

Leaving B.C.

Did you know that your health-care benefits change when you leave British Columbia?

Health Insurance BC administers the Medical Services Plan (MSP) and PharmaCare on behalf of the Ministry of Health. This pamphlet is for Canadian citizens and persons with permanent resident (landed immigrant) status in Canada.

HEALTH CARE COVERAGE IN B.C.

You must be a resident of British Columbia to qualify for B.C. health care benefits. 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.

This includes a person who is deemed under the regulations to be a resident, but does not include a tourist or visitor to British Columbia.

WHAT YOU SHOULD KNOW BEFORE LEAVING B.C.

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 (e.g., prescription drugs and optometric services).

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

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. More information is available online at www.gov.bc.ca/leavingbctemporarily or by contacting Health Insurance BC (see General Contact Information).

LEAVING B.C. TEMPORARILY

Temporary Absences

To maintain eligibility for MSP coverage, an individual must continue to meet the residency requirements (see Health Care Coverage in B.C. section). Residents who will be absent from B.C. for six months or more in a calendar year, need to contact Health Insurance BC to confirm continued eligibility and discuss options for coverage that may be available during an absence.

Extended Absences

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. To qualify, the individual must:

- Be a Canadian citizen or a person lawfully admitted to Canada for permanent residence;
- Make his/her home in British Columbia;
- Be physically present in Canada for six of the 12 months immediately preceding departure;
- Not have been granted an extended absence in the previous 60 months (five years);
- Not have taken advantage of the seven month absence in a calendar year, available to vacationers, during the year the extended absence begins or during the calendar year prior to the start of the extended absence; and
- Not have returned to the province for more than 30 consecutive days during their extended absence.

If an individual returns to B.C. for over 30 consecutive days during an extended absence, their absence is no longer considered to be consecutive and any subsequent absence would be considered a new absence. The individual will need to contact Health Insurance BC to determine their eligibility for benefits during their new absence.

Residents who leave B.C. temporarily will continue to be billed for premiums. Although it is recommended that residents maintain their provincial health care coverage, certain individuals may qualify to suspend their coverage during a temporary absence.

If a request to suspend coverage is received prior to departure, the person's coverage is suspended at the end of the month of departure. If the request is received after the month of departure, suspension is effective at the end of the month notification is received. Coverage is renewed the first day of the month in which the person returns, provided that they remained an eligible resident during their absence.

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 their studies, provided they are in full-time attendance at a recognized educational facility and at the time of leaving were physically present in Canada for six of the 12 months immediately preceding departure.

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. Residents studying outside B.C. must contact Health Insurance BC prior to departure and upon return to B.C. to confirm eligibility. Students who do not plan to return to B.C. within that timeframe, or who decide to leave B.C. permanently, must contact Health Insurance BC (see Contacts section).

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.

LEAVING B.C. PERMANENTLY

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

It is important to contact Health Insurance BC 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

Provincial coverage for physician and hospital services will continue for the balance of the month you leave the province, plus two months. Upon arrival, you should immediately apply to the health plan of your new home province or territory.

Outside Canada

Coverage 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.

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 an extended health benefits plan that will help with payment. Payment is made in Canadian funds only.

Within Canada (Except Quebec)

If you present your valid BC Services Card/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.

Making a Claim for Physician Services

Claims for medical care must be submitted within 90 days of the date of the service and hospital claims must be submitted within six months of the date of discharge. To submit claims, visit www.gov.bc.ca/mspbcrezidentforms for the Out-of-Country Claim form, which can be printed and mailed with your original receipts to Health Insurance BC at the address on the form. Please retain copies for your records.

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 BC Services Card/CareCard at the time of service. There are excluded services. Contact Out-of-Province Claims for information (see General Contact 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 (see General Contact Information).

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 online at www.gov.bc.ca/mspbcrezidentforms or by calling Health Insurance BC (see General Contact Information).

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.

ITEMS AND SERVICES NOT COVERED OUTSIDE B.C.

- Prescription drugs
- Ambulance services
- Services of a nurse practitioner or physician assistant
- Services of a nurse anesthetist
- Home care services (nurse)
- Midwifery services
- Massage therapy
- Physiotherapy
- Chiropractic
- Acupuncture
- Naturopathy
- Podiatry
- Optometry
- Orthodontia

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

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 British Columbia.

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.

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 this act. Questions about the collection, use and disclosure of this information can be directed to Health Insurance BC (see General Contact Information).

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.

GENERAL CONTACT INFORMATION

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 BC Services Card/CareCard ready and contact Health Insurance BC.

Online: www.gov.bc.ca/contactmsp

By Phone:

Lower Mainland: 604 683-7151

Rest of B.C.: 1 800 663-7100

By Mail:

PO Box 9480 Stn Prov Govt

Victoria, B.C. V8W 9E7

For more information on hospital services within Canada:

Out-of-Province Claims

PO Box 9647

STN PROV GOVT

Victoria, BC V8W 9P4

Victoria: 250 952-1334

Rest of B.C.: 1 800 663-7867 (Service BC)

MSP FORMS

Permanent Move Outside B.C. form: www.health.gov.bc.ca/exforms/msp/7063.html

Out-of-Country Claim form: www.gov.bc.ca/mspbcresidentforms

Other MSP forms available:

- Online at www.gov.bc.ca/mspbcresidentforms
- Request forms be faxed to you by calling 250 356-0998
- Contact Health Insurance BC by phone
- At a Service BC office – visit www.servicebc.ca for nearest office