



Pharmaceutical Services Division, B.C. Ministry of Health

PharmaCare Prosthetic & Orthotic Program

Do you need a prosthetic or orthotic device? This program could help you with the cost of the products and devices that you need.

Who is eligible?

To be eligible you must be covered by one of the following PharmaCare plans:

- Fair PharmaCare
- Plan B (Residential Care)
- Plan C (B.C. Income Assistance)
- Plan F (At Home Program)

What does this program cover?

- designated, pre-approved prostheses for eligible patients of any age
- designated, pre-approved orthoses for eligible patients age 18 or younger
- the lowest cost devices that help patients maintain basic function or, for orthoses, prevent further deformity.

>> Learn more about the products covered. Visit: www.health.gov.bc.ca/pharmacare/pins/prospins.html

What is not covered?

- back-up devices or the replacement of lost or stolen items
- products or devices covered by another insurer such as ICBC, WorkSafeBC, Veterans Affairs Canada, Health Canada's Non-Insured Health Benefits Program, similar programs from other provinces or jurisdictions, or under an award for damages.

How much help can I get?

Your coverage depends on the rules of your PharmaCare plan.

Learn more about your PharmaCare plan coverage, visit www.health.gov.bc.ca/pharmacare or call Health Insurance BC using the numbers on page 2.

How does it work?

After your health care provider decides what you need:

- You can send a claim directly to PharmaCare for service or supplies under \$400 if you are registered for Fair PharmaCare.

Note: Your prosthetic or orthotic supplier will send in claims under \$400 if you are on another PharmaCare plan.

- **You need PharmaCare pre-approval for all services or supplies over \$400.** Your prosthetic or orthotic supplier will submit an *Application for Financial Assistance* to PharmaCare if your claim is more than \$400.

If you get benefits through the...

Ministry of Housing and Social Development or the Ministry of Children and Family Development — those ministries may be able to help you pay for devices not covered under PharmaCare.

Orthotic Devices

Eligible patients who are 18 or younger can get help with the cost of some orthotic devices that help maintain basic function or prevent deformity.

The program covers:

- permanent leg braces;
- body braces to correct medical conditions such as spina bifida and scoliosis; and
- plagiocephaly helmets.

Breast Prostheses and Supplies

If you have a mastectomy or lumpectomy, you may be eligible for coverage of prostheses and supplies as follows:

Breast prostheses

- one every 2 years or at the end of the manufacturer's warranty
- maximum \$350 for mastectomy, \$300 for lumpectomy

Post-mastectomy brassieres

- two if purchased within six months after surgery

Lymphedema arm sleeves

- two per mastectomy, per year

Gloves or gauntlets for lymphedema arm sleeves

- two per mastectomy, per year
- maximum \$150 for off-the-shelf products, \$300 for custom-fit products.

Repairs and Replacements

- The program covers repairs only if they:
 - are not covered by a warranty;
 - help maintain basic function;
 - extend the useful life of the device; and,
 - are for a device covered by PharmaCare when it was bought.

Note: All repairs and replacements of \$400 or more require PharmaCare pre-approval.

Prosthetic devices may be replaced:

- no sooner than 3 years from the date PharmaCare first approved coverage; and
- if a prosthetist shows that the device no longer helps the patient maintain basic function.

Orthotic devices for patients 18 and under may be replaced:

- no sooner than 1 year from the date PharmaCare first approved the coverage; and,
- if an orthotist shows that the device no longer helps the patient maintain basic function.

Fair PharmaCare Coverage

If you have not registered for Fair PharmaCare, register as soon as possible. PharmaCare coverage must be in place before you buy a prosthesis or orthosis.

Register online at any time or by phone during business hours. See the contact information below.

If you are registered for Fair PharmaCare, the coverage you get depends on whether or not you have met your **annual deductible** or **family maximum**.

Monthly Deductible Payment Option

Families who choose to enroll in the Monthly Deductible Payment Option pay their Fair PharmaCare deductible in monthly installments and receive PharmaCare assistance with eligible prescription and medical supply costs right away.

The option is available to families who:

- are registered for Fair PharmaCare;
- do not have private health insurance that includes a drug benefit plan; and,
- have a deductible greater than \$0.

For more information about this option, visit our website or call Health Insurance BC. See the contact details below.

Need more information about PharmaCare?

- Visit the PharmaCare website at www.health.gov.bc.ca/pharmacare
- **Call Health Insurance BC (HIBC):**

From Vancouver & Lower Mainland:

604-683-7151

From the rest of B.C.:

1-800-663-7100

Health Insurance BC (HIBC) administers PharmaCare for the Ministry of Health.

HIBC Customer Service Agents are available Monday to Friday, 8 AM to 8 PM, and Saturdays, 8 AM to 4 PM.