Complete and submit an application for MSP enrolment at a Service BC office – visit available online at www.gov.bc.ca/financingtemporarily.

Permanent Move from British Columbia is important to contact HIBC before leaving BC or submit a Permanent Move Outside BC form online at www.gov.bc.ca/forms/msp/perm.html.

Within Canada – Benefits are provided for the balance of the month you leave the province plus two months. Upon arrival, you should immediately apply for the health plan of your new home province or territory.

Outside Canada – Benefits are provided for the balance of the month you leave the province. Cancellation Benefits: If you leave BC for a day, you may retain eligibility for MSP for the same month you leave the province plus two months. Upon arrival, you should immediately apply for the health plan of your new home province or territory.

Studying Outside British Columbia Residents who travel to attend school or university in another province or country may only be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility. More information on eligibility while studying outside B.C. is available online at www.gov.bc.ca/financingtemporarily.

To maintain eligibility for MSP coverage while temporarily outside B.C. you must notify your local pharmacy, or contact HIBC.

Hospital Benefits: Hospital benefits are provided to all residents of B.C. who are enrolled with MSP. For information contact your local health authority for patient care quality concerns, please contact 1-855-926-400.

Ambulance Service: Ambulance Service is not an insured benefit; however, the Province subsidizes fees for beneficiaries. Please note that fees for services rendered outside the province are not subsidized and can range from several hundred to several thousand dollars. For more information visit www.health.gov.bc.ca/learn/services/ambulance.

To submit claims, visit www.gov.bc.ca/mspbcresidentforms, which can be printed locally and submitted, or contact HIBC.

Follow-up claims: For information visit www.gov.bc.ca/revenueservicesbc.

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For patient care quality concerns, please contact 1-855-926-400.

For fee information visit www.gov.bc.ca/learningcentre.

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For patient care quality concerns, please contact 1-855-926-400.

For fee information visit www.gov.bc.ca/learningcentre.

TRAVEL ASSISTANCE PROGRAM (TAP) The program provides travel cost reimbursement for beneficiaries who need to travel outside their community for non-emergency non-private medical care. For more information, visit www.gov.bc.ca/learningcentre/tap.html (see General Contact Information section).

PRIVATE INSURANCE Private insurance companies may provide coverage for services/ amounts that are not paid by the Ministry of Health. Ask your employer, union or pension plan whether they administer an extended plan.

Private insurance companies may also cover persons who are not eligible for provincial health care benefits.

COLLECTION & USE OF PERSONAL INFORMATION Personal information is collected under the authority of the Medicare Protection Act and section 33 (3) and 33 (5) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for the purposes of administration of the Medical Services Plan. Personal information may be disclosed pursuant to section 33 of FOIPPA.

If you have any questions about the collection and use of your personal information, please contact: Health Insurance BC, Chief Privacy Officer, PO Box 9035 Stn Prov Govt Victoria, BC V8W 9P2 or call 1 866 866 7199 (Vancouver) 1 866 866 7199 (Lower Mainland). For more information on absences or moving from British Columbia.

It is important to contact HIBC before leaving BC or submit a Permanent Move Outside BC form online at www.gov.bc.ca/forms/msp/perm.html.

Within Canada – Benefits are provided for the balance of the month you leave the province plus two months. Upon arrival, you should immediately apply for the health plan of your new home province or territory.

Outside Canada – Benefits are provided for the balance of the month you leave the province. Cancellation Benefits: If you leave BC for a day, you may retain eligibility for MSP for the same month you leave the province plus two months. Upon arrival, you should immediately apply for the health plan of your new home province or territory.

Residents who leave B.C. temporarily to attend school or university in another province or country may only be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility. More information on eligibility while studying outside B.C. is available online at www.gov.bc.ca/financingtemporarily.

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MEDICAL SERVICES PLAN (MSP)

The Medical Services Plan (MSP) is a health insurance plan in British Columbia, Canada, which is mandatory for all residents. MSP pays for medical services considered medically necessary by MSP. MSP is administered by Health Insurance BC (HIBC).

WHO IS ELIGIBLE?

Residents of British Columbia are eligible and are required to enrol themselves and their dependents. Most of BC's population is expected to renew enrolment by the card expiry date specified on your BC Services Card.

Residents of British Columbia:
- are a citizen of Canada or lawfully admitted to Canada
- who is in full-time attendance at a recognized post-secondary institution and who is supported by a beneficiary who is the person's parent or who stands in place of the person's parent

A dependent post-secondary student who is younger than 25 years of age, who is in full-time attendance at a recognized post-secondary institution, and who is supported by a beneficiary who is the person's parent or who stands in place of the person's parent may be a student enrolled in full-time studies at a trade school, technical school or high school.

REQUIREMENT TO ENROL/RENEW ENROLMENT

You must enrol yourself and your dependents in MSP. MSP. HIBC, the corporation of BC (ICBC) driver licensing office. To find an ICBC insurance office, visit www.gov.bc.ca/insurancelocation. To enrol, you must provide the following information:

1. The services of counsellors or psychologists;
2. Maternity care by a midwife, physician or by a specialist or consultant; Services provided by both optometrists and ophthalmologists.

ADDITIONAL BENEFITS

Supplementary benefits are a service for beneficiaries. Exceptions are made in the case of a divorce, the former spouse is no longer eligible for coverage on your account and must apply for separate coverage.

For those who qualify based on annual net income, MSP will contribute towards a specified percentage of out-of-pocket costs during each calendar year for the specified services, when performed in British Columbia:

- audiologist.
- chiropractic.
- massage therapy.
- nutritionist.
- physiotherapy, and
- non-surgical podiatry.

MSP provides the following benefits:

- Medically required services of a physician, or of a specialist (such as a surgeon, anaesthetist or psychiatrist) when referred by a physician;
- Maternity care by a midwife, physician or by a specialist.
- Diagnostic services, including x-rays, provided at approved diagnostic facilities when ordered by a physician, podiatrist, or dentist.
- Dental and oral surgery when medically required to be performed in a hospital and
- Supplementary surgery.

Further information on who is eligible for benefits may be found in the MSP Account Change form or in the Group Change Request form.

Employees must enrol themselves and their dependents in MSP. Existing BC Services Card holders are expected to renew enrolment by the card expiry date specified on your BC Services Card.

Under the Medicare Protection Act, an employee must have enrolled on the date of hire or within 90 days of the date of hire, except in the case of a beneficiary who is the person's parent or who stands in place of the person's parent. Part-time employees must enrol within 90 days of the date of hire, except in the case of a beneficiary who is the person's parent or who stands in place of the person's parent.

Members must enrol as quickly as possible and within 30 days of hire or rehire. Failure to enrol within 30 days may result in the loss of eligibility for MSP benefits. Individuals who have not enrolled within 30 days of hire or who have not renewed their enrolment may be charged an administrative fee.

Dependents:
- Spouse, other marrying partner, or living in a marriage-like relationship with the beneficiary (and may be of any gender), or
- Child, whose age is younger than 19 years of age, who is in full-time attendance at a recognized post-secondary institution, and who is supported by the beneficiary, or
- Dependent post-secondary student, who is older than 19 years of age, who is in full-time attendance at a recognized post-secondary institution, and who is supported by a beneficiary who is the person's parent or who stands in place of the person's parent

You must complete two steps to enrol in MSP.

**Patients may be charged an additional amount if the practitioner's fee is higher than the amount payable by MSP.
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