First Nations Health Authority
Health through wellness

New First Nations Health Benefits Plan in partnership with Pacific Blue Cross

As of September 16, 2019
Dental, Vision Care, and Medical Supplies & Equipment Plans Administered Through Pacific Blue Cross

The First Nations Health Authority (FNHA) is introducing a new health benefits plan that will expand coverage in key areas of the dental, vision care, and medical supplies and equipment benefits.

The changes take effect September 16, when the FNHA will transition these benefits off the federal Non-Insured Health Benefits (NIHB) program. The FNHA's new partner, BC-based benefits provider Pacific Blue Cross (PBC), will administer these benefits as of this date. Select drug benefits will also be administered by PBC.

This transition will allow the FNHA to offer greater flexibility and convenience for our clients and their health care providers. See below for some highlights offered by this change.

Your Pacific Blue Cross (PBC) Membership

- Your status number will be your PBC benefits membership number
- You can print your own PBC Member ID card
- Faster pre-approvals and claims processing
- Large network of health care providers who can offer direct billing
- Your pre-approvals follow you if you change providers

Check out the PBC mobile app or www.pac.bluecross.ca to access your Member Profile.

Use your Member Profile for convenient self-service

- Look up detailed coverage information
- Submit receipts for reimbursement
- Search for vision care providers
- Check your balance for each benefit
- Get reimbursed via direct deposit in as little as 48 hours

You may also continue to contact Health Benefits for information at:
1-855-550-5454 or e-mail healthbenefits@fnha.ca

New Plan Highlights

Dental Plan Highlights

- More coverage for preventive services
- 2 exams and 2 cleanings per year
- Night guards covered
- White fillings covered
- New set of dentures every 5 years
- Higher coverage for crowns
- Bridges, veneers, inlays, and onlays covered
- Separate coverage for dental accidents
- Fewer predeterminations
- Less coverage criteria

Vision Care Plan Highlights

No pre-approvals needed for eye exams and standard eyewear.

For clients 18 and younger:

- $100 every year for eye exams
- $275 every year for standard eyewear

For clients 19 and older:

- $100 every two years for eye exams
- $275 every two years for standard eyewear

Medical Supplies & Equipment Plan Highlights

- Streamlined process for prior authorizations
- Faster claims processing for providers means faster delivery of supplies & equipment to clients
- Faster processing of client reimbursements

Clients with complex needs who require additional coverage can request exceptions.

Drug Plan Note:

- Most drug benefits will continue to be covered through Pharmacare Plan W.
- Contact Health Benefits at 1.855.550.5454 if you are not yet enrolled in Plan W.

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FIRST NATIONS HEALTH BENEFITS

Medical Transportation

First Nations Health Benefits (Health Benefits) provides medical transportation (MT) benefits to support clients accessing medically necessary health services not available in their community of residence. Eligible clients may be provided with funding for meals, accommodation, and transportation as required.

What is covered?

Transportation to access medically necessary health services, which may include:

- √ Medical services insured through the BC Medical Services Plan (MSP)
- √ Publicly-funded diagnostic tests and preventive screening programs
- √ Services covered by First Nations Health Benefits (e.g., dental, vision, etc.)
- √ Traditional healers
- √ Treatment at the nearest appropriate facility in BC funded by or referred to by the National Native Alcohol and Drug Abuse Program (NNADAP)

Health Benefits may provide funding for accommodation, meals, and travel based on the following rates:

- Mileage rate for personal vehicles: 23¢/km
- Accommodation in private homes: $30 per night, up to a max of $100 per week
- Meals:
  - $10 for same-day trips
  - $25 per night for trips up to six nights for clients under nine years old
  - $48 per night for trips up to six night for clients nine years and older
  - $163 per week for trips seven nights or more, inclusive of escorts

Coverage may be available for clients to travel with an escort in cases where the client:

- Is a minor
- Requires assistance with activities of daily living such as dressing, eating, or bathing
- Is undergoing a medical procedure (e.g., day surgery) or has a medical condition that will result in the client requiring assistance
- Will receive instructions on specific and essential home medical or nursing procedures that cannot be given to the client only
- Faces a language barrier
- Is travelling to give birth, including travel to be near medical care while awaiting childbirth (prenatal confinement)

Health Benefits covers the most economical and efficient means of transportation, taking into account the urgency of the situation and the medical condition being addressed. Some types of travel not listed as a benefit may be covered on an exceptional basis. Please note that not all medical travel is covered. For a full description of the MT benefit, including benefit exclusions, please visit www.fnha.ca/benefits/medical-transportation.

Clients living on-reserve should contact their health centre about booking MT travel.

Documentation

Clients requesting MT coverage must provide the following documentation before travel can be arranged:

- A referral from a general practitioner or family doctor
- Confirmation of an upcoming appointment from the health provider or facility

For eligible, pre-approved MT trips, clients must provide confirmation of attendance (COA) from the health provider or facility after their appointment. Travel expenses will not be reimbursed without a written COA.

Accessing Medical Transportation Benefits

SEPTEMBER 2019

1. Client has an appointment for a medically-necessary health service not available in their home community.

2. Client contacts Health Benefits to see if they are covered by a Funding Agreement (FA). If they are covered by an FA, then MT benefits are arranged through the band office or office of a First Nations organization.
   - Clients not covered by an FA should submit an MT request to Health Benefits with all relevant documentation.

3. Health Benefits or band office reviews the request and determines eligibility based on program guidelines.
   - Health Benefits or band office makes travel arrangements and forwards the information to the client.

4. Client attends the appointment as scheduled and obtains written confirmation of attendance (COA).
   - Client submits COA to Health Benefits or to their band office, as applicable.

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FIRST NATIONS HEALTH BENEFITS

Vision Care

First Nations Health Benefits (Health Benefits) provides coverage for eye exams and glasses to ensure clients maintain good eye health. The vision care benefit is administered through a partnership between Health Benefits and Pacific Blue Cross (PBC). Eye exams are important to check the eyes for common diseases and as an indicator of overall health. Regardless of age or physical health, a comprehensive eye exam will help detect any eye problems early when they are most treatable.

What is covered?

Health Benefits covers items and services under the following categories:

√ Eyewear and Repairs √ Tests and Exams

Optometrists can bill eye exams to the BC Medical Services Plan (MSP) for children 18 and younger and adults 65 and over. Providers may choose to charge more than what MSP covers, in which case Health Benefits may cover some of the remaining cost.

Health Benefits offers coverage for eyewear and exams according to the following rates:

For clients 18 and younger:	For clients 19 and older:
• $100 every year for exams	• $100 every two years for exams
• $275 every year for standard eyewear	• $275 every two years for standard eyewear

Clients can access detailed information about their vision care benefits through the online PBC Member Profile at www.pac.bluecross.ca or by calling Health Benefits at 1.855.550.5454. Items and services not listed as a benefit may be covered on an exceptional basis. Call Health Benefits to learn more about exception requests.

Exclusions

Examples of vision care items and services that are not covered include:

- Items that support the use of prescription eyewear (e.g., contact lens solution, glasses cases)
- Industrial safety frames or lenses
- Non-prescription items
- Surgical procedures (e.g., laser eye surgery)
- Vision training

Working with providers

Most vision care providers in BC are registered with PBC and can directly bill for items and services. Clients who see a provider who is not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. Vision care benefits must be provided by a licensed ophthalmologist, optometrist, or optician.

Clients are strongly encouraged to discuss billing with their provider before booking an appointment.

Some questions to ask your provider about billing:

- Are you registered with PBC for direct billing or do I have to pay out-of-pocket?
- Do you require payment up front for services (e.g., before treatment)?
- Do you charge above the amount covered by Health Benefits?

Accessing Vision Care Benefits

SEPTEMBER 2019

1

- Client makes appointment for eye exam.
- Client confirms that provider can directly bill PBC.
- Client learns about any out-of-pocket charges before the exam.

2

- Client attends appointment.
- Provider may give the client a corrective eyewear prescription if needed.

3

- Client uses the prescription to buy new eyewear, if needed.

4

- Providers registered with PBC submit invoices directly to PBC.
- Providers not registered with PBC will provide client with an invoice. Client will need to pay out-of-pocket and request reimbursement from PBC.

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FIRST NATIONS HEALTH BENEFITS

Medical Supplies & Equipment

Health Benefits provides coverage for certain Medical Supplies and Equipment (MS&E) for clients who receive care at home. The MS&E benefit is administered through a partnership between Health Benefits and Pacific Blue Cross (PBC). When it is needed, using medical equipment is important for one's safety and can provide clients with greater mobility and independence.

What is covered?

Health Benefits covers items under the following categories:

- √ Bathing and Toileting Aids
- √ Braces and Splints
- √ Cushions and Protectors
- √ Diabetic and Heart Patient Devices
- √ Foot Orthotics and Orthopedic Shoes
- √ General Medical Supplies and Equipment
- √ Hearing Aids and Repairs
- √ Hospital Beds
- √ Lifting and Transfer Aids
- √ Limb and Body Orthotics
- √ Low Vision Aids
- √ Offloading Boots (Air Casts)
- √ Ostomy Supplies
- √ Oxygen, Sleep, and Breathing Aids
- √ Prosthetics and Supplies
- √ Surgical Stockings and Pressure Garments
- √ Urinary Supplies and Devices
- √ Walking Aids and Wheelchairs
- √ Wound Care Supplies

Some MS&E items require a prescription or written recommendation. Clients can access detailed information about their benefits through the online PBC Member Profile at www.pac.bluecross.ca or by calling Health Benefits at 1.855.550.5454. Items and services not listed as a benefit may be covered on an exceptional basis. Call Health Benefits to learn more about exception requests.

Exclusions

Examples of MS&E items that are not covered include:

- Household items
- Home renovations (e.g., ramps, stair lifts)
- Items that are not medically necessary (e.g., items for cosmetic purposes)
- Items required for medical trials or studies
- Sports equipment (e.g., treadmills, exercise items)

Working with providers

Some MS&E providers in BC are registered with PBC and can directly bill for items and services. Clients who see a provider who is not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. MS&E items must be provided by a licensed pharmacy or medical supply and equipment provider to be eligible.

Clients are strongly encouraged to discuss billing with their provider before booking an appointment.

Some questions to ask your provider about billing:

- Are you registered with PBC for direct billing or do I have to pay out-of-pocket?
- Do you require payment up-front for services (i.e., before treatment)?
- Do you charge above the amount covered by Health Benefits?

Accessing MS&E Benefits

SEPTEMBER 2019

1. Client receives prescription or written recommendation/assessment for an eligible MS&E item and brings it to a licensed MS&E provider.

2. Provider assesses client and submits approval request to PBC, if necessary.
   - PBC reviews approval request and determines eligibility based on benefit guidelines.
   - Client learns about any out-of-pocket charges before paying for item.

3. Client receives medical item or device from provider.

4. Providers registered with PBC submit invoices directly to PBC.
   - Providers not registered with PBC will provide client with an invoice. Client will pay out-of-pocket and submit a reimbursement request to PBC.

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FIRST NATIONS HEALTH BENEFITS

Dental Benefit

First Nations Health Benefits (Health Benefits) provides coverage for dental services to maintain good oral health, prevent cavities and gum disease, and restore function. The dental benefit is administered through a partnership between Health Benefits and Pacific Blue Cross (PBC). Seeing a dentist regularly helps catch dental problems before they get too serious. Dental infections can make certain health conditions such as diabetes, heart disease, and pregnancy more complicated.

What is covered?

Health Benefits covers items and services under the following categories:

- √ Bridges
- √ Crowns, Inlays, Onlays, Veneers
- √ Dental Sedation
- √ Dental Surgery
- √ Dentures
- √ Exams and X-rays
- √ Fillings
- √ Night guards
- √ Orthodontic Services
- √ Periodontal Services
- √ Preventive Services
- √ Root Canals and Related Services

Some dental items and services may require approval before providers can bill for them. Clients can access detailed information about their dental benefits through the online PBC Member Profile at www.pac.bluecross.ca or by calling Health Benefits at **1.855.550.5454**. Items and services not listed as a benefit may be covered on an exceptional basis. Call Health Benefits to learn more about exception requests.

Exclusions

Examples of procedures that are not covered include:

- Cosmetic treatments
- Implants
- Ridge Augmentation

Working with providers

Most oral health providers in BC are registered with PBC and can directly bill for items and services. Clients who see a provider not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. Dental services must be provided by a licensed oral health provider to be eligible.

Clients are strongly encouraged to discuss billing with their provider before booking an appointment.

Some questions to ask your provider about billing:

- Are you registered with PBC for direct billing or do I have to pay out-of-pocket?
- Do you require payment up front for services (e.g., before treatment)?
- Do you charge above the amount covered by Health Benefits?

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FIRST NATIONS HEALTH BENEFITS

Pharmacy

First Nations Health Benefits (Health Benefits) provides coverage for medications and certain pharmacy items and services. The pharmacy benefit is administered through a partnership between Health Benefits, BC PharmaCare, and Pacific Blue Cross (PBC). Prescription medications are one part of a client's wellness journey.

What is covered?

Health Benefits covers items from the following categories:

- √ Prescription drugs
- √ Over-the-counter (OTC) drugs
- √ Non-drug OTC items (e.g., lancets for diabetic use)

BC PharmaCare is the primary provider of eligible pharmacy items and services through Plan W. PBC provides supplementary pharmacy coverage. Clients are encouraged to contact Health Benefits at 1.855.550.5454 to confirm their enrollment in Plan W.

If clients require a drug not normally covered or only partially covered, in some cases, a prescriber can apply for Special Authority through PharmaCare to request coverage for these items. Special Authority must be approved before the prescription can be filled. For a full description of the pharmacy benefit, please visit www.fnha.ca/benefits/pharmacy.

Over-the Counter Drugs

OTC drugs and non-drug items can treat or support some conditions or illnesses. Consult with your primary care provider on how to best manage your condition or illness. OTC drugs and items include, but are not limited to:

- Help for minor pain and inflammation
- Relief of cold and flu symptoms
- Treatment for nausea or constipation
- Allergy treatment
- Eye drops for dry eyes and irritations
- Supplies such as ketone strips (for diabetes) or inhaler spacers
- Disinfectants and treatment for skin conditions including fungus and head lice
- Vitamins/supplements including multivitamins for children and pregnant women only

Ask your provider for information to help you understand your options and coverage.

Exclusions

Examples of pharmacy items or medications that will not be covered include:

- Alternative therapies (e.g., glucosamine and evening primrose oil)
- Fees for writing prescriptions or forms
- Vaccinations for travel

Working with providers

Clients will only be covered if they obtain pharmacy items and services from pharmacies registered with PBC and PharmaCare. Items and services purchased from other pharmacies are not eligible for reimbursement. Pharmacies registered with PBC and PharmaCare can direct bill for all eligible pharmacy items and services.

Most pharmacy items are fully covered under the pharmacy benefit. If clients are asked to pay for their medication at the pharmacy counter, it's likely that the item is not covered. Clients should ask their pharmacy provider for a recommendation that is covered by the Health Benefits pharmacy benefit.

Accessing Pharmacy Benefits

SEPTEMBER 2019

1

- Client visits a health care provider (doctor, nurse practitioner, or pharmacist) who prescribes or recommends a treatment.
- Coverage for some OTC items is available without a prescription.

2

- If a prescribed item is not on the PharmaCare Plan W or PBC formulary, the prescriber requests Special Authority or Prior Authorization directly from PharmaCare or PBC.

3

- The pharmacy provider bills the prescription or OTC item and processes payment, either through PharmaCare Plan W or PBC.

4

- Client receives their medication or over-the-counter item.
- The pharmacist is available to provide information about healthy medication use and to answer any questions the client may have, such as how to take the medication, how to know the medication is working, and any possible side-effects of the medication.

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FIRST NATIONS HEALTH BENEFITS

Mental Health

First Nations Health Benefits (Health Benefits) provides access to counselling services from qualified mental health providers. Counselling is a tool for individuals experiencing a difficult situation to resolve their emotional distress and enjoy greater wellness.

FNHB has three mental health programs:

Mental Wellness and Counselling (MWC)
Mental Wellness and Counselling is designed to support clients who are in need of professional assistance to resolve emotional distress and enjoy greater wellness.

- 20 hours available every 12 months

Indian Residential School Resolution Health Support Program (IRS RHSP)
Counselling to address mental distress and intergenerational trauma resulting from the legacy of the residential school system in Canada. Services are available for former students, and family members of former students, who attended a residential school listed in the 2006 Indian Residential Schools Settlement Agreement.

- 20 hours available every 12 months

Missing and Murdered Indigenous Women and Girls Health Support Services (MMIWG HSS)
Counselling to address mental distress and trauma resulting from missing and murdered Indigenous women and girls in Canada. Services are available for survivors, family members and others affected.

- 20 hours available every 12 months

Counselling services are available through telehealth for all three programs for clients who are not able to attend an in-person appointment. All services require prior approval from Health Benefits.
For a full description of the mental health benefit, visit www.fnha.ca/benefits/mental-health

Who can provide mental health benefits?

Counselling is provided by psychologists, social workers and clinical counsellors who are registered with Health Benefits and who have received training in cultural safety and humility. A list of registered mental health providers can be found at www.fnha.ca/benefits/mental-health or by calling Health Benefits at 1.855.550.5454.

Exclusions

Examples of services that are not covered include:

- Counselling delivered by a provider not registered with Health Benefits
- Counselling for a third party (e.g., children's assessment for learning disabilities, employment assessment, child custody)
- Counselling funded by another program or agency (e.g., counselling provided to incarcerated clients)
- Telehealth through instant messaging or email

Accessing Mental Health Benefits

SEPTEMBER 2019

1
- Client seeks mental health counselling.
- Client chooses a provider from the list of mental health providers registered with Health Benefits and makes an appointment.

2
- Provider submits a prior approval request to Health Benefits for the Initial Assessment.

3
- Client attends Initial Assessment appointment.
- Provider submits a prior approval request to Health Benefits for counselling.

4
- Health Benefits reviews prior approval request and determines eligibility based on program guidelines.

5
- Client attends counselling sessions.
- Provider submits invoice to Health Benefits.