



MEDICAL SERVICES PLAN

GROUP PROCEDURE GUIDE



Health
Insurance BC

▶ GROUP PROCEDURE GUIDE

TABLE OF CONTENTS

Introduction	1
MSP Direct	1
Eligibility for Health Care Benefits	2
Employee Enrolment	5
Assigning Employee's Effective Date	6
Changes to Employee's Account	7
Addition of Family Member	7
Cancelling a Family Member's Group Coverage	9
Children Age 19 and Over	9
Attending School Outside British Columbia	10
Employer Record Cards	11
Cancellation of Benefits	11
Changing Company Name	12
Regular Premium Assistance	12
Group Invoice	15
Leaving British Columbia	18
Contact Information	19

► INTRODUCTION

Health Insurance BC (HIBC) is the operational arm of the Medical Services Plan (MSP), which provides basic medical benefits to eligible BC residents. Information on these benefits is available by visiting the Ministry of Health's website at www.gov.bc.ca/medicalservicesplan

This Group Procedure Guide is designed to help you in the administration of your organization's group medical coverage. Definitions and regulations are outlined and we have provided instructions to assist you in the completion of our various forms.

This guide provides a general outline only. All information is subject to change in accordance with the provisions of the *Medicare Protection Act* and Medical and Health Care Services Regulation, and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the guide and the legislation, the legislation will prevail.

► MSP DIRECT

MSP Direct is an on-line service that allows group plan administrators to make on-line adjustments on behalf of their employees/pensioners. This service reduces turn around time and administrative costs, and eliminates billing for cancelled employees.

With MSP Direct you are able to do the following, and more, under your group plan:

- Validate an address
- Record documents
- Add employees
- Add employee's dependant(s) (spouse or child)
- Cancel employees
- Cancel employee's dependant(s) (spouse or child)
- Extend coverage for eligible children age 19 – 24
- Obtain and update employee's contact address

It is no longer possible to submit personal information changes (e.g. name change) through MSP Direct. Please use a Group Change Request form for this purpose.

To find out more about MSP Direct visit: <http://www.gov.bc.ca/mspdirect>

► ELIGIBILITY FOR HEALTH CARE BENEFITS

WHO IS ELIGIBLE

To qualify for health care benefits in British Columbia (BC) a person must be a resident of BC. The *Medicare Protection Act* defines a resident as a person who:

- “(a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
- (b) makes his or her home in British Columbia, and
- (c) is physically present in British Columbia for
 - (i) at least 6 months in a calendar year, or
 - (ii) a shorter prescribed period,

and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.”

The shorter prescribed period is defined in the Medical and Health Care Services Regulation and applies to eligible BC residents for vacation purposes only, for a total absence of up to seven months per calendar year.

Those deemed to be residents may include individuals who hold temporary immigration status or who are temporarily absent from British Columbia. For more information on residency requirements, visit the MSP website at <http://www.gov.bc.ca/mspeligibility>.

REQUIREMENT TO ENROL

Residents of BC are required to enrol with MSP.

Under Section 7(1) of the *Medicare Protection Act*, a resident must apply to the Medical Services Commission

- “(a) for enrollment as a beneficiary if not already enrolled, and
- (b) for enrollment of each of the resident’s children as a beneficiary if the child
 - (i) is a resident, and
 - (ii) is not already enrolled, or does not already have someone applying for enrollment on the child’s behalf.”

Benefits for active members of the Canadian Forces are a federal responsibility; therefore, these members are ineligible for provincial health care benefits and exempt from enrolling.

A small number of residents, for religious or other reasons, may not want to participate in the province’s health care plans. These residents can file an Election to Opt Out statement with the Ministry of Health; however, the consequences of doing so are very serious. **If a person chooses to file an Election to Opt Out statement, he/she must contact HIBC directly.**

Under no circumstances may an Election to Opt Out be made on behalf of a child who is a resident.

HOW TO ENROL IN MSP

All new and returning BC residents will need to complete an application for enrolment with HIBC.

Enrolment in MSP is now a two-step process for persons age 19 or over who have Canadian citizenship or permanent resident status in Canada. Once the application has been processed, those eligible adult BC residents will be sent a Welcome Letter from HIBC explaining the second step to complete the process.

The Welcome Letter will direct the person to bring two pieces of identification to an ICBC driver licensing office (DLO) or Service BC location to:

- Apply for their BC Services Card;
- Confirm residency; and
- Have their photo taken.

After meeting these requirements, the applicant will receive an interim document that in most cases will include their Personal Health Number (PHN). Once MSP coverage is effective, the person can use this interim document to access health care services until their BC Services Card arrives in the mail.

Individuals with temporary immigration status – regardless of age – are not required to visit an ICBC DLO. These applicants, as well as those under 19 years, may automatically be issued a non-photo BC Services Card from HIBC.

RENEW ENROLMENT IN MSP

Most adult MSP beneficiaries, except those exempted by regulation, must renew enrolment and get a new BC Services Card prior to CareCard retirement in 2018. Beneficiaries 75 years of age and over are not required to renew enrolment in MSP. Children under the age of 19 have no obligation to renew their enrolment.

The BC Services Card has an expiry date. When an adult beneficiary's BC Services Card expires, generally every five years, they will need to renew their enrolment and get a new BC Services Card to ensure this government-issued identification remains current.

STEPS TO RENEW ENROLMENT IN MSP

Most BC residents 19 years of age and over will be sent a Notification Letter from HIBC requiring them to renew enrolment in MSP by visiting an ICBC DLO or Service BC location.

The renewal process is simple. Just follow these four steps:

Step 1 If the person's name on the Notification Letter is different than their current name, they will need to contact HIBC before visiting an ICBC DLO.

Step 2 Visit an ICBC DLO when renewing their driver's license or BCID. They should bring their CareCard or expired/expiring BC Services Card with them.

Step 3 At the ICBC DLO, they will be expected to:

- Bring two pieces of identification with their current name.
- Confirm that they are a BC resident.
- Have their photo taken for the card.

Step 4 After meeting these requirements, the applicant will receive an interim document that in most cases will include their PHN. The employee can use this interim document to access health care services until their BC Services Card arrives in the mail.

Those 75 years of age or older are not required to renew enrolment in MSP. To obtain a BC Services Card, they may visit an ICBC DLO or contact HIBC.

Persons with temporary immigration status are not required to visit an ICBC DLO. See page 6 for more information.

For ICBC DLO locations and details on required identification, visit icbc.com.

BC SERVICES CARD/CARECARD

Each resident of BC enrolling with MSP is issued a unique lifetime identifier for health care called the personal health number (PHN). This number appears on the BC Services Card and is the same throughout the cardholder's lifetime regardless of any change to personal status.

There are three types of BC Services Cards:

- Combined Card - BC Driver's Licence & BC Services Card
- Photo BC Services Card
- Non-Photo BC Services Card

There is currently no fee for replacement of cards. However, if combining a BC Services Card with a driver's licence, fees that apply to the regular driver's licence process still apply. For more information on replacing a card, see: www.gov.bc.ca/bcservicescard

Individuals under 19 years of age and persons who hold temporary immigration status are eligible for non-photo BC Services Cards.

For more information on the BC Services Card, go to www.gov.bc.ca/bcservicescard

► EMPLOYEE ENROLMENT

APPLICATION FOR GROUP ENROLMENT

An application for Group Enrolment must be submitted for each employee who is to be registered under your group plan. Applications should be submitted to HIBC as soon as possible after the date of employment. Please ensure the application form is completed in full by the employee and that he/she includes any required documents before the application is sent to our office.

If documents are required (e.g. employee is a new resident), go to www.gov.bc.ca/mspgroupplanadministratorforms and use the Application for Group Enrolment. Complete and submit the forms along with supporting documentation. Once the application for Group Enrolment is completed and submitted, Health Insurance BC will contact the employee within 30 days if any next steps are required to obtain a BC Services Card.

If no documents are required (e.g. a new employee with active MSP coverage is added), employees can submit the Group Enrolment form electronically at www.gov.bc.ca/mspgroupplanadministratorforms.

If an employee is enrolled with MSP on an individual basis or as a spouse or child, HIBC will cancel the existing account when your group application is processed. Revenue Services BC (RSBC) will then refund any over-payment of premiums owing up to the start of the group plan.

If an employee is already enrolled with MSP under another employer (or spouse's employer), HIBC will not automatically cancel the existing account when your group application is processed. Please advise your employee to contact the former employer if there are any issues with cancellation.

COLLECTION AND USE OF PERSONAL INFORMATION

The personal information provided will be collected for the following purposes:

- **Enrolment in the Medical Services Plan; and,**
- **Application for a BC Services Card and its authorized programs.**

Personal information is collected under the authority of the Medicare Protection Act and section 26 (c) of the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). Information may be disclosed pursuant to section 33 of FIPPA.

For questions about the collection and use of your personal information, please contact:

Health Insurance BC
Chief Privacy Office
PO Box 9035 STN PROV GOVT
Victoria BC V8W 9E3
or call 604 683-7151 (Vancouver)
or 1 800 663-7100 (toll-free)

► ASSIGNING EMPLOYEE'S EFFECTIVE DATE

COVERAGE FOR ESTABLISHED RESIDENTS

Generally speaking, group coverage is provided when requested by the group administrator, on the first day of the month of employment or the first day of the month following employment, provided the applicant has met the residency requirements for provincial health care benefits.

NEW RESIDENTS

Moving from within Canada

Canadian citizens and holders of permanent resident status (landed immigrants) who move to BC from another province are eligible for coverage after a wait period consisting of the balance of the month in which residence in BC is established, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility for benefits may be affected.

There is an inter-provincial agreement to ensure that persons moving within Canada are able to maintain uninterrupted medical coverage. Arrangements should be made by the beneficiary to continue coverage with the former province until the wait period is completed.

When a family moves to BC from within Canada and the applicant and spouse arrive separately, each person has their own wait period based on their individual BC arrival dates.

Moving from outside Canada

Canadian citizens and holders of permanent resident status (landed immigrants) who move to BC from outside Canada are eligible for coverage after a wait period consisting of the balance of the month in which residence in BC is established, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Obtaining private insurance for the wait period is the responsibility of the individual.

Exceptions

- Canadian Forces members who are discharged in BC do not have to fulfill the wait period. They are eligible for coverage on the date of release provided they are in BC on that date. Their spouse and/or children returning from a posting outside BC are eligible for coverage on their date of arrival in British Columbia.
- When a child remains in another province or country to continue schooling and intends to join the family later, benefits are provided for the child effective the same date as for the account holder.

TEMPORARY DOCUMENT HOLDERS

Persons who hold temporary immigration status may be eligible for coverage. In order to determine eligibility, HIBC must view photocopies of their immigration documents. If eligible, coverage will generally be extended to the "valid until date" shown on their immigration document, provided residency requirements continue to be met. Photocopies of all new documents must be submitted to HIBC in order to determine whether coverage can continue.

► CHANGES TO EMPLOYEE'S ACCOUNT

Personal information changes must be submitted with the Group Change Request form along with supporting documentation to HIBC. When the change is confirmed, all adults qualifying for a photo BC Services Card will receive a letter directing them to the ICBC driver license office (DLO). Those qualifying for non-photo cards will receive them automatically from HIBC.

A Group Change Request can be completed to make adjustments to accounts. If documents are required (e.g. adding a dependant who is new to the province or changing the name of an existing employee or dependant) go to www.gov.bc.ca/mspgroupplanadministratorforms and use the Group Change Request. Complete and submit the forms along with supporting documentation.

If no documents are required (e.g. removing an existing dependant) employees or group administrators can submit the Group Change Request electronically at www.gov.bc.ca/mspgroupplanadministratorforms.

In some cases, when obtaining or renewing their BC Services Card at an ICBC DLO, an employee or dependant may provide a change of personal information, with supporting documentation, to the DLO counter agent. ICBC may forward the documentation to HIBC to update the employee's MSP account; or the employee will have the option of forwarding their documents to HIBC. In this event, HIBC will update the employee or dependant's personal information. For changes to the account holder's information, HIBC will send you a letter outlining the change.

GUARDIANSHIP

If requesting addition of a child who is not the beneficiary's child, HIBC requires a photocopy of a legal document indicating guardianship to determine eligibility as a dependant. This information must be sent with a change form.

A person must be a resident of BC to qualify for provincial health care benefits. Please refer to page 2 for the definition of a resident, under "Who is Eligible".

► ADDITION OF FAMILY MEMBER

A family member includes a spouse, child or dependent post-secondary student.

"Spouse" with respect to another person means a resident of BC who is married to or is living and cohabiting in a marriage-like relationship with the applicant and may be of the same gender as the applicant.

"Qualifying Spouse", in relation to an eligible person, means a beneficiary who:

- (a) is the spouse of the eligible person, and
- (b) is not a minor or a dependent post-secondary student.

“Child”, for the purpose of determining who may be included on a member’s premium account, means a resident of BC who:

- (a) is a child of a beneficiary or a person in respect of whom the beneficiary stands in place of a parent,
- (b) is a minor,
- (c) does not have a spouse, and
- (d) is supported by the beneficiary.

“Dependent post-secondary student”, for the purpose of determining who may be included on a member’s premium account, means a resident of BC who is:

- (a) older than 18 and younger than 25 years of age,
- (b) in full-time attendance at a recognized post-secondary institution, and
- (c) 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 may include a student enrolled in full-time studies at a trade school, technical school or high school.

See Baby Enrolment / Addition of Newborn or Group Change Request, found at www.gov.bc.ca/mspgroupplanadministratorforms.

COVERAGE FOR ESTABLISHED RESIDENTS

Spouse – is eligible as of the date of marriage.

Newborn – is eligible as of the date of birth.

Student age 19 to 24 – if coverage is required, is eligible for coverage under the parent’s plan on the first day of the month of enrolment at an accredited school or university. For studies outside of BC, please refer to page 10 “Attending School Outside British Columbia”.

Adopted Child – if adopted within Canada the child is eligible from the date of adoption. A copy of the Notice of Placement from the adoption agency is required. If being adopted from outside Canada the child is generally eligible on the date of arrival in BC. A copy of the child’s immigration document and a letter from the Director of Adoptions, Ministry of Children and Family Development, to Citizenship and Immigration Canada (either a letter of no objection or a Hague letter) is required. If the child is being adopted from the United States and arrives in BC before an immigration document has been issued, the parents should include a note to this effect, and a copy of the letter described previously.

Common-law Spouse – is eligible on the first day of the month requested by the beneficiary.

Note: Minors and dependent post-secondary students are not subject to MSP premium charges. If a group member’s spouse is under 19 years old, no premiums will be charged for the spouse. When the spouse turns 19 years old, premium charges will be established for them automatically and will begin to appear on group invoices.

Note: when an effective date for a dependant is on the second day of the month or later, no additional premium is payable for that month.

COVERAGE FOR NEW RESIDENTS

Family members establishing residence in BC may be eligible for coverage as outlined on page 7.

► CANCELLING A FAMILY MEMBER'S GROUP COVERAGE

A family member's group coverage will be cancelled at the end of the month he/she ceases to be eligible. Please have your employee complete a Group Change Request (found at www.gov.bc.ca/mspgroupplanadministratorforms) to cancel group coverage if any of the following situations occur:

Spouse if

- Divorced / separated
- No longer a resident of BC
- Deceased

Child if

- Employed full time
- Married or living and cohabiting in a marriage-like relationship
- No longer a resident of BC
- Age 19* or older and no longer enrolled in a full-time study program at a recognized educational facility
- Deceased

If a spouse or child obtains his/her own coverage, HIBC will cancel the spouse or child from the employee's plan.

** The next section provides information regarding children age 19 to 24.*

► CHILDREN AGE 19 AND OVER

In order to remain eligible for coverage upon a child's 19th birthday, a child must meet the residency requirements and all of the following requirements as a dependent post-secondary student:

- Single (not married or living and cohabiting in a marriage-like relationship)
- 24 years of age or younger
- Supported by the account holder, who is their parent or guardian
- Enrolled in a full-time study program at an accredited recognized post-secondary institution

A dependent post-secondary student older than 18 and younger than 25 years of age must be a beneficiary on the parent or guardian's account to be recognized as a dependant for the purposes of determining MSP premium rates. As long as the above criteria are met, no premiums will be charged for the child older than 18 and younger than 25 years of age on the parent/guardian's account. A dependent post-secondary student may include a student enrolled in full-time studies at a trade school, technical school or high school.

In 2018, upon turning 19, individuals will need to renew enrolment in MSP and obtain a BC Services Card.

A letter is sent to the mailing address on the parent's account, along with an Application for Premium Assistance, two months *before a child's 19th birthday*. The letter advises that:

- Coverage under the parent's account will end on the last day of the month the child turns 19;
- Continuous coverage under a new, Pay Direct account will be established with full Regular Premium Assistance if residency requirements for assistance are met;
- The parent has the option of continuing to cover the child, if the child is eligible.

If coverage is being provided for a dependent post-secondary student *older than 18 and younger than 25 years of age*, this arrangement will end on the last day of the month schooling is completed. Continuous coverage under a new, Pay Direct account is established.

If coverage is being provided for a dependent post-secondary student *approaching the age of 25*, the parent is sent a letter advising that this arrangement will end on the last day of the month the dependant turns 25. Continuous coverage under a Pay Direct account is established.

A dependant coming off a parent's account does not usually have a level of income that requires him/her to pay premiums. If the residency requirements for assistance have been met, full Regular Premium Assistance is initially provided to the dependant under his/her new account. If an Application for Premium Assistance has not already been submitted, HIBC sends an application to the beneficiary.

Please see www.gov.bc.ca/mspgroupplanadministratorforms for more information.

► ATTENDING SCHOOL OUTSIDE BRITISH COLUMBIA

Residents, who leave BC temporarily to attend school or university, may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at an accredited educational facility and at the time of leaving were physically present in Canada for six of the 12 months immediately preceding departure.

Beneficiaries who have been studying outside BC must return to the province by the end of the month following the month in which studies are completed. Residents studying outside BC must contact HIBC prior to departure and upon return to BC to confirm eligibility. Students who do not plan to return to BC within the required timeframe, or who decide to leave BC permanently, must contact HIBC.

Please provide our Leaving BC pamphlet to any account holder or family member who will be leaving the province to attend school or university.

► EMPLOYER RECORD CARDS

When a group application is processed, an Employer Record Card (ERC) is issued to most employers. The ERC shows the information on our records for that employee and any dependants. An updated ERC is issued when the information on our files changes. The coding indicates the reason the card has been issued. The codes are as follows:

A New application	I Replacement ERC requested
C New dependant added	L Coverage renewed
D Cancellation of dependant	N Cancel date changed (forward)
E Effective date changed to an earlier date	P Personal information change
G Effective date changed to a later date	X ERCs requested for entire group

The ERC must be retained in your office and is used as notification to terminate an account.

► CANCELLATION OF BENEFITS

Group enrolment is cancelled on the last day of the month; however, if an employee leaves before becoming eligible, his/her group coverage can be cancelled as of the effective date. MSP requires the reason for cancellation, the person's current address and, if the person has moved outside BC, the date of the move.

If an ERC is not available, HIBC requires a Coverage Cancellation form, HLTH 217 (found at www.gov.bc.ca/mspgroupplanadministratorforms), or list quoting your group number, the employee's account number and name, and all the information requested on the ERC.

TWO MONTH RULE LIMIT

Credits for retroactive cancellations are allowed up to a maximum of two months including the current month. For example, if a cancellation request is received during December, groups can ask for cancellation retroactive to October 31. Premiums must be paid to the cancellation date.

DUPLICATE COVERAGE

If advised that duplicate MSP coverage has occurred, HIBC can cancel retroactive to the date the duplication began to a maximum of five years.

EMPLOYEES TRANSFERRING BETWEEN GROUPS/DEPARTMENTS

Administrators who have more than one group account and who transfer employees from one account to another can do so without completing applications for enrolment and ERCs. Please contact HIBC for details.

WHEN GROUP ENROLMENT ENDS

Group administrators are asked to ensure that employees are:

- Aware of the date their group account will be cancelled; and,
- Provided with a “Notice to Terminating Employees” form (found at www.gov.bc.ca/mspgroupplanadministratorforms).

The employee does not need to reapply to MSP. We will automatically set up a self-administered account for him or her and any family members.

Exception: If the employee has a temporary immigration document, the employee must contact HIBC to arrange further coverage.

COVERAGE FOR DEPENDANTS OF A DECEASED BENEFICIARY

When you cancel coverage for a deceased employee or pensioner, coverage for a surviving spouse and children will be cancelled as of the same cancellation date as the account holder. The spouse and children will be enrolled on a new Direct Pay account. If you would like the coverage for the spouse and children to remain active under your group, you must advise Health Insurance BC.

CANCELLATION OF A GROUP

If an entire group is to be cancelled, HIBC requires a letter requesting cancellation of the entire group and the date coverage is to be cancelled.

Once all the adjustments have been made, Revenue Services of BC (RSBC) will send an invoice if premiums are due. If the adjustments result in an over payment, RSBC will issue a refund cheque.

► CHANGING COMPANY NAME

If you are simply changing the name of your company, HIBC requires a copy of the company’s legal name change. If, however, a new company has been created, a new Third Party Registration form (found at www.gov.bc.ca/mspgroupplanadministratorforms) must be completed. Please contact HIBC.

► REGULAR PREMIUM ASSISTANCE

Regular Premium Assistance is available to residents who meet all of the following requirements:

1. They have been a resident in Canada and been a Canadian citizen or holder of permanent resident status (landed immigrant) for the last 12 consecutive months.
2. They are not exempt from liability to pay income tax by reason of any other Act.
3. Their adjusted net income for the preceding year did not exceed a given level (indicated on the front of the Application for Regular Premium Assistance).

REGULAR PREMIUM ASSISTANCE YEAR

The Regular Premium Assistance year runs from July 1 of one year to June 30 of the next year.

ADMINISTERING REGULAR PREMIUM ASSISTANCE ON YOUR GROUP PLAN

Administering Regular Premium Assistance under a group plan allows group members who meet the requirements above to apply for reductions in MSP premium rates.

ADMINISTERING REGULAR PREMIUM ASSISTANCE UNDER YOUR CURRENT GROUP PLAN

If you do not administer Regular Premium Assistance under your current group plan and wish to do so, please submit a written request to HIBC on company letterhead. This will enable HIBC to set up your group to allow premium assistance rates to be applied to your member accounts, if confirmed by HIBC to be eligible for these rates. Your group members can apply directly to HIBC for Regular Premium Assistance and HIBC will determine eligibility. There is no need for your group administrator to receive, review or approve the premium assistance application.

ADMINISTERING REGULAR PREMIUM ASSISTANCE UNDER A NEW GROUP PLAN

When setting up a new group plan, you can opt to administer Regular Premium Assistance by checking the appropriate field on the MSP Third Party Registration form (HLTH 201). This will enable HIBC to set up your group to allow premium assistance rates to be applied to your member accounts, if confirmed by HIBC to be eligible for these rates. Your members can apply directly to HIBC for Regular Premium Assistance and HIBC will determine eligibility. There is no need for your group administrator to receive, review or approve the application.

REMOVAL OF AUTHORIZATION FOR YOUR GROUP PLAN

If you currently authorize applications for Regular Premium Assistance and wish to discontinue doing so, please submit a written request to HIBC on company letterhead. Your members can apply directly to HIBC for Regular Premium Assistance and HIBC will determine eligibility. There is no need for your group administrator to receive, review or approve the application.

REGULAR PREMIUM ASSISTANCE FOR A NEW GROUP MEMBER

If you are enrolling a new group member and the group member wants to apply for reduced premiums, please have him/her complete an Application for Regular Premium Assistance and send it to HIBC with the application for group enrolment. If the group member is already receiving Regular Premium Assistance on their previous MSP account, this must be indicated on the employee's group application and HIBC will provide the same reduced premium rate on the group account.

Note: If your group plan does not administer Regular Premium Assistance, group members who meet the requirements above can apply to HIBC to determine eligibility for income-based benefits such as MSP Supplementary Benefits, a waiver of BC Ambulance fees and access to the Healthy Kids program, if the family's adjusted net income is \$42,000 or less.

CALCULATION OF ADJUSTED NET INCOME

Regular Premium Assistance is based on the previous year's adjusted net income. Adjusted net income is a person's net income adjusted:

- (a) By the following additions, as applicable:
 - (i) If the eligible person has a spouse, the net income of the spouse;
 - (ii) If the eligible person is married to, or in a marriage-like relationship with, another person who is not a resident, the net income of the other person;
 - (iii) If the eligible person is a minor and is supported by a parent or person who stands in place of a parent, the net income of the parent or person who stands in place of a parent, and
- (b) By the following deductions, as applicable:
 - (i) \$3 000 for a dependant spouse;
 - (ii) \$3 000 for each of the eligible person and his or her spouse who has attained the age of 65 years on or before December 31 of the current taxation year;
 - (iii) \$3 000 for each dependant child who is a resident, minus 1/2 of the child care expense deduction the eligible person is entitled to claim under the Income Tax Act (Canada);
 - (iv) \$3 000 for each family member who had a disability within the meaning of the Income Tax Act (Canada) during the immediately preceding taxation year;
 - (v) The amount the eligible person or his or her spouse received under section 4 of the Universal Child Care Benefit Act (Canada) in the immediately preceding taxation year;
 - (vi) The amounts in respect of a registered disability savings plan the eligible person or his or her spouse was required, by section 146.4 of the Income Tax Act (Canada), to include in computing income for the immediately preceding taxation year

ONGOING PREMIUM ASSISTANCE

For group members who receive Regular Premium Assistance, MSP will, on an ongoing basis, verify income with the Canada Revenue Agency (CRA), thus eliminating the need for most of these members to re-apply in subsequent years.

REGULAR PREMIUM ASSISTANCE AND SUPPLEMENTARY BENEFITS

If your group does not permit members to receive Regular Premium Assistance, your members may still want to apply in order to establish eligibility for health-related programs. If your group members would like to be considered for these programs, they can complete, sign and submit an Application for Regular Premium Assistance to HIBC.

VERIFICATION OF ADJUSTED NET INCOME

As authorized by the applicant's signature, each year MSP verifies income information with the CRA to ensure the applicant is receiving the level of assistance for which he/she is eligible. Eligibility is based on a person's net income for the preceding year, combined with that of his/her spouse, if applicable, less deductions for age, family size, disability and any reported Universal Child Care Benefit and Registered Disability Savings Plan income. If required, MSP premium rates are adjusted upward or downward as of the date the assistance is effective. If the adjustment is retroactive and the rate increases, you will be debited for the difference in premiums. It is then your responsibility to recover this amount from the employee/pensioner, if applicable. If the rate is adjusted, you will be advised in writing.

HEALTHY KIDS PROGRAM

Healthy Kids provides financial assistance for basic dental services and basic optical needs for children under the age of 19, if the parent is receiving premium assistance and the employer does not offer extended health or dental benefits. For more information about the benefits available under the Healthy Kids program, please call the Ministry of Social Development and Social Innovation at 1 866 866-0800.

► GROUP INVOICE

RSBC issues MSP premium invoices, processes premium payments and collects overdue accounts.

Each month you will receive an invoice detailing current premiums and retroactive adjustments for your employees. Group invoices are generally mailed to you during the last week of the month.

The first page of the invoice shows the date to which payments are processed. For invoice inquiries please refer to page 19/20 for contact information for RSBC.

Invoice Sorts

The invoice can be printed with the employees listed in one of three ways:

- Alphabetical by employee surname
- Account number
- Employee number

Invoices can be further sorted and subtotalled by department number if required. If you are interested in changing the sort on your invoice, further details are available by contacting HIBC.

OBLIGATION TO REMIT

Section 32 of the *Medicare Protection Act* states that where there is an arrangement to pay all or part of another person's premiums or to collect premiums from another person, those premiums must be paid at the time specified. Such premiums are considered a lien in favour of the province and that lien may be enforced under the *Court Order Enforcement Act*. If full payment is not received, your account will be referred for debt collection.

There is no volume discount available to group administrators. The applicable premium rate for each account on your group plan must be paid in full and on time.

PAYMENT OF INVOICES

Methods of payment:

- By electronic banking (telephone or computer banking)
For information, visit: www.sbr.gov.bc.ca/business/customer_service/msp/msp.htm
- At most Canadian financial institutions
- At a Service BC Centre
- By mail
- By pre-authorized debit

The invoice is to be paid as billed; any changes should be submitted on the forms provided by HIBC and will appear on a future invoice.

PAYMENT DUE DATE

The payment due date is always the last day of the month unless that day falls on a weekend or statutory holiday. The due date will then be the first business day of the next month. The due date will be clearly indicated on the front of your invoice.

INTEREST CHARGE

A company or organization that owes outstanding premiums is required to pay interest on the money at a rate prescribed by Treasury Board. Interest is charged on premiums unpaid after the due date of the previous invoice. For example, if payment is due on January 30th, interest will be charged and reflected on the March invoice.

MULTIPLE ACCOUNTS

If you administer multiple group accounts, payment for each account should be made with a separate cheque reflecting the appropriate account number. This is required to ensure the correct amount is credited to the right account. Multiple payments can be sent in the same envelope, provided there is an accompanying payment coupon for each account.

AMOUNT RECEIVED DIFFERS FROM DIRECTIONS/PAYMENT COUPON

If the amount of the payment differs from the amount indicated on the coupons or the directions enclosed, RSBC will use its discretion in applying the payment to the accounts involved. To avoid reconciliation problems/interest charges, it is strongly recommended that payment for each account be made with a separate cheque. Please refer to page 19/20 for contact information.

RETURNED PAYMENTS

A service charge is levied for any cheques issued to the Province of BC that are subsequently dishonoured by a person or company's financial institution.

NOTATIONS ON PAYMENT COUPONS

The system for processing payments is automated; therefore, requests for changes noted on invoices will not be processed. The correct forms must be submitted to MSP.

ACCOUNT ADJUSTMENTS

Changes to a premium amount and/or family size are flagged by an asterisk and an adjustment code on the invoice. Retroactive premium credits and debits appear in the adjustment column.

Keys to Adjustment Codes on Invoice:

- A new application
- C addition of dependant
- D cancelled coverage/deletion of dependant
- E retroactive change in effective date
- F change in amount billed (Regular Premium Assistance)
- G forward effective date change
- L re-establishment of coverage
- M multiple adjustments; combination of two or more adjustments
- N forward change in cancellation date
- O retroactive change in cancellation date
- R premium for prior month(s) retroactive to last cancellation date
- T recertification subsidy change
- V premium adjustment for prior month(s) due to verification of income

Size Codes

- 00 cancelled coverage
- 01 - 99 number of persons covered

Subsidy Codes

- H Adjusted Net Income \$0 – \$24,000
- I Adjusted Net Income \$24,001 – \$26,000
- J Adjusted Net Income \$26,001 – \$28,000
- K Adjusted Net Income \$28,001 – \$30,000
- L Adjusted Net Income \$30,001 – \$34,000
- M Adjusted Net Income \$34,001 – \$38,000
- N Adjusted Net Income \$38,001 – \$42,000
- C Adjusted Net Income over \$42,000

Check the following website for MSP premium rates:

www.gov.bc.ca/msppremiums

► LEAVING BRITISH COLUMBIA

GENERAL INFORMATION

Persons who are not residents of BC lose their eligibility for MSP benefits and other provincial health care benefits. For example, a person who chooses to reside in Washington State is not eligible for coverage, regardless of whether he/she commutes to Vancouver to work every day.

For the definition of a resident refer to page 2.

Out of country medical services may result in your personal information being provided to the out of country service provider for the administration of benefits (such as processing claim payment) under the *Medicare Protection Act*.

Please provide a Leaving BC pamphlet to any employee or family member who will be outside the province on a temporary or permanent basis.

LEAVING BRITISH COLUMBIA TEMPORARILY

Temporary Absences

To remain eligible for MSP coverage a beneficiary must continue to meet the residency requirements (see “Who is Eligible”, p. 2).

Extended Absences

When a person leaves BC on vacation or for temporary employment benefits may be available during an extended absence for up to 24 consecutive months. Approval is limited to once in a 60 month (five year) period for such absences that exceed six months in a calendar year. If your employee/pensioner is unsure whether coverage can continue during an absence, or knows that eligibility will end, advise him or her to contact HIBC for details or visit the Leaving BC website at www.gov.bc.ca/leavingbctemporarily.

Itinerant Worker

A person who is engaged in an occupation that requires the person to routinely travel outside BC for more than six months in a calendar year, may continue to qualify for benefits. As the person must obtain approval prior to leaving BC and cases vary, please contact HIBC with full details in order that we can determine eligibility as a resident.

LEAVING BRITISH COLUMBIA PERMANENTLY

Within Canada

Benefits will continue for the balance of the month of departure, plus two months.

If requested, benefits may be extended up to three extra months to cover a person while in transit. Upon arrival, the individual should immediately apply to the health plan of the new home province or territory.

Outside Canada

Benefits will continue for the balance of the month of departure.

► CONTACT INFORMATION

We ask that you quote your group number and the employee's account number or Personal Health Number (PHN) when contacting HIBC.

For security reasons, please advise your employees that they should be directing all non-group related enquiries regarding their MSP account to HIBC.

Revenue Services of British Columbia (RSBC) is the name of the billing and collections operation on behalf of the Ministry of Finance. RSBC issues premium invoices, processes premium payments and collects overdue MSP premium accounts. Questions regarding these matters should be directed to RSBC.

The Insurance Corporation of BC (ICBC) issues the photo BC Services Card and the combined Driver's Licence and BC Services Card. HIBC issues the non-photo BC Services Card.

INTERNET

You can visit the following websites for MSP information:

Health Insurance BC: www.hibc.gov.bc.ca

Ministry of Health: www.gov.bc.ca/health

Revenue Services of British Columbia/Ministry of Finance: www.fn.gov.bc.ca/rev.htm

You can access MSP forms by visiting: www.gov.bc.ca/mspbcrecidentforms

For information on the BC Services Card, visit: www.gov.bc.ca/bcservicescard

You can find information on ICBC Driver Licensing Offices by visiting: icbc.com

CORRESPONDENCE

Mailing address for Health Insurance BC:

Health Insurance BC
PO Box 9140 Stn Prov Govt
Victoria BC V8W 9E5

Mailing address for Revenue Services of British Columbia:

Revenue Services of British Columbia
PO Box 9482 Stn Prov Govt
Victoria BC V8W 9W6

TELEPHONE

HIBC: Lower Mainland: 604 683-7520
Other Areas in British Columbia: 1 877 955-5656

RSBC: Toll-free: 1 877 405-4909

WHO SHOULD I CALL TO ANSWER MY MSP QUESTIONS?

HEALTH INSURANCE BC	REVENUE SERVICES OF BRITISH COLUMBIA
<p>HIBC will update your company's information including name, address, phone number and contact information.</p> <p>For persons under your group plan we:</p> <ul style="list-style-type: none">• Enrol with MSP or change coverage, including adding or removing family members• Cancel MSP coverage, including when moving outside BC• Update personal information including name, address, date of birth and phone number• Administer Regular Premium Assistance• Replace/issue non-photo BC Services Cards	<ul style="list-style-type: none">• Information regarding your invoice• Payments and refunds• Payment options• Payment arrangements• Payment history• Collection of overdue balances• Administrating insolvency (e.g. bankruptcy)