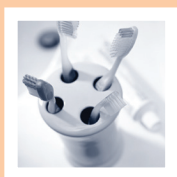


MÉTIS HEALTH BENEFITS PROGRAM



August 2017
www.hss.gov.nt.ca



INTRODUCTION

The Government of the Northwest Territories (GNWT) sponsors the *Métis Health Benefits* program to provide registered Indigenous Métis residents of the Northwest Territories access to a range of benefits not covered by hospital and medical care insurance.

Through this program, you receive coverage for eligible prescription drugs, dental services, vision care, medical supplies and equipment. You also receive benefits related to medical travel such as meals, accommodation and ambulance services.

BENEFITS

Alberta Blue Cross administers benefits for the *Métis Health Benefits* program on behalf of the GNWT.

Prescription Drugs

This program provides you with 100 per cent coverage for eligible prescription drug products as defined in Health Canada's *Non-Insured Health Benefit (NIHB) Drug Benefit List* when the drug is prescribed by a recognized health care professional and dispensed by a licensed pharmacist.

If a drug that has been prescribed for you is not on Health Canada's *NIHB Drug Benefit List*, your health care professional or pharmacist may submit a request to Alberta Blue Cross on your behalf for prior authorization.

Dental Services

You are eligible for 100 per cent coverage of the cost of eligible dental services, as defined by Health Canada's *NIHB Schedule of Dental Benefits* and subject to plan limitations and exclusions

Covered services include check-ups, cleanings, fillings, extractions, root canals, crowns, dentures and orthodontics.

Your dental office should have a copy of Health Canada's *NIHB Schedule of Dental Benefits* so they are able to confirm your coverage at the time of your appointment. **Some dental services may require a prior approval.**

Services **not** covered include:

- dental expenses incurred prior to the effective date of coverage
- claims for dental expenses received by Alberta Blue Cross more than 12 months after the date of service

- dental services not listed in Health Canada's *NIHB Schedule of Dental Benefits*.

Vision Care

This program provides vision care benefits up to a maximum in any 12 consecutive months for eligible persons under 18 years of age and in any 24 consecutive months for persons 18 years of age and older.

Covered services include eyeglasses (frames and/or lenses), repairs to frames, eye prosthesis and high index lenses.

Contact lenses (including maintenance supplies) are also eligible for coverage when prescribed by an ophthalmologist for the following conditions:

- aphakia (post cataract surgery),
- corneal irregularities, and
- astigmatism which cannot be corrected by eyeglasses.

Replacement contact lenses are only eligible upon written prescription from an ophthalmologist, accompanied by a reason for replacement at the time of prior approval.

Payment of vision benefits is based on terms and rates as established through NIHB payment schedules.

Please note that repairs to frames will be provided only if the total cost of fixing the frames is less than the cost of buying new frames.

Services **not** eligible for coverage include esthetic products, disposable contact lenses, sports frames with polycarbonate lenses, safety glasses for occupational purposes and ultraviolet coatings.

ELIGIBILITY

In order to qualify for this program, you must be:

- a registered Indigenous Métis
- a permanent resident of the NWT
- registered with the NWT Health Care Plan.

You must apply for the *Métis Health Benefits* program to be eligible for benefits.

A *Métis Health Benefits* application form may be obtained from your local health centre, public health unit or medical clinic or from the Health Services Administration office of the Department of Health and Social Services.



Medical Supplies and Equipment

The program will pay reasonable and customary charges for medically necessary supplies and equipment provided in Canada as follows:

- Audiology equipment (e.g. hearing aids)
- Diabetic supplies and equipment (e.g. blood testing strips and injection supplies)
- Incontinence products for adults and disabled children only
- Medical equipment (e.g. wheelchairs and walkers)
- Medical supplies (e.g. bandages and dressings)
- Orthotics and custom-made footwear
- Oxygen and respiratory supplies and equipment
- Pressure garments and
- Prosthetics

To make a claim for these supplies, you will need a prescription or written order from a recognized health care professional.

Many of the medical supplies and equipment items **require prior approval** in order for the product to be covered by the program.

Medical Travel

This program may reimburse accommodations, meals and transportation expenses incurred when you are required to travel to access medical treatment not available in your home community. For travel related to dental services, expenses must be approved in advance by Alberta Blue Cross.

Expenses eligible for reimbursement may include the following, **subject to prior approval**:

- Private Accommodations
- Commercial Accommodations
- Boarding Facilities
- Meals
- Escorts and/or interpreter services
- Travel (air and ground) to the nearest health clinic or hospital to receive health services not available in your home community or not covered by provincial or territorial travel assistance programs.
- Emergency Ambulance Services that originate in the Northwest Territories may be considered in some circumstances.

Claims will be paid according to the current Health Canada NIHB schedule of prices.

For more information and links to claim or prior approval forms, visit www.hss.gov.nt.ca.

HOW TO CLAIM

Each person registered on this program is provided with an Alberta Blue Cross identification card. Please carry this card with you at all times to access services.

Prescription drugs

Show your Alberta Blue Cross identification card when you pay for your prescription at a pharmacy, and the pharmacist will bill Alberta Blue Cross directly for the amount owing. The identification card eliminates the need for submitting claim forms and the time you would otherwise have to wait for reimbursement of your claim.

If your pharmacist does not accept direct billing, you will have to pay your pharmacist and claim reimbursement by submitting a completed *Alberta Blue Cross Health Services Claim Form* (available from your pharmacist or online at www.ab.bluecross.ca/forms.html). Submit your form with original receipts to Alberta Blue Cross for reimbursement. Reimbursement will be mailed to you at your home address.

Dental services

Alberta Blue Cross allows all dental offices to bill Alberta Blue Cross directly for services provided to

you. Show your card and you will only be required to pay amounts not covered by your plan.

If your dentist does not accept direct billing, you will have to pay your dentist directly and claim reimbursement by submitting a completed *Alberta Blue Cross Dental Services Claim Form* (available from your dentist or online at www.ab.bluecross.ca/forms.html). Your dentist must also complete a section of this form. Mail your form with original receipts to Alberta Blue Cross for reimbursement. Reimbursement will be mailed to you at your home address.

Other services

In most cases, you will not have to pay for eligible benefits. However, in cases where you are required to pay the total cost of vision care, medical supplies/equipment or ambulance services, ask for an official receipt and send this to Alberta Blue Cross along with a fully completed *Alberta Blue Cross Health Services Claim Form*.

***Please note that all claims for reimbursement must be submitted within 12 months of the date on the receipt.**

COORDINATION OF BENEFITS

In addition to your *Métis Health Benefits* sponsored by the GNWT, you might also have coverage for prescription drugs, dental services or other benefits through another supplementary health benefit plan. For example, you might qualify under another plan because you or your spouse work for an employer that provides such benefits, or you have coverage through Workers Compensation or a private insurance plan.

In such cases, the *Métis Health Benefits* program is considered payor of last resort.

Therefore, you must:

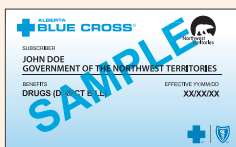
- 1) Claim through your other plan first.
- 2) If the full cost is not covered by your other plan, complete the relevant *Alberta Blue Cross Claim Form* and submit it for reimbursement after you have claimed through your other plan. Be sure to attach your confirmation of payment from the other plan carrier. You will then be reimbursed for eligible amounts up to the limits of this program.

This brochure is intended to provide an overview of this program for your convenience. It is not a legal document nor a complete listing of benefits.

CLAIMING AND BENEFIT INQUIRIES

If you have questions about your benefits or require any assistance with claiming,

**PLEASE CONTACT ALBERTA BLUE CROSS
TOLL FREE AT 1-800-661-6995**



**Please have your
Alberta Blue Cross
identification card on
hand when you call.**

PROGRAM INFORMATION

For an application for this program or information regarding eligibility for the *Métis Health Benefits* program, please contact:

Health Benefits Program

Health Services Administration
Department of Health and Social Services
Government of the Northwest Territories
Bag #9, Inuvik, NWT X0E 0T0

Phone toll free **1-800-661-0830**

Phone **867-777-7400**

Fax **867-777-3197**

Email **hsa@gov.nt.ca**

Website **www.hss.gov.nt.ca**

Individuals who are First Nations or Inuit need to access benefits through Health Canada's Non-Insured Health Benefits (NIHB) program administered by Health Services Administration at the above address.

If you would like this information in another official language, contact us at 1-855-846-9601.

Si vous voulez ces renseignements dans une autre langue officielle, communiquez avec nous au 1-855-846-9601.

www.ab.bluecross.ca



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