

British Columbia Provincial Health Plan

Fact Sheet

Your British Columbia Medical Services Plan provides:

Prescription Drugs

- Coverage through the Fair Pharmacare Program, for eligible drugs prescribed by a physician, certain ostomy supplies, insulin, syringes, needles and test strips for diabetics.
- Coverage for drugs listed on the BC drug formulary after a deductible has been satisfied. The deductible is based on adjusted family income.

Refer to the charts provided for deductible amounts for eligible residents ages 18 to 64 and for eligible residents age 65 and older.

For eligible residents born after 1939:

Net Annual Family Income	Family Deductible	Amount covered when deductible is reached	Family Maximum	Amount covered when maximum is reached
Less than \$15,000	No deductible	70%	2% of net family income	100%
\$15,000 to \$30,000	2% of net family income	70%	3% of net family income	100%
Over \$30,000	3% of net family income	70%	4% of net family income	100%

For eligible residents born in 1939 or earlier:

Net Annual Family Income	Family Deductible	Amount covered when deductible is reached	Family Maximum	Amount covered when maximum is reached
Less than \$33,000	No deductible	75%	1.25% of net family income	100%
\$33,000 to \$50,000	1% of net family income	75%	2% of net family income	100%
Over \$50,000	2% of net family income	75%	3% of net family income	100%

Ambulance

- Ambulance fees are not covered by the Medical Services Plan of BC, however, they may be covered by other third parties.
- BC residents /beneficiaries (with a valid care card) are required to pay \$54 for ground or air ambulance service up to 40 km, plus an additional 50 cents per km after that, up to a maximum of \$274.
- For more information visit <http://www.health.gov.bc.ca/bcas/fees>

Dental benefits

- No coverage for most dental procedures.
- Coverage for dental procedures only when hospitalization is required.
- Limited coverage for residents ages 20 and younger requiring correction of severe congenital facial abnormalities.

Visioncare	<ul style="list-style-type: none"> • No coverage for glasses or contact lenses. • No coverage of routine eye exams for residents 19 to 64 years old. • Coverage of routine eye exams for residents ages 18 and younger, and 65 and older. • Coverage for all eye exams that are medically required for all age groups.
Hospital	<ul style="list-style-type: none"> • Coverage for standard ward rooms only.
Paramedicals	<ul style="list-style-type: none"> • Coverage for chiropractic, physiotherapy, naturopathy, massage therapy and non-surgical podiatry to B.C. residents who qualify for MSP premium assistance. These individuals are covered for up to a combined annual total (each calendar year) of 10 visits and a maximum of \$23 per visit. • Surgical podiatry is covered for all B.C. residents.
Hearing Aids	<ul style="list-style-type: none"> • No coverage
Nursing Benefits and Home Care	<ul style="list-style-type: none"> • Limited coverage for home nursing.
Medical Supplies	<ul style="list-style-type: none"> • Some coverage for ostomy and mastectomy supplies, permanent prosthetic devices, and for orthotic devices, through the Pharmacare program, for children ages 19 and under.
Accidental Death & Dismemberment	<ul style="list-style-type: none"> • No coverage.
Out of Country	<ul style="list-style-type: none"> • Coverage for medically required emergency situations rendered by a licensed physician only. • In-patient coverage of up to \$75 per day for adults and children, and \$41 per day for newborns. Physicians and diagnostic services are covered at BC rates. • No coverage for out-patient services.

These highlights from the British Columbia Medical Services Plan are for general reference only and are subject to change, corrections and updates. Other government programs may also be available. For more information on the latest coverage details, please contact:

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