LEAVING CANADA TO OBTAIN MEDICAL SERVICES

If you are leaving Canada to obtain medical services, you must provide evidence of medical necessity. This evidence may be a referral from your doctor or a letter from your local Service BC or HIBC office. It is the responsibility of the patient to provide the evidence of medical necessity. The Ministry of Health may not authorize services if it determines that the medical service is not medically necessary.

Within Canada – benefits are payable for 30 days of the month you leave the province plus two months. Upon your return, you must immediately apply for coverage at 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.

Cancelling Benefits

If you no longer wish to be a resident, you must notify HIBC of your date of departure, indicate the reason for cancellation, and provide your new address – otherwise, premium billing may continue. Failure to send premiums does not constitute cancellation.

For more information on absences or moving from one province to another, see the Provincial Health Insurance Plans legislation (see General Contact Information section).

Travelling to your home province

The TRAVEL ASSISTANCE PROGRAM (TAP) provides $200 towards travel transportation costs when you need to travel outside their communities for physician referred non-emergency specialist medical care. For more information, visit www.gov.bc.ca/travelassistance or phone HIBC (see General Contact Information section).

TRAVEL ASSISTANCE PROGRAM (TAP)

PRIVATE INSURANCE

Private insurance companies may provide coverage for services/amounts that are not paid by the Ministry of Health. Ask your private insurance company about coverage for services/services covered by the Ministry of Health.

PRIVATE INSURANCE

Note: When submitting a form by mail, use the specific form online as instructions may vary.

Medical Services Plan

MSP INVOICING AND PAYMENTS

For MSP premium invoicing, payments or collection, contact the Service BC office at 800 605-8839 or visit www.bcehs.ca/about/billing/fees and click on Service BC Plans Billing. For more information on absences or moving from one province to another, see the Provincial Health Insurance Plans legislation (see General Contact Information section).

MSP FORMS

a) Complete and submit an application for MSP enrolment by phone at 800 605-8839 and click on MSP enrolment at www.gov.bc.ca or visit www.bcehs.ca.

b) For more information on absences or moving from one province to another, see the Provincial Health Insurance Plans legislation (see General Contact Information section).
A dependent post-secondary student may include a student enrolled in full-time studies at a trade school, technical school or high school.

REQUIREMENT TO ENROL/RENEW ENROLMENT

Residents of BC, are required by law to enrol themselves and their dependents in MSP. The Medicare Protection Act requires residents of BC to be enrolled in MSP to support the legal name and Canadian citizenship or immigration status of all persons listed on your application. 

Enrolment can be completed and submitted online at www.hibc.gov.bc.ca/ApplyForEnrolmentForms or by phone: HIBC – see the General Contact Information section; or online at servicebc.ca.

Dependents

Residents of B.C. are entitled to be residents, but does not include a tourist or visitor to British Columbia. Individuals who are not residents of BC, such as some holders of study and/or work permits, may become residents in BC on their own or with the dependents of a person who is a resident in Canada.

How to Enrol 

You must complete two steps to enrol in MSP.

1. You must provide all necessary details to apply for MSP.

2. You must enroll in MSP before you leave your employer, please contact HIBC (see the General Contact Information section; or online at servicebc.ca).

WHEN DO BENEFITS BEGIN?

New residents or persons re-establishing residence are eligible for benefits from the date of completion of a}