



## Plan G Bridge Coverage: How to Apply: A guide for emergency departments, Rapid Access Addiction Clinics, correctional centres (provincial and federal), and Urgent and Primary Care Centres

PharmaCare's Plan G covers the full cost of opioid agonist treatment (OAT) and certain psychiatric medications for anyone who:

- is a resident of B.C.
- has clinical and financial need
- is enrolled in BC Medical Services Plan (MSP) (if not, and they intend to stay in B.C., they can apply for exceptional coverage – section E on back of form – as part of the same application)

Regular Plan G coverage is for a period of 1 year at a time.

Bridge coverage is **temporary** – provided for 3 months, or until coverage is in place through the regular Plan G application.

Bridge coverage is quickly available for urgent situations. It is for patients leaving emergency departments (EDs), Rapid Access Addiction Clinics (RAACs), correctional centres (both provincial and federal), and Urgent and Primary Care Centres (UPCCs). Bridge coverage is for up to 3 months, or until regular Plan G coverage is in place. To maintain Plan G coverage, patients should meet with a prescriber in their community ASAP (within 10 weeks) to apply for regular Plan G coverage.

If patients aren't registered for regular Plan G coverage at the end of the 3-month bridge coverage, their Plan G coverage will end. They may then have a practitioner initiate a new application for 3 months of further bridge coverage or for regular Plan G coverage. Previous Plan G bridge coverage does not limit new bridge coverage applications.

Applications for bridge coverage are faxed **directly** to Health Insurance BC (HIBC), to expedite registration through HIBC's extended operating hours, including evenings and weekends. Bridge coverage applications are *not* sent to a local mental health and substance use centre for verification, unlike applications for regular Plan G coverage.

### The Plan G Application

For bridge coverage, fill out sections A, B and D of the [Plan G Application form](#) and fax directly to HIBC at 250-405-3896.

**Section A:** Signed by patient (if they are unable or unwilling to sign, see back of form)

- Patient name, birthdate, Personal Health Number
- Address in community (if available)
- Patient signs declaration that they meet the financial criteria for Plan G

**Section B:** Signed by prescriber

- Prescriber name, contact information, professional college ID number
- Prescriber signs to certify that the patient has medical need for Plan G coverage

**[Section C:** Not needed for bridge coverage.]

**Section D:** Completed by prescriber or designate

- Facility name, address, fax number
- Expiry date (3 months from application date)
- Confirms that the patient knows they must see a follow-up prescriber in their community within 10 weeks, who can apply for regular 1-year Plan G coverage for them.

**Section E (optional):** Exceptional coverage (for patients who do not have MSP yet)

- Prescriber attests patient has applied for MSP or knows they must apply as soon as possible
- Prescriber signs to certify that the patient knows exceptional Plan G coverage is for 3 months only, and that they must enrol in MSP and apply for regular (1-year) Plan G coverage to continue coverage

Fax the form **directly** to HIBC at 250-405-3896 (for bridge coverage only). Bridge coverage is immediate.

Resources: [Plan G Application Form \(PDF\)](#)