

## HOSPITAL SERVICES

### Within Canada

If you are admitted to an acute care, extended care or rehabilitation hospital in another Canadian province or territory, the Ministry of Health will pay the standard ward rate for inpatient care or the interprovincial rate for outpatient services. You will need to show your B.C. CareCard at the time of service. There are excluded services; contact Out-of-Province Claims at the Ministry of Health for information.

### Outside Canada

Only emergency inpatient and daycare surgical hospital benefits are provided outside Canada. These benefits are available for admission to an approved acute care, extended care or rehabilitation hospital. Hospital benefits will not exceed \$75 a day (Canadian funds) for adult or child inpatient or daycare services, and \$41 a day (Canadian funds) for a newborn infant. These amounts may be thousands of dollars less per day than the amount charged in some countries.

Outpatient dialysis treatment is provided as a benefit outside Canada, at the rate (payable in Canadian funds) currently in effect in British Columbia. Contact Health Insurance BC for the amount.

### Making a Claim for Hospital Services

If you are hospitalized outside Canada, please complete and submit an Out-of-Country Claim Form as soon as possible. Forms are available on the internet at [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca) or by calling Health Insurance BC.

Claims for hospital services must be submitted within six months of the date of discharge. Please retain copies for your records.

## ITEMS AND SERVICES NOT COVERED OUTSIDE B.C.

- prescription drugs
- services of a nurse practitioner or physician assistant
- services of a nurse anesthetist
- massage therapy
- naturopathy
- chiropractic
- podiatry
- optometry
- physiotherapy
- orthodontia
- home care services (nurse)
- acupuncture

If you live in a town near the Alberta or Yukon Territory border, please contact Health Insurance BC for information about exceptions.

### Outside Canada

In addition to those services not covered outside B.C., the following is a partial list of services not covered outside Canada:

- outpatient emergency room charges for use of facility and supplies
- drug and alcohol programs
- admission to psychiatric hospital for chronic psychiatric care while on vacation
- dentistry

### Ambulance Services

If you require ambulance service while in another province or outside Canada, you will need to obtain service from an ambulance company in that jurisdiction and will be charged the fee established by the out-of-province service provider. Fees range from several hundred to several thousand dollars.

When purchasing additional out-of-province health insurance you are advised to obtain insurance that will cover emergency transportation while you are away and, if necessary, the cost of transportation back to B.C.

## WHAT TO DO IF YOUR BENEFITS END

You are advised to be covered at all times. If you know your B.C. benefits will end, be sure to obtain alternative coverage from the place where you're staying, if available, or from a private insurance company.

If you plan to re-establish residency in B.C. after your eligibility for B.C. benefits has ended, keep in mind that you will need to complete a wait period before your benefits can be renewed. That wait period will consist of the balance of the month of your permanent return to B.C., plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility for benefits may be affected. Application should be made to Health Insurance BC immediately after arrival rather than at the end of the wait period.

## GETTING FORMS AND MAKING CONTACT

Forms and information are available at:  
[www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca)

If you need to advise Health Insurance BC of an absence or you need further information about physician and hospital claims outside Canada, please have your CareCard ready and contact Health Insurance BC at:

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

Mailing Address:  
PO Box 9480 Stn Prov Govt  
Victoria, B.C. V8W 9E7

If you have access to the internet, we encourage you to visit Health Insurance BC's web site for forms and information.

If you need further information about hospital services within Canada contact:

Out-of-Province Claims  
Ministry of Health  
2-1, 1515 Blanshard St  
Victoria, B.C. V8W 3C8

Victoria: 250 952-1334  
Rest of B.C.: 1 800 465-4911

## COLLECTION AND USE OF PERSONAL INFORMATION

Personal information is collected under the authority of the *Medicare Protection Act* and is used to determine residency in British Columbia and determine eligibility for provincial health care benefits. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act. Questions about the collection, use and disclosure of this information can be directed to Health Insurance BC at the address and telephone numbers listed.

## LEGISLATION

This pamphlet provides a general outline only. 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 pamphlet and the legislation, the legislation will prevail.



Health Insurance BC administers the Medical Services Plan (MSP) and PharmaCare on behalf of the Ministry of Health.



# LEAVING B.C.

Do you know that your health care benefits change when you leave B.C.? Read on...



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## YOU MUST BE A RESIDENT OF BRITISH COLUMBIA...

...to qualify for B.C. health care benefits. Under the *Medicare Protection Act* “resident” means 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.,
- is physically present in B.C. at least six months in a calendar year,\*

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

This pamphlet pertains to Canadian citizens and persons with permanent resident (landed immigrant) status in Canada.

\* A calendar year runs from January 1, to December 31.

## WHAT YOU SHOULD KNOW BEFORE LEAVING BRITISH COLUMBIA

Health services provided outside Canada often cost more than the amount paid by the Ministry of Health. Sometimes the difference is substantial.

Some items/services that may be a benefit in B.C. are not covered outside the province; for example, prescription drugs and optometric services.

The Ministry of Health does not pay any portion of fees charged for ambulance service obtained outside B.C.

You are advised to buy additional, private health insurance to supplement your basic coverage before you leave the province. This is true regardless of whether you’ll be in another part of Canada or outside the country – even if you only plan to be away for a day. If you have a pre-existing medical condition, you need to mention this when purchasing additional insurance as most policies will not cover treatment of that condition outside the province.

Some private insurance companies have a signed agreement with the Ministry of Health. This permits them to pay physician and hospital claims up front and then receive reimbursement from the Ministry of Health, eliminating the need for beneficiaries to handle their own claims. In all other cases, physician and hospital claims must be submitted to Health Insurance BC before they are sent to a private insurance company or extended health benefits plan. After Health Insurance BC has processed the claims, beneficiaries can apply to the private insurer or extended plan for additional payment.

### Leaving Canada to Obtain Medical or Hospital Care

If you plan to leave Canada specifically to obtain medical or hospital care, it is necessary for the specialist looking after your care in B.C. to write to Health Insurance BC before you leave the province, to request prior approval for payment of insured services. If approval is not received, all costs of such elective services will be your responsibility. Travel costs and accommodation are the responsibility of the patient. Further information is available on the internet at [www.health.gov.bc.ca/msp/infoben/leavingbc.html](http://www.health.gov.bc.ca/msp/infoben/leavingbc.html) or by contacting Health Insurance BC.

## IF YOU PLAN TO LEAVE TEMPORARILY

### Routine Absences

If you spend part of every year outside B.C., to remain eligible for benefits you must be physically present in Canada at least six months in a calendar year and continue to maintain your home in British Columbia. Provided you remain eligible, you do not need to contact Health Insurance BC about your absence.

### Workers and Vacationers

If you leave B.C. on vacation or for temporary employment, in some circumstances benefits may be available for up to 24 months. Approval is limited to once in five years for absences that exceed six months in a calendar year.

If your employment requires you to routinely travel outside B.C. for more than six months in a calendar year, contact Health Insurance BC with full details to determine your eligibility.

### Students

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

Beneficiaries who have been studying outside B.C. must return to the province by the end of the month following the month in which studies are completed. If you do not plan to return to B.C. within that timeframe, contact Health Insurance BC to discuss your situation.

## Contacting Health Insurance BC about a Temporary Absence

If you are unsure whether you will qualify for coverage during an absence, or know that your eligibility will end, provide Health Insurance BC with the following:

- the reason (e.g. vacation, work or education);
- names of any family members who may be accompanying you;
- your destination;
- dates of departure and expected return;
- a B.C. residential address and a mailing address for correspondence purposes; and
- any other information you believe to be relevant.

If you will be an out-of-province worker or student, also provide:

#### Worker

- the nature of your employment
- the name and address of your employer

#### Student

- your program of studies
- the name and address of your school or university.

## IF YOU PLAN TO LEAVE PERMANENTLY

If you plan to leave B.C. permanently, you must notify Health Insurance BC; otherwise, a premium debt may accrue. Failure to pay premiums is not considered notification to cancel benefits.

Before you leave, advise Health Insurance BC of your move and provide the following:

- the date of your departure from B.C.;
- the expected date of your arrival in your new place of residence;

- any additional premiums owing;
- your new mailing address, if available; and
- the name(s) and address(es) of any family members not moving with you.

You can send notice of your move and cancel your coverage online at [www.healthservices.gov.bc.ca/exforms/msp/7063.html](http://www.healthservices.gov.bc.ca/exforms/msp/7063.html). Do not use this service to report a temporary absence.

### Within Canada

Benefits will continue for the balance of the month you leave the province, plus two months. If requested, benefits may be extended 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 will continue for the balance of the month you leave the province.

## WHAT YOU NEED TO KNOW ABOUT SERVICES OUTSIDE B.C.

If you receive services outside B.C., this may result in your personal information being shared with the out-of-province service provider for the purpose of administering benefits (for example, processing payment of claims) under the *Medicare Protection Act*.

## PHYSICIAN SERVICES

MSP will help pay for unexpected insured services you receive anywhere outside Canada and for any insured services you receive elsewhere in Canada, provided the services are medically required and performed by a qualified medical doctor.

### Within Canada (Except Quebec)

If you present your valid B.C. CareCard, most physicians in other Canadian provinces and territories (except Quebec) will bill their provincial health care plan for the services. MSP will then reimburse the other plan.

### Outside Canada and in Quebec

When travelling outside Canada or in Quebec, you may be required to pay for insured services and seek reimbursement from MSP.

Payment of physician services will not exceed the amount payable had you received the same care in British Columbia. There can be a considerable difference between fees charged outside Canada and the amount payable by MSP. Any difference is payable by you, unless you have additional coverage through a private insurance company and/or extended health benefits plan that will help with payment. Payment is made in Canadian funds only.

### Making a Claim for Physician Services

If you make a claim, the following information is required:

- an itemized account in English including the dates and complete details of services performed
- the original doctor’s bill, or the original receipt if the doctor’s bill has been paid.

Claims for physician services must be submitted within 90 days of the date of service. Please retain copies for your records.