

Health Supplements Summary Table

Case type	IA – ETW / NEO		IA – PPMB		Persons residing in Special Care		DA – PWD		Hardship Assistance		MSO – Medical Services Only		Transitional Health Services (THS)				Life-threatening health need		Healthy Kids
	Adult	Child ¹	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	THS – ETW		THS – PPMB or special care		Adult	Child	
Medical Supplies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Extended Therapies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No
Medical Transportation	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Medical Equipment & Devices	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Hearing Instruments	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Optical supplements	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Eye examination supplements ²	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No	No	No
Dental supplements (coverage for basic dental services)	No	Yes	Yes	Yes	Yes For IA cases: only if adult in family unit is PPMB	Yes	Yes	Yes	No	Yes	Yes For former IA cases: only if adult in family unit was PPMB	Yes	No	Yes	Yes For former IA cases: only if adult in family unit was PPMB	Yes	No	No	Yes
Emergency dental supplements	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Denture supplements (for persons who are <u>only</u> eligible for emergency dental)	Yes	No	No	No	Yes, IA family unit with no PPMB adults	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No	No

¹ In this table, “Child” refers to persons under 19 years of age

² Persons under 19 yrs and 65 yrs and older of age receive eye exam coverage through Medical Services Plan

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	Adult	Child ¹	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	THS – ETW		THS – PPMB or special care		Adult	Child	Child
Crown and bridgework supplement	No	No	Yes Only for the PPMB adult	No	Yes Only for PPMB or PWD adult	No	Yes Only for the PWD adult	No	No	No	Yes Only for PPMB or PWD adult	No	No	No	Yes only for the PPMB adult	No	No	No	No
Orthodontic Supplements	No	Yes	No	Yes	Yes adult with PWD only	Yes	Yes adult with PWD only	Yes	No	No	Yes adult with PWD only	Yes under EAPWD reg. only	No	No	No	No	No	No	No
Diet Supplements	Yes	Yes	Yes	Yes	No ³	No ³	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
Short Term Nutritional Supplement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
Monthly Nutritional Supplement	No	No	No	No	Yes, PWD adult in an A&D treatment centre only	No	Yes Adult with PWD only	No	No	No	No	No	No	No	No	No	No	No	No
Tube Feed Supplement	Yes	Yes	Yes	Yes	No ^{3,4}	No ^{3,4}	Yes	Yes	Yes	Yes	Yes, if individual was already receiving Tube Feed supplement prior to family unit transitioning to MSO or THS coverage						No	No	No
Infant Health Supplement (aka Infant Formula)	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No	No
Natal Supplement	Yes	Yes	Yes	Yes	No ³	No ³	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
Alcohol & Drug Supplement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
Alternative hearing assistance supplement	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes

Updated for August 24, 2021

³ Cannot be provided to a person in a special care facility, but other members of the family unit continue to be eligible (i.e.: family unit with one adult temporarily residing in A&D treatment facility)

⁴ Under EAPWD only regulations only, may be provided to a PWD residing in CLBC special care facility