Financial Assistance Programs for People Living with Diabetes  
BRITISH COLUMBIA

British Columbians with diabetes often incur medical costs that are two to three times higher than those without diabetes. The following financial assistance programs may help to offset some of the costs associated with your diabetes management. Proper diabetes care and management is important for helping to prevent or delay complications. For more information about diabetes and its management, please visit www.diabetes.ca or contact us at 1-800-BANTING (226-8464) or info@diabetes.ca.

A. Prescription drugs

<table>
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<tr>
<th>Prescription Drugs</th>
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| **Program: BC PharmaCare – Fair PharmaCare Plan** - Ministry of Health  
Tel: 1-800-663-7100  
Web: [http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html](http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html) |
| **Program Description:** The PharmaCare program helps eligible B.C. residents with the cost of prescription medications and designated medical supplies through Fair Pharmacare and other specialty plans. You must be enrolled with the B.C. Medical Services Plan (MSP) before you can apply for Fair PharmaCare. |

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<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
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</table>
| All eligible British Columbians. To be eligible for Fair PharmaCare you must:  
- Have valid B.C. Medical Services Plan (MSP) coverage; and  
- Have filed an income tax return for the relevant taxation year (that is, two years ago). |  
- Most drugs prescribed by your physician, dentist, midwife, nurse practitioner, optometrist or podiatrist licensed and practising in B.C.  
- Insulin, needles, syringes, blood glucose test strips, and insulin pump supplies for people with diabetes  
- Insulin pumps for children and adolescents with diabetes  
- Certain ostomy supplies  
- Designated permanent prosthetic appliances |
• Designated children's orthotic devices (braces)
• Designated nicotine replacement therapy products and smoking cessation prescription drugs

Additional information:
- Fair Pharmacare coverage is based on income; the lower your net family income, the more assistance the plan provides.
- PharmaCare uses the **net income** from your and your spouse's income tax returns to calculate your family's level of coverage (deductible and family maximum). The income tax data used is from 2 years ago (e.g. your 2013 coverage is calculated using your 2011 tax assessment).
- You and your family must pay your full prescription costs until you reach your deductible. PharmaCare will pay 70% of your family's eligible costs for the rest of the year once you reach your deductible and until you reach your family maximum. PharmaCare covers 100% of your eligible drug costs for the rest of the year once you reach your family maximum.
- If you or your spouse was born in 1939 or earlier, PharmaCare will pay 75% of your eligible costs for the rest of the year, after you reach your deductible.
- British Columbians with the lowest incomes do not need to meet a deductible and receive immediate assistance.
- Fair PharmaCare offers access to increased assistance if:
  - your family net income has decreased by 10% or more in the past year
  - your spouse is now a resident in long-term care and including their income in the calculation of your assistance is a hardship.
- A person with disabilities may be eligible for medical coverage which includes Medical Services Plan and PharmaCare coverage with no deductible through the B.C. Employment and Assistance Program. Contact Ministry of Social Development for details.

Prescription Drugs (continued)

**Program:** Other programs under BC PharmaCare for specific client groups – Ministry of Health
Web: [http://www.health.gov.bc.ca/pharmacare/plans/index.html#2](http://www.health.gov.bc.ca/pharmacare/plans/index.html#2) Tel: 1-800-663-7100

- **Permanent Residents of Licensed Residential Care Facilities (Plan B)**
  PharmaCare covers the full cost of eligible prescription drugs and designated medical supplies for permanent
residents of licensed residential care facilities in B.C. Plan B does not apply to people who
• are staying in extended-care, acute-care, multi-level and assisted-living facilities
• are short-term patients in a licensed residential care facility (e.g., patients who are in the facility on a
respite-care basis to give their caregivers a break)
Short-term residents receive assistance under Fair PharmaCare or Plan C (Recipients of B.C. Income Assistance)
depending on the individual’s PharmaCare plan eligibility.
- **Recipients of B.C. Income Assistance (Plan C)**
  This plan provides 100% coverage of eligible prescription costs for B.C. residents receiving medical benefits and income assistance through the Ministry of Social Development. The web link
  [http://www.eia.gov.bc.ca/publicat/bcea/pwd.htm](http://www.eia.gov.bc.ca/publicat/bcea/pwd.htm) also provides information on benefits that may be available to people with disabilities through BC Employment and Assistance (BCEA). If you would like more information on these benefits, contact the Ministry of Social Development 1-866-866-0800.
- **Children in the At Home Program (Plan F)**
  The At Home program of the Ministry of Children and Family Development provides community-based, family-style care for severely handicapped children who would otherwise become reliant on institutional care. Children receiving full benefits or medical benefits through the program qualify for full coverage of eligible prescription drugs and designated medical supplies. Contact the Ministry of Children and Family Development for more information.
- **BC Palliative Care Drug Plan (Plan P)**
  The BC Palliative Care Benefits Program supports BC residents of any age who have reached the end stage of a life-threatening disease or illness and who wish to receive palliative care at home. Under the program, eligible patients receive:
  • coverage of medications used in palliative care through the PharmaCare BC Palliative Care Drug Plan (Plan P), and
  • medical supplies and equipment through the local health authority.
Benefits under the program continue for as long as the person is diagnosed as requiring palliative care.
The [Palliative Care Drug Plan (Plan P) Formulary](http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc10) lists the drugs that PharmaCare covers under this program. Our [BC Palliative Care Benefits Program patient information sheet](http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc10) provides further details.

**Prescription Drugs (continued)**

**Program:** Health Care Benefits Program (POC 10 - Prescription Drugs) – Veterans Affairs Canada (VAC)
Tel: 1-866-522-2122  Web: [http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc10](http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc10)
**Program description:** This program provides financial support to qualified Veterans for the health-care services or benefits available through VACs 14 Programs of Choice. Also, travel expenses incurred when travelling to receive treatment benefits and services may be reimbursed.

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<thead>
<tr>
<th>Who qualifies?</th>
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<tr>
<td>Veterans, retired CF members, retired RCMP members, etc who are in receipt of VAC disability benefits OR VIP / Long-term Care OR War Veterans Allowance OR CF Income Support, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.</td>
<td>Provides coverage for prescription drugs and some over-the-counter medications listed on the VAC Drug Formulary for eligible clients. Coverage for less common or higher cost drugs also may be available through Special Authorization.</td>
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</table>

**Prescription Drugs (continued)**

**Program:** Non-Insured Health Benefits (NIHB) - First Nations and Inuit Health Branch - Health Canada

**Program Description:** The NIHB Program is a national program that provides coverage to registered First Nations and recognized Inuit for a limited range of medically necessary goods and services to which these clients are not entitled through other plans and programs, including a specified range of drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counselling and medical transportation. In cases where a benefit is covered under another plan, the NIHB Program will act to coordinate payment of eligible benefits.

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<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
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</table>
| To qualify for coverage under NIHB, you must be identified as a resident of Canada and one of the following:  
  - a registered Indian according to the Indian Act;  
  - an Inuk recognized by one of the Inuit Land Claim organizations; or  
  - an infant less than one year old whose parent is an |  
  - Program covers prescription drugs listed on the NIHB Drug Benefit List (DBL). Coverage for drug products not listed on DBL may be available under special circumstances by “Exception”. Your physician must complete an Exception Drugs Request Form.  
  - If your are denied benefit coverage, you have the |
| eligible recipient. | right to appeal the decision to NIHB (three levels of appeal available)
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<td></td>
<td>▪ If you have health coverage through your work or any other insurance plan, you must use those insurance plans first before applying for repayment from NIHB.</td>
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</table>

**Prescription Drugs (continued)**

**Program:** Pharmaceutical Companies – Patient Assistance Programs  
**Example:** Lilly Canada Cares (Insulin & Glucagon Assistance Program) or Sanofi Compassionate Care Program  
Please contact your doctor or diabetes education centre for more information

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<tr>
<td>Assistance is normally limited to low-income individuals who do not have private health insurance AND do not qualify for government financial assistance programs. Low-income is generally defined as household income that is below Statistics Canada’s low-income cut-off line.</td>
<td>Many prescription drug manufacturers offer assistance programs for patients. These programs normally provide a limited-time supply of prescription drugs such as oral diabetes medications or insulin for eligible patients. (NOTE: Individuals cannot contact drug manufacturer directly – must apply through doctor’s office.)</td>
</tr>
</tbody>
</table>

**B. Diabetes supplies**

**Diabetes Supplies**

**Program:** BC PharmaCare Program (insulin, test strips, needles, syringes, insulin pump supplies) -  
Ministry of Health  
Tel: 1-800-663-7100  
Web: [http://www.health.gov.bc.ca/pharmacare/medsup.html](http://www.health.gov.bc.ca/pharmacare/medsup.html)
<table>
<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
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</thead>
<tbody>
<tr>
<td>BC residents covered under specific PharmaCare plans.</td>
<td>Insulin pumps, infusion sets/kits and insulin pump reservoirs/cartridges, blood glucose test strips, needles, syringes.</td>
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<td>See “Additional Information” section below for specific details.</td>
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**Additional information:**

**Insulin Pumps**  
PharmaCare covers insulin pumps for children and teens who:
- are 18 years of age or younger; *and*
- have type 1 diabetes or another type of diabetes requiring insulin; *and*
- are covered under Fair PharmaCare, Plan C (BC Income Assistance recipients) or Plan F (children in the At Home Program); *and*
- have confirmation from their doctor that they meet the medical criteria; *and*
- have Special Authority (SA) coverage

For Plan C and Plan F members, PharmaCare will cover 100% of the cost of an approved pump once every 5 years; for Fair PharmaCare plan members, PharmaCare covers 70% of the cost above your deductible and 100% of the cost above your family maximum.

If your child meets the medical criteria for coverage of a pump, the specialist will submit a Special Authority request to PharmaCare. When your physician specialist requests coverage, your child (or their parent or guardian) will need to sign a form confirming that they are committed to blood glucose monitoring, to the safe and appropriate use of the insulin pump and to ongoing age-appropriate diabetes education. If the request is approved, PharmaCare will send an approval letter to your specialist's office. Your specialist will give you a copy of this letter to take to the insulin pump vendor of your choice. Be sure to wait for approval before purchasing an insulin pump – PharmaCare will not cover pumps bought before approval is confirmed.

For pump supplies, coverage is available whether or not your pump was covered by PharmaCare and pre-approval is not required. PharmaCare reimburses claims for eligible insulin pump supplies purchased from pharmacies and **approved insulin pump vendors** who submit medical supply claims on PharmaNet. PharmaCare cannot accept paper ("manual") claims for insulin pump supplies.

*Compiled by the Canadian Diabetes Association – September 2013*

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**Blood glucose test strips**
PharmaCare covers blood glucose test strips if you are covered under Fair PharmaCare, Plan C (BC Income Assistance) or Plan F (At Home Program) AND your blood glucose test strips are medically-necessary AND you have a certificate of training issued by a Diabetes Education Centre.

**Needles /Syringes**
PharmaCare covers needles and syringes if you have insulin-dependent diabetes AND you are covered under Fair PharmaCare, Plan C (BC Income Assistance) or Plan F (At Home Program). The dispensing fee for needles/syringes is not covered.

**Insulin**
PharmaCare covers insulin if you are covered under Fair PharmaCare, Plan B (Residential Care), Plan C (BC Income Assistance), Plan F (At Home Program) or Plan P (Palliative Care Drug Plan). The dispensing fee for insulin is not covered.

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**Diabetes Supplies (continued)**

**Program: Federal Government Programs for Specific Client Groups** – Veterans Affairs Canada (VAC), Non-Insured Health Benefits (NIHB)

**Health Care Benefits Program – Veterans Affairs Canada (VAC)**
Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles, etc) listed on the VAC Drug Formulary for eligible Veterans, retired CF members, retired RCMP members, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

**Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada**
Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles, pump supplies, etc) listed on the NIHB Drug Benefit List for eligible First Nations and Inuit recipients. Contact NIHB directly for more information.
C. Assistive devices

<table>
<thead>
<tr>
<th>Assistive Devices</th>
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<tbody>
<tr>
<td><strong>Program:</strong> BC PharmaCare - Prosthetic and Orthotic Program  - Ministry of Health Tel: 1-800-663-7100  Web: <a href="http://www.health.gov.bc.ca/pharmacare/medsup.html#supplies">http://www.health.gov.bc.ca/pharmacare/medsup.html#supplies</a></td>
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</table>

Who qualifies?
Eligible British Columbia residents with the cost of pre-approved prostheses and orthoses needed to attain or maintain basic functionality.

To be eligible you must be covered by one of the following PharmaCare plans:

- Fair PharmaCare
- Plan B (Residential Care)
- Plan C (B.C. Income Assistance)
- Plan F (At Home Program)

What does the Program cover?
- pre-approved prostheses for eligible patients of any age;
- pre-approved orthoses for eligible patients age 18 or younger;
- the lowest cost devices needed to attain or maintain basic functionality or, for orthoses, to prevent further deformity.

For a list of items that may be covered, see [Prosthetic & Orthotic Product Identification Numbers](http://www.health.gov.bc.ca/pharmacare/medsup.html#supplies) (pre-approval required).

Level of coverage depends on the rules of your PharmaCare plan, including any deductible requirement.

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<th>Assistive Devices (continued)</th>
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<tr>
<td><strong>Program:</strong> B.C. Employment and Assistance Program (BCEA)</td>
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Provides various medical supplements to people with disabilities including medical equipment, orthotics and bracing, medical supplies, hearing aids, etc. Contact Ministry of Social Development for details. 1-866-866-0800

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<tr>
<th>Assistive Devices (continued)</th>
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<tbody>
<tr>
<td><strong>Program:</strong> Federal Government Programs for Specific Client Groups – Veterans Affairs Canada (VAC), Non-</td>
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Insured Health Benefits (NIHB) – First Nations and Inuit clients

<table>
<thead>
<tr>
<th>Health Care Benefits Program (POC 1 – Aids for Daily Living) – Veterans Affairs Canada</th>
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<tr>
<td>Program provides coverage for purchase and repair of assistive devices for <em>eligible</em> Veterans, retired CF members, retired RCMP members, etc. Eligible devices include: devices designed to assist in the activities of daily living (e.g. canes, bathroom aids); hearing aids; prostheses, orthoses; hospital beds; walkers, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit: <a href="http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc1">http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc1</a>.</td>
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<tr>
<th>Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health - Health Canada</th>
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<tr>
<td>When not covered by another plan or program, NIHB provides coverage for general medical supplies and equipment such as mobility aids (e.g. walkers, wheelchairs), prosthetics (breast, eye, limbs), bathing and toileting aids, lifting and transfer aids, low vision aids, oxygen supplies, hearing aids and supplies, wound dressing supplies, etc. To be eligible for NIHB benefits, you must belong to one of the following groups: a registered Indian according to the Indian Act; an Inuk recognized by one of the Inuit Land Claim organizations; or an infant less than 1 year of age whose parent is an eligible recipient. Contact NIHB directly for more info at 1-800-640-0642 or visit <a href="http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a5">http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a5</a>.</td>
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**Assistive Devices (Continued)**

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<tr>
<th>Program: Health Equipment Loan Programs and Services – Canadian Red Cross</th>
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<tr>
<th>Program Description:</th>
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<tr>
<td>The Canadian Red Cross offices in B.C. offer mobility, independence and safety to seniors and those recovering from illness or surgery in their own homes. This program operates a number of equipment programs tailored to the specific needs of local communities. Equipment includes:</td>
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<tr>
<td>• Wheelchairs</td>
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<td>• Walkers</td>
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<td>• Bath seats and benches</td>
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<tr>
<td>• Commodes and toilet seats</td>
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<tr>
<td>• Crutches and canes</td>
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<tr>
<td>• Bed handles</td>
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</tbody>
</table>

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- Other durable medical equipment

Programs in B.C. include:

- **Aids to Independent Living Program** provides long term loans of home health equipment to individuals on low income in B.C.’s Lower Mainland.
- **Children’s Medical Equipment Recycling and Loan Service** provides recycled specialized medical and therapeutic equipment to children in B.C. who are on the At-Home Program or are in government care.
- **HELP Plus** program in B.C.’s Fraser and Vancouver Island regions augments the short term loan program by providing delivery and installation of advanced equipment such as beds and lifts.

Please contact your local branch offices by following the web link.

### D. Vision/dental care

**Vision Care / Eyeglasses**

**Program:** BC Employment and Assistance Program (BCEA) (Optical Program) – Ministry of Social Development  

Program provides prescription eyeglass coverage to all income assistance clients (children and adults) and also children in low-income families through the Healthy Kids Program ([http://www.eia.gov.bc.ca/factsheets/2005/healthy_kids.htm](http://www.eia.gov.bc.ca/factsheets/2005/healthy_kids.htm)). Adults receiving income assistance between the ages of 19 and 64 are also eligible for replacement prescription eyeglasses every three years. Children under the age of 19 are eligible for replacement eyeglasses every 12 months.

**Vision Care / Eyeglasses (continued)**

**Program:** BC Medical Services Plan (MSP)  

**Program description:** The Medical Services Plan (MSP) is the Provincial Government’s medical insurance plan. It pays for medically required services of physicians and surgeons, as well as dental and oral surgery when it is
medically required to be performed in a hospital.

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<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
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<tbody>
<tr>
<td>o An individual must be a resident of B.C. in order to qualify for medical coverage under MSP.</td>
<td>o Medically required eye examinations provided by an ophthalmologist or optometrist (for example, eye disease, trauma or injury, or health conditions associated with significant risk to the eyes, such as diabetes)</td>
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<tr>
<td>Note: for detailed information about eligibility, see <a href="http://www.health.gov.bc.ca/msp/infoben/eligible.html#who">http://www.health.gov.bc.ca/msp/infoben/eligible.html#who</a></td>
<td>o Routine eye examinations are a benefit only for those 18 years of age and under and 65 years of age and over</td>
</tr>
</tbody>
</table>

**Vision Care / Eyeglasses (continued)**

**Program:** Federal Government Programs for Specific Client Groups – Veterans Affairs Canada (VAC), Non-Insured Health Benefits (NIHB) – First Nations and Inuit

**Health Care Benefits Program (POC 14 – Vision Care) - Veterans Affairs Canada (VAC)**
Program covers eye examinations, lenses, frames and accessories for eligible Veterans, retired CF members, retired RCMP members, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit: [http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc14](http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc14)

**Non-insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada**
When not covered by another plan or program, NIHB covers the cost of general eye/vision exams every 24 months for eligible clients 18 years and over, every 12 months for those under 18; a person with diabetes is eligible for a complete eye exam every 12 months. Prescription eyeglasses once every 2 years for eligible clients 18 years and over, and once every year for eligible clients under 18. If any major change in prescription, may be eligible for coverage sooner. Program also covers eyeglass repairs and eye prosthesis (artificial eye). Specific maximums ($) may apply. To be eligible for NIHB benefits, you must belong to one of the following groups: a registered Indian according to the Indian Act; an Inuk recognized by one of the Inuit Land Claim organizations; or an infant less than 1 year of age whose parent is an eligible recipient. Contact NIHB directly for more information at 1-800-640-0642 or visit [http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1)
### Vision Care / Eyeglasses (continued)

**Program:** LensCrafters – Gift of Sight Program  
Tel: Contact your nearest LensCrafters store for more information. Store locator search tool available at [www.lenscrafters.ca](http://www.lenscrafters.ca)

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<tr>
<th>Who qualifies?</th>
<th>What does Program cover?</th>
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<tr>
<td>Low-income individuals who do not have coverage for prescription eyeglasses through private health insurance, employer health benefits or government programs (e.g. social assistance, Veterans Health Benefits, Non-Insured Health Benefits, etc)</td>
<td>Program provides free lenses and frames to individuals in need. You will need a recent prescription and a letter of referral from a registered charity (e.g. community social service agency, place of worship, service club, etc). The organization providing the referral must contact the LensCrafters store closest to where you live (not head office). You must have a valid prescription for your eyeglasses.</td>
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### Dental Care / Dental Service

**Program:** BC Employment and Assistance (BCEA) – Ministry of Social Development

BC Employment and Assistance (BCEA) provides basic dental services to income assistance clients who are least likely to become financially independent – Persons with Disabilities (PWD) and Persons with Persistent Multiple Barriers (PPMB). It also includes children covered by the BC Healthy Kids Program. Click [http://www.hsd.gov.bc.ca/factsheets/2005/dental.htm](http://www.hsd.gov.bc.ca/factsheets/2005/dental.htm) for details or call Ministry of Social Development Info Line 1 866 866-0800

### Dental Care / Dental Service (continued)

**Program:** B.C. Medical Services Plan (MSP) [http://www.health.gov.bc.ca/msp/infoben/benefits.html](http://www.health.gov.bc.ca/msp/infoben/benefits.html)
**Program Description:** The Medical Services Plan (MSP) insures medically-required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures.

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<tr>
<td>An individual must be a resident of B.C. in order to qualify for medical coverage under MSP.</td>
<td>Dental and oral surgery, when medically required to be performed in hospital.</td>
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</tbody>
</table>

**Dental Care / Dental Service (continued)**

**Program:** Federal Government Programs for Specific Client Groups – Veterans Affairs Canada (VAC), Non-Insured Health Benefits (NIHB) – First Nations and Inuit clients

**Healthcare Benefits Program (POC 4 – Dental Services) – Veterans Affairs Canada (VAC)**
Program provides coverage for basic dental care and other pre-authorized comprehensive dental services for eligible Veterans, retired CF members, retired RCMP members, etc. Specific annual maximums ($) may apply. Benefit coverage may vary by client group and by individual. Contact VAC directly for more info at 1-866-522-2122 or visit: [http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc4](http://www.veterans.gc.ca/eng/services/treatment-benefits/poc#poc4)

**Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada**
Provides coverage for a wide range of dental services for eligible First Nations and Inuit clients, when not covered by any other program or insurance plan. Eligibility for dental services is determined on an individual basis. Contact NIHB directly for more information at 1-800-640-0642 or visit [http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1)

**Dental Care / Dental Service (continued)**

**Clinics:** Non-profit reduced cost dental clinics—free or low cost dental services for low-income people. A list of these clinics are available at [http://www.bcdental.org/Find_a_Dentist/ReducedCostClinics.aspx](http://www.bcdental.org/Find_a_Dentist/ReducedCostClinics.aspx)

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<tbody>
<tr>
<td>Contact individual clinics for more information.</td>
<td>These clinics provide mainly emergency pain relief</td>
</tr>
</tbody>
</table>
services for free. The larger clinics are low cost and offer a broader range of basic services including restorative and hygiene. For more information, please contact the BC Dental Association.

### E. Foot Care

#### Foot Care Services / Custom-made Orthotics & Footwear

<table>
<thead>
<tr>
<th>Program: Medical Services Plan (MSP) – Ministry of Health</th>
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<tr>
<td><strong>Who qualifies?</strong></td>
</tr>
<tr>
<td>Eligible B.C. residents</td>
</tr>
<tr>
<td><strong>What does the Program cover?</strong></td>
</tr>
<tr>
<td>Some podiatric services are partially subsidized by B.C.'s Medical Services Plan (MSP).</td>
</tr>
<tr>
<td>Surgical podiatry services are partially subsidized for all British Columbians under MSP.</td>
</tr>
</tbody>
</table>

**Additional information:**

MSP also covers a combined limit of up to 10 visits for non-surgical podiatric services in a calendar year to beneficiaries on "premium assistance." Premium assistance is available for individuals or families with lower incomes. Eligibility is based on individual or family net income for the previous two tax years, less deductions for age, family size and disability. If the resulting amount - referred to as "adjusted net income" - is $24,000 or less, a premium subsidy is available. For more information, please go to the MSP web site at: [www.healthservices.gov.bc.ca/msp/infoben/premium.html#assistance](http://www.healthservices.gov.bc.ca/msp/infoben/premium.html#assistance) or telephone:
- Vancouver: 604-683-7151
- Victoria: 250-386-7171
- Elsewhere in B.C.: 1-800-663-7100
### Foot Care Services / Custom-made Orthotics & Footwear (continued)

**Program:** B.C. Employment and Assistance Program (BCEA) – Ministry of Social Development  
http://www.gov.bc.ca/meia/online_resource/health_supplements_and_programs/meorthotics/

The least expensive, appropriate orthoses may be provided to eligible clients to meet a medically essential need. There must be no other resources available to the client to provide the item requested. Please call the Ministry of Social Development 1 866 866-0800

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### Foot Care Services / Custom-made Orthotics & Footwear (continued)

**Program:** Federal Government Programs for Specific Client Groups - Veterans Affairs Canada (VAC), Non-Insured Health Benefits (NIHB) – First Nations and Inuit

**Healthcare Benefits Program (POC 11 – Prosthetics and Orthotics) - Veterans Affairs Canada (VAC)**
Program covers basic or advanced foot care services for eligible Veterans, retired CF members, retired RCMP members, etc. Program also provides coverage for prosthetics, orthotics, arch supports/insoles, custom-built orthotics/shoes/winter boots, modifications to regular footwear, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

**Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada**
When not covered by any other plan or program, NIHB covers custom-made orthotics and footwear for eligible clients. Specific maximums ($) may apply. “Off the shelf” orthopedic shoes and foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems are not covered. To be eligible for NIHB benefits, you must belong to one of the following groups: a registered Indian according to the Indian Act; an Inuk recognized by one of the Inuit Land Claim organizations; or an infant less than 1 year of age whose parent is an eligible recipient. Contact NIHB directly for more information.

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### F. Medical travel

**Medical Travel Assistance**

**Program:** B.C. Employment and Assistance (BCEA) (Medical Transportation Supplement) – Ministry of Social Development
Program assists qualified clients who face extraordinary costs travelling for essential medical treatment or for approved alcohol or drug residential treatment facility licensed under the Community Care and Assisted Living Act or that are funded by a health authority. Assistance may be provided to clients travelling within their own community or to another community when treatment is unavailable locally. Where possible, clients are expected to use the most cost-effective means of transportation (e.g. bus) to travel to their medical appointments or treatments.

Medical Travel Assistance (continued)

**Program:** Federal Government Programs for Specific Client Groups – Veterans Affairs Canada (VAC), Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch

**Healthcare Benefits Program (POC 2 – Ambulance / Medical Travel Services) – Veterans Affairs Canada**

Program provides coverage for costs related to travel for health care services/medical treatment for eligible Veterans, retired CF members, retired RCMP members, etc. Eligible expenses include items such as transportation, parking, meals, lodging, approved out-of-province travel and, when required, someone to accompany you while you are travelling for treatment. Travel must be within Canada (at nearest treatment centre able to treat you), by the most convenient and economical means appropriate to the medical condition of the Veteran. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

**Non-Insured Health Benefits (NIHB) (Medical Transportation Benefits) – First Nations and Inuit Health Branch - Health Canada**

Program covers cost of travel for medically-necessary health services not available in your local community (e.g. travel for doctor’s appointments, hospital care, health programs available to other B.C. residents, other eligible NIHB healthcare services, alcohol/solvent/drug abuse and detox treatment programs). Treatment must be at nearest healthcare facility able to treat you, using the most economical and efficient means of transportation (appropriate to your medical condition). Program may also provide assistance to cover cost of meals and accommodation. Access to Medical Transportation Benefits requires approval in advance, except in emergency situations. To be eligible for NIHB benefits, you must belong to one of the following groups: a registered Indian according to the Indian Act; an Inuk recognized by one of the Inuit Land Claim organizations; or an infant less than 1 year of age whose parent is an eligible recipient. Contact NIHB directly for more information. See [http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php#a1) for more information.
**Medical Travel Assistance (continued)**

**Program: Travel Assistance Program (TAP BC) – Ministry of Health**  
Tel: 1 800 465-4911  
E-mail: HLTH.TAPBC@gov.bc.ca  

**Program Description:** A corporate partnership between the Ministry of Health and private transportation carriers, TAP assists patients who are being referred by a General Practitioner to the closest site for non-emergency, medical specialist services which are not available locally.

**Who qualifies?**

- you must be a B.C. resident and be enrolled in the [Medical Services Plan (MSP)](http://www.msp.bc.ca);
- you must have a referral from a physician or nurse practitioner for MSP insured specialist medical services which are not available locally;
- your travel expenses must not be covered by third party insurance, such as an employer plan, extended medical plan, [Insurance Corporation of BC](http://www.licbc.com), [WorkSafeBC](http://www.worksafebc.com) or federal government program (e.g. Veterans' Affairs).

**What does the Program cover?**

- Non-emergency medical specialist services available at the closest location outside the patient's community; and
- Diagnostic procedures, laboratory procedures, diagnostic radiology, nuclear medicine procedures, BC Cancer Agency, Transplant Units, HIV/AIDS treatment at St. Paul's Hospital, specialty clinics at BC Children's Hospital and other tertiary care hospital services.

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**Medical Travel Assistance (continued)**

**Program: Health Connections**
Web: [http://www.health.gov.bc.ca/tapbc/connections.html](http://www.health.gov.bc.ca/tapbc/connections.html)

Program Description: Health Connections is a health authority based regional travel assistance program that offers subsidized transportation options to help defray costs for rural residents who must travel to obtain non-emergency, physician-referred medical care outside their home communities.

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**Medical Travel Assistance (continued)**

**Program: BC Family Residence Program – Ministry of Health**  
Tel: HealthLinkBC at 8-1-1  
Web: [http://www.bcfamilyresidence.gov.bc.ca](http://www.bcfamilyresidence.gov.bc.ca)
**Medical Travel Assistance (continued)**

**Program:** Medical Travel Accommodation program – Government of B.C.

| Tel: 250 387-7300 | Email: purchasing@gov.bc.ca | Web: [http://csa.pss.gov.bc.ca/medicaltravel/](http://csa.pss.gov.bc.ca/medicaltravel/) |

**What does the Program cover?**

Program offers hotel accommodation for patients requiring out-of-town Medical Services and their accompanying family members. This website provides a list of properties that offer accommodation at discounted rates to patients and their families who are required to travel to out of town locations to access non-emergency care.
### Medical Travel Assistance (continued)

**Organization:** Hope Air  
Tel: 1-877-346-HOPE (4673)  
Web: [www.hopeair.ca](http://www.hopeair.ca)

<table>
<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
</tr>
</thead>
</table>
| Canadians in financial need who require assistance with cost of air travel to access medically-necessary healthcare services not available in their home community.  
Healthcare service you need must be an “approved” service/treatment (covered by your provincial health plan) and doctor must confirm that you are “medically fit” to fly. | Hope Air is Canada’s only nation-wide charity providing free flights to people who cannot afford the cost of an airline ticket to get specialized medical care outside their home communities. Flights are provided free-of-charge to eligible clients and are arranged through Canada’s national and regional airlines or on private planes.  
**NOTE:** Hope Air will request financial information from you to confirm financial need. |

### Medical Travel Assistance (continued)

**Program:** Air Canada – Kids’ Horizons Hospital Transportation Program  
Tel: For more information, please contact the pediatric hospital where child will be receiving treatment

<table>
<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
</tr>
</thead>
</table>
| Children/families in financial need who require assistance with the cost of air travel to access medically-necessary healthcare services not available in their home community.  
**NOTE:** Child must require treatment at a pediatric (children’s) hospital in Canada. | Program operates through approximately 15 pediatric hospitals across Canada. Program covers cost of air travel from home community to pediatric hospital where child will be receiving treatment. Families must be in financial need.  
**NOTE:** Requests for assistance must be submitted through pediatric hospital where child will be receiving treatment. Parents cannot contact Air Canada directly to request assistance. |
G. Other supports

**Tax Credits / Deductions**

**Program: Tax Credits and Deductions** - Canada Revenue Agency (CRA)
Tel: 1-800-959-8281  Web: http://www.cra-arc.gc.ca/ or http://www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-e.html#P539_45615 (Medical and Disability-Related Information)

British Columbians with diabetes may be eligible for a number of health-related tax credits and deductions including but not limited to:

- **Disability Tax Credit (DTC)** - The Canada Revenue Agency (CRA) recognizes insulin as a *life-sustaining therapy*, as long as the eligibility criteria described on form T2201 Disability Tax Credit Certificate (http://www.cra-arc.gc.ca/E/pbg/tf/t2201/t2201-12e.pdf) are met. Individuals with diabetes using insulin whose doctor certifies that they spend an average of at least 3 times a week, for an average of at least 14 hours per week on the activities related to administering insulin (e.g. monitoring blood glucose levels, preparing and administering insulin, calibrating necessary equipment, maintaining log book) may qualify; To meet the 14-hour requirement, the individual must take time away from normal everyday activities to receive this therapy. DTC certificate must be completed and signed by a physician. Qualifying for the DTC may entitle people with diabetes to the following additional tax relief:
  - **Disability Tax Supplement for Children**
  - **Child Care Expenses Deduction** – The deduction is greater for children who qualify for the DTC.
  - **Child Disability Benefit (CDB)** – If your child qualifies for the Disability Tax Credit (DTC) and you receive the Canada Child Tax Benefit (CCTB), you may also be eligible to receive the CDB; based on family net income; provides up to $214.58 per child each month to families with eligible children. For more information, call 1-800-387-1193 or http://www.cra-arc.gc.ca/bnfts/menu-eng.html.
  - **Refundable Medical Expense Supplement** – For working individuals with low incomes and high medical expenses.
  - **Children’s Fitness Tax Credit** – In addition to claiming eligible fees for enrolment in fitness programs for children under the age of 16, an additional amount may be claimed for a child under 18 who is eligible for the DTC

- **Medical Expenses Tax Credit** – With receipts for medical expenses incurred over a 12 month period, you may claim eligible medical expenses for you, your spouse/common-law-partner or dependents under the Medical
Expenses line of your income tax return.

- **Attendant Care or Care in an Establishment** - If you, your spouse/common-law-partner or dependent required attendant care either at home or in an institution (e.g. retirement home, group home, special school, etc), you may be able to claim some of your attendant care expenses.

- **Travel Expenses** - If you had to travel at least 40 km one-way to access medical services not available in your community, you may be able to claim public transportation costs or vehicle expenses (if public transportation is not readily available in your community). You may also be able to claim some of your meal and accommodation expenses.

Please contact an accountant or CRA directly for more information. **Note**: Individuals with low-income may be eligible for free income tax preparation assistance at tax clinics offered in the community during February and March each year. These clinics are normally offered through local social service agencies, seniors’ centres and homes, libraries, food banks, etc. with the help of the Institute of Chartered Accountants of B.C.

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**Registered Disability Savings Plan (RDSP)**

**Program:** Registered Disability Savings Plan (RDSP) - Canada Revenue Agency  
**Tel:** 1-800-959-8281  

**Who qualifies?**

Canadian residents **under age 60** who have a long-term disability **AND** who receive the Disability Tax Credit (DTC).

**How does the Program work?**

The RDSP is a long-term savings plan to help Canadians with disabilities and their families save for the future. If you are under 60 years of age and are eligible for the Disability Tax Credit (DTC), you can open an RDSP for yourself, or a parent/guardian can open an RDSP on behalf of child with a disability (who receives the DTC). With written permission from the RDSP account holder, anyone can contribute to the RDSP on behalf of the beneficiary (e.g. grandparents, other family members, friends, etc). Earnings accumulate tax-free in your RDSP until the money is taken out.
Additional information:
- There is no annual contribution limit to the RDSP, but there is a lifetime contribution limit of $200,000.
- **Canada Disability Savings Grant:** To help you save, the federal government offers a matching grant of up to $3500 per year (with a lifetime limit of $70,000), depending on the amount contributed into the RDSP each year and the beneficiary’s family income.
- **Canada Disability Savings Bond:** The federal government also contributes up to $1,000 per year (with a lifetime limit of $20,000) to the RDSP’s of low-income and modest-income Canadians, *even if no other contributions are made to the RDSP.*
- Grants and bonds contributed by the government must remain in the RDSP for at least 10 years (exceptions may apply)
- As of July 2011, the proceeds from a deceased parent or grandparent’s Registered Retirement Savings Plan, Registered Pension Plan or Registered Income Fund can be rolled-over into the RDSP of a financially-dependent child or grandchild with a disability.
- **NOTE:** Earnings in an RDSP have no impact on eligibility for other benefits such as Canada Child Tax Benefit, Goods and Services Tax Credit, Old Age Security, etc and eligibility for social assistance (ODSP/OW).

### Diet Supplement

**Program:** BC Employment and Assistance Program (Diet Supplement) – Ministry of Social Development

Web: [http://www.eia.gov.bc.ca/factsheets/2004/DietAssistance.htm](http://www.eia.gov.bc.ca/factsheets/2004/DietAssistance.htm) Tel: 1 866 866-0800

- The Ministry of Social Development provides funding to income assistance clients who require a special diet for a specific medical diagnosis or medical condition.
- Clients with diabetes, cystic fibrosis and kidney disease may be eligible for diet assistance when the need for a special diet is recommended in writing by a medical practitioner, nurse practitioner or registered dietician.

### Home & Vehicle Modification Assistance

**Program:** Residential Rehabilitation Assistance Program for Persons with Disabilities

Canada Mortgage and Housing Corporation (CMHC) Tel: 1-800-668-2642 Web: [http://www.cmhc-schl.gc.ca](http://www.cmhc-schl.gc.ca)
### Who qualifies?

Homeowners and landlords may qualify for assistance if the property is occupied (or intended to be occupied) by a low-income person with a disability; is owned and the house is valued below a certain amount; OR is rented and the rent is less than the established levels for the area; and property does not have any major deficiencies to structure or systems. Assistance is in the form of a fully-forgivable loan (certain conditions apply).

### What does the Program cover?

Home modifications must be related to housing and reasonably related to the occupant’s disability. Examples of eligible modifications: ramps, handrails, chair lifts, bath lifts, height adjustments for countertops, cues for doorbells / fire alarms, etc.

### Home & Vehicle Modification Assistance

**Program:** Home Adaptations for Seniors’ Independence (HASI)

Canada Mortgage and Housing Corporation (CMHC)  
Tel: 1-800-668-2642  
Web: [http://www.cmhc-schl.gc.ca](http://www.cmhc-schl.gc.ca)

**Who qualifies?**

Homeowners and landlords may qualify for assistance if the occupant is 65 years of age or over and has difficulty with activities of daily living due to loss of ability brought on by aging; total household income is at or below the program income limit for the area; and the home is a permanent residence. Assistance is in the form of a forgivable loan of up to $3500 (certain conditions apply).

**What does the Program cover?**

Eligible adaptations must be minor items related to loss of ability (e.g. handrails in hallways, levers on doors, grab bars in bathtub, etc). Adaptations must be permanently installed or fixed to dwelling, improve access to basic facilities within the home and increase the physical safety of the resident.

**Home & Vehicle Modification Assistance**

**Program:** Home Adaptations for Independence (HAFI) – BC Housing

For help with applications, call 604-646-7055 or toll-free 1-800-407-7757 extension 7055, or email: [hafi@bchousing.org](mailto:hafi@bchousing.org)

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*Compiled by the Canadian Diabetes Association – September 2013*

This resource has been prepared for informational purposes only. While we have tried to ensure that all content was accurate and up-to-date at time of publication, errors may have occurred. Please contact each Program directly for most current program information. Notification of amendments or errors can be sent to: Gabriella.simo@diabetes.ca
The program provides financial assistance to low-income seniors and low-income persons with disabilities to support accessibility modifications that will promote continued safe and independent living. The assistance is available to eligible homeowners and tenants. For more information, please visit: [http://www.bchousing.org/Options/Home_Renovations](http://www.bchousing.org/Options/Home_Renovations)

### Medical ID Bracelets / Medical Alert Service

**Program:** Membership Assistance Program - Canadian MedicAlert Foundation  

<table>
<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadians with diabetes (and other potentially life-threatening medical conditions) who are in financial need; must have a referral from your physician, nurse, pharmacist or social worker.</td>
<td>Program provides a partial subsidy for the MedicAlert membership fee and the cost of a stainless-steel MedicAlert bracelet.</td>
</tr>
</tbody>
</table>

### Medical ID Bracelets / Medical Alert Service - Children

**Program:** No Child Without Program - Canadian MedicAlert Foundation  
Tel: 1-866-679-3220    Email: [nochildwithout@medicalert.ca](mailto:nochildwithout@medicalert.ca)    Web: [http://www.nochildwithout.ca/](http://www.nochildwithout.ca/)

<table>
<thead>
<tr>
<th>Who qualifies?</th>
<th>What does the Program cover?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian children ages 4-14 with diabetes or other medical conditions; program operates in a large number of schools across the country (child must be attending a school that is registered with the program).</td>
<td>Program covers the cost of MedicAlert membership for children ages 4-14 with medical conditions, at participating schools. Program is funded by the MedicAlert Foundation, the Government of Canada and Lions Clubs.</td>
</tr>
</tbody>
</table>