncture, and non-surgical podiatry services for persons not receiving Supplementary Benefits.

Hospital, ambulance and laboratory services, as well as prescriptions are covered under other Ministry of Health programs (see Other Health Services Benefits section).

OUT-OF-PROVINCE BENEFITS

MSP will help pay for unexpected insured services you receive outside Canada and for any insured services you receive elsewhere in Canada, provided that the services are medically required and performed by a qualified medical doctor. Reimbursement will not exceed the amount payable had the same services been performed in the province. Any excess cost is the beneficiary's responsibility.

Most physicians in other Canadian provinces and territories (except Quebec) will bill their own medical plan directly for services provided to you if you present your valid BC Services Card. When travelling in Quebec or outside Canada, you may be required to pay for insured services and seek reimbursement later from MSP. Claims for medical care must be submitted within 90 days of the date of service and hospital claims must be submitted within six months of the date of discharge.

* A beneficiary is a resident enrolled in MSP.