

British Columbia	www.gov.bc.ca
<p><b>Prescription Drugs</b></p>	<p><b>BC PharmaCare</b> helps B.C. residents with the cost of eligible prescription drugs, and certain medical supplies and pharmacy services. It provides assistance through several drug plans. <b>Benefit year is calendar year.</b> The largest is the income-based Fair PharmaCare plan. B.C. residents with active Medical Services Plan of B.C. (MSP) coverage are eligible for coverage under the following PharmaCare plans:</p> <ul style="list-style-type: none"> <li>• Fair PharmaCare—B.C.’s income-based plan. Most B.C. residents are covered by this plan.</li> <li>• Plan B—Permanent residents of licensed residential care facilities</li> <li>• Plan C—Individuals receiving income assistance from the Province of British Columbia</li> <li>• Plan D—Individuals registered with a provincial cystic fibrosis clinic</li> <li>• Plan F—Children receiving medical or full financial assistance through the At Home Program of the Ministry of Children and Family Development</li> <li>• Plan G—Clients of mental health services centres for whom the cost of medication is a significant barrier to treatment</li> <li>• Plan P—BC Palliative Care Benefits Program for those who choose to receive palliative care at home.</li> </ul> <p>PharmaCare covers a broad range of prescription drugs. In some cases, the maximum amount PharmaCare will reimburse for a drug is limited only by the rules of your PharmaCare plan. In other cases, it may be limited by a general coverage policy that applies no matter what PharmaCare plan you are on. The Formulary Search provides information on the drugs PharmaCare covers, the plans under which each drug is covered, and the maximum amount PharmaCare will reimburse. .</p> <p><b>Fair PharmaCare Program</b> Coverage under this plan is based on a yearly deductible based on family net income. After reaching their deductible, PharmaCare covers 70% of their eligible costs. To ensure your annual drug costs do not exceed your ability to pay, your family will also be assigned a family maximum. If you reach your family maximum, PharmaCare covers 100% of your eligible drug costs for the rest of the year. Registration can be done online 24 hours a day, 7 days a week</p>
<p><b>Lab &amp; Diagnostic Tests</b></p>	<p>The Medical Services Plan (MSP) provides medically required diagnostic services, including x-rays and laboratory services, provided at approved diagnostic facilities, when ordered by a registered physician, midwife, podiatrist, dental surgeon or oral surgeon.</p>

<b>Accommodation</b>	Standard ward no charge. Daily room charge for Semi-private is \$60-\$165 and \$75-\$200 for private.(not legislated)
<b>Ambulance</b>	BC Ambulance Service provides ground or air ambulance service to residents of BC at a subsidized cost for persons with a valid BC Care Card who are covered by MSP. For MSP Beneficiaries there is a \$50.00 fee if not transported to a hospital. The fee is \$80.00 if a patient is transported. No charge for inter-hospital transfers. Non – MSP Beneficiaries are charged \$530.00 for ground service, \$2,746.00 per hour for helicopter and \$7.00 per mile for airplane.
<b>Eye Examinations</b>	<p>Routine eye exams are a benefit only for those 18 years of age and under or 65 years of age and over. Medically required eye exams (for example, eye disease, trauma or injury) provided by an ophthalmologist or optometrist.</p> <p>Children in low and moderate income families may be eligible for vision care coverage through the Ministry of Social Development and Social Innovation.</p>
<b>Intraocular Lens (IOL)</b>	Standard hard/rigid lens as well as soft/foldable IOL's are covered once per lifetime per eye.
<b>Dental</b>	<p>Dental and oral surgery when medically required to be performed in hospital, (excluding restorative services, i.e.: fillings, caps, crowns, root canals, etc.) The removal of healthy wisdom teeth, even if impacted, is not a benefit. Surgical removal of an impacted third molar (wisdom tooth) is an MSP insured service only when hospitalization is medically required due to the extreme complexity of the extraction and where there is associated pathology. Orthodontic services related to severe congenital facial abnormalities.</p> <p>Children in low and moderate income families may be eligible for basic dental care coverage through the Ministry of Social Development and Social Innovation.</p>
<b>Hearing Aids</b>	Not covered except for persons on social assistance or taking part in an Employment Program for Persons with Disabilities.
<b>Nursing &amp; Home Care</b>	The Ministry of Health works with BCs Health Authorities to provide health services. For eligible clients there is no fee for some Home and Community Care services such as nursing and rehabilitation. If home support, facility placements, assisted living or other services are required, a standardized financial assessment will be done to determine if there will be a cost.
<b>Physiotherapy</b>	For MSP beneficiaries receiving premium assistance, MSP contributes \$23.00 per visit for a combined annual limit of 10 visits for each calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. Service providers who have opted-out of the MSP may charge patients extra for their services.

<b>Chiropractic</b>	For MSP beneficiaries receiving premium assistance, MSP contributes \$23.00 per visit for a combined annual limit of 10 visits for each calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. Service providers who have opted-out of the MSP may charge patients extra for their services.
<b>Podiatry</b>	MSP contributes \$23.00 per visit for a combined annual limit of 10 visits for each calendar year for those receiving assistance for: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. Surgical podiatry services are covered for all, excluding surgical supplies, tray and facility fees. Service providers who have opted-out of the MSP may charge patients extra for their services.
<b>Other Paramedicals</b>	For MSP beneficiaries receiving premium assistance, MSP contributes \$23.00 per visit for a combined annual limit of 10 visits for each calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. Service providers who have opted-out of the MSP may charge patients extra for their services.
<b>Medical Supplies</b>	Some assistance through PharmaCare for ostomy supplies and prosthetic devices for all ages and orthoses for patients 18 or younger. Insulin pumps for patients 25 or younger with Type 1 diabetes or other forms of diabetes requiring insulin. Supplies for insulin pumps are covered for both children and adults.
<b>Travel</b>	Payment for qualifying <b>emergency</b> physician services will be issued in Canadian funds only and will be paid at the same rate that would have been paid if the services were received in B.C. MSP does not cover the services of health care providers other than physicians outside of the province. PharmaCare does not provide coverage for prescription drugs or medical supplies when obtained outside of B.C.
<b>NOTES: Green Shield Canada updates this information once per year, but Provincial Health Ministries update as required. This is intended as a general overview. For detailed information, contact the appropriate provincial Ministry of Health. GSC is not responsible for the accuracy of this information. It is to be used as a guideline only.</b>	