

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
 - i. *at least six months in a calendar year (January 1 – December 31) or*
 - ii. *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.health.gov.bc.ca/msp/infoben/eligible.html.

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. unmarried child or legal ward, supported by the beneficiary, and
 - a. under 19, or
 - b. under 25 and in full-time attendance at a school or university.

REQUIREMENT TO ENROL/RE-ENROL

Residents of B.C. are **required by law** to enrol themselves and their dependents with MSP. Most existing MSP beneficiaries are required by law to re-enrol before February 10, 2018 or by the card expiry date specified on their BC Services Card (some exceptions may apply).

Failure to re-enrol will cause health insurance benefits to lapse. If applicable, premiums will continue to be charged.

In an **emergency situation**, health care will not be denied. While care will be provided, a person who is not enrolled will be billed for services.

It is an offence to use another person's personal health number (PHN) or knowingly allow your PHN to be used by someone else under the Medicare Protection Act. Report a lost or stolen card to HIBC immediately.

Benefits for active members of the Canadian Armed Forces are currently a federal responsibility. Therefore, these members are currently ineligible for provincial health care benefits and exempt from enrolling.

HOW TO ENROL

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 Enrolment](#) form can be found:

- online at www.health.gov.bc.ca/exforms/msp.html – print and mail to HIBC;
- by phoning HIBC – see General Contact Information section; or
- at a Service BC office – visit servicebc.ca for the office nearest you.

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 General Contact Information section).

If your application for enrolment is denied and you are dissatisfied with the decision made by HIBC regarding enrolment, you can request a review or an appeal of the decision in writing. Visit www.health.gov.bc.ca/msp/infoben/faq.html#notsatis for detailed information.

Documents

If you are a new 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.

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 and may result in premiums being charged retroactively. If absences from Canada exceed a total of 30 days during the wait period, eligibility for benefits may be affected.

Applicant and Spouse Arrive Separately

When a family moves to B.C. from another part of Canada, and the applicant and spouse arrive separately (within one year), the wait period for the family *begins on the later date of arrival*.

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.

PREMIUMS

Premium rates vary according to family size. Premiums may be paid either directly or through payroll or pension deduction. Assistance with the payment of premiums is available to those in financial need. Applicants must, for the last 12 consecutive months, have been a resident in Canada and been a Canadian citizen or holder of permanent resident status (landed immigrant).

If premiums are not paid, the outstanding amount increases each month. Premiums that have not been paid during a period in which a beneficiary has been enrolled are a debt owed to the province and are collectable under law.

Revenue Services of British Columbia issues MSP premium invoices, processes premium payments and collects overdue accounts.

A person who is no longer eligible for benefits must notify Health Insurance BC of the date of departure from B.C., indicate the reason for cancellation and provide his/her new address. Failure to pay premiums does not constitute notification to cancel benefits.

BC SERVICES CARD

Your personal health number (PHN) will be printed on your BC Services Card. Failure to renew will cause health insurance benefits to lapse. For most B.C. residents, their BC Services Card will expire every five years.

If you have questions about the BC Services Card, go to bcservicescard.ca.

CHANGES AFFECTING COVERAGE

Certain changes can affect your coverage; for example, marriage or a change in family size. If premiums are paid through your employer, union or pension plan, you must notify their office. If you pay premiums directly to MSP, notify HIBC.

Children are no longer eligible for coverage as dependents when they:

- marry or live and cohabit with another person in a marriage-like relationship;
 - start full-time employment; or
 - turn 19. Coverage can continue to age 25 for dependents who are full-time students.
- In the case of a divorce, the former spouse is no longer eligible for coverage as a dependent 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.health.gov.bc.ca/exforms/msp.html.

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 for Persons Moving within 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 physician, or by a specialist when referred by a physician;
- diagnostic x-ray and laboratory services 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.

ADDITIONAL BENEFITS

Services discussed under Additional Benefits are covered only when performed in British Columbia. Residents who live in a town near the Alberta or Yukon border should check with MSP for exceptions.

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.

MSP will cover the following supplementary benefits only for B.C. residents who qualify for MSP premium assistance: physiotherapy, chiropractic, naturopathy, massage therapy, acupuncture, and non-surgical podiatry for up to a combined total of 10 visits per calendar year. MSP will contribute \$23 toward the cost of each of the 10 visits.***

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;
- restorative or other dental work performed in a dental office;

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

- 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 premium assistance.

Hospital, midwifery and ambulance services 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. To submit claims, visit www.health.gov.bc.ca/exforms/msp.html 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

* Effective January 1, 2013, eligible B.C. residents (citizens of Canada or persons who are lawfully admitted to Canada for permanent residence) who are outside B.C. for vacation purposes only, are allowed a total absence of up to seven months in a calendar year.

** A beneficiary is a resident enrolled in MSP.

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.health.gov.bc.ca/msp/infoben/leavingbc.html.

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.health.gov.bc.ca/msp/infoben/leavingbc.html.

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.health.gov.bc.ca/msp/infoben/leavingbc.html.

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. If required, benefits may be extended for up to three extra months to cover

you while in transit. 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—otherwise, premium billing may continue. Failure to remit premiums does not constitute notification to cancel benefits.

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

OTHER HEALTH SERVICES BENEFITS

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.health.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 at www.health.gov.bc.ca/socsec.

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.bcas.ca/EN/main/about/fees.html or contact the BC Ambulance Service:

By Mail:	By Phone:
PO Box 9676 Stn Prov Govt	Victoria: 250 356-0052
Victoria BC V8W 9P7	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.health.gov.bc.ca/tapbc 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

The personal information you will provide will be collected for the following purposes:

Enrolment in the Medical Services Plan; and, Application for a BC Services Card and its authorized programs.

Personal information is collected under the authority of section 26 (c) of the Freedom of Information and Protection of Privacy Act (FIPPA). Information may be disclosed pursuant to section 33 of FIPPA.

If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office.

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 premium assistance, answer questions about your MSP account, and accept premium payments. Visit servicebc.ca or the blue pages of your telephone directory to find the nearest office in your community.

GENERAL CONTACT INFORMATION

Online: www.health.gov.bc.ca/msp/infoben/contacts.html

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 premium assistance. 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. to 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 MSP and premium assistance: For prescription drugs:

Medical Service Plan

PO Box 9035 Stn Prov Govt

Victoria, BC V8W 9E3

PharmaCare

PO Box 9655 Stn Prov Govt

Victoria, BC V8W 9P2

Note: When submitting a form by mail, use the specific mailing address on the form.

MSP INVOICING AND PAYMENTS

For MSP premium invoicing, payments or collection activity contact Revenue Services of B.C. at 1 877 405-4909 or visit www.sbr.gov.bc.ca/contacts.htm and click on *Medical Services Plan Billing*.

MSP FORMS

Available:

- online at www.hibc.gov.bc.ca
- request forms be faxed to you by calling 250 356-0998
- contact HIBC by phone
- at a Service BC office – visit servicebc.ca for nearest office

QUESTIONS

For answers to frequently asked questions, visit www.health.gov.bc.ca/msp/infoben/faqs.html.

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www.hibc.gov.bc.ca



BRITISH
COLUMBIA

Ministry of
Health