Premiums and Fees - Health Care

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Table of Contents

Purpose
Policy
General
Eligibility
Payment of Insured Benefits, Services or Care While Awaiting Resident Status
Rate Payable
Lapses in Provincial/Municipal Coverage
References

Purpose

This policy provides direction on the payment of premiums and fees required in order to access: provincially-insured health services; or, municipal or provincial benefits, services or care similar to those provided under the *Veterans Health Care Regulations*.

Policy

General

1. Certain provinces (i.e., British Columbia, Ontario, etc.) and municipalities require the payment of premiums or fees in order for persons to receive:
    a. provincially-insured health services; or,
    b. provincial or municipal benefits, services or care similar to those available under the VHCR.

Eligibility

2. Only the following client groups are eligible to receive the cost of the premium or fee noted in paragraph 1 (all other clients must maintain their own provincial/municipal coverage, if applicable):
    a. income-qualified veterans;
    b. income-qualified civilians;
    c. Canada service veterans; and,
    d. former members or reserve force members whom a Canadian Forces income support benefit is payable under Part 2 of the *Veterans Well-being Act*.
3. Once an income-qualified veteran, income-qualified civilian or Canada Service Veteran has met the income criteria to be eligible to receive the cost of a premium or fee, that eligibility will continue for life providing they continue to meet the eligibility requirements for this benefit, regardless of any changes in

their income. Eligibility should not be terminated for those individuals who experience a change in income which results in their assessable income exceeding the applicable income limits.

Payment of Insured Benefits, Services or Care While Awaiting Resident Status

4. In some provinces/municipalities eligibility for insured benefits, services or care is granted only after "resident status" is established. Normally, “resident status” and corresponding eligibility is acquired after fulfilling a waiting period of some duration (usually three months). During this waiting period, payment may be made for the full costs incurred by an eligible client:
    a. for insured benefits, services or care not covered by the client's previous province of residence; or,

    b. if the client has no other medical insurance that will cover the costs during the waiting period (e.g., clients moving to Canada from another country).

Rate Payable

5. Premiums and fees may be paid/reimbursed in the amount charged by the province or municipality for coverage at the single rate.
6. Premiums and fees may be paid at the married rate only if the client and spouse or recognized common-law partner are both eligible clients in their own right.
7. In cases where the Department pays a premium and/or fee directly to the province or municipality on behalf of the client, care must be taken to ensure that:
    a. payments are made promptly to avoid lapses in coverage; and
    b. payments are made according to the minimum payment arrangement of the province or municipality (e.g., monthly, quarterly, yearly).

Lapses in Provincial/Municipal Coverage

8. If a client’s provincial or municipal insurance coverage lapses due to the client’s refusal to pay a required premium or fee, the Department is not responsible for any costs incurred by the client as a result.

References

Veterans Well-being Act

Veterans Health Care Regulations