



Your Health Benefits

A Guide for First Nations to Access
Non-Insured Health Benefits



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This Handbook is a joint publication of Health Canada's First Nations and Inuit Health Branch and the Assembly of First Nations (AFN). It describes the benefits available under the Non-Insured Health Benefits (NIHB) Program. The publication is not an endorsement by the AFN of NIHB policies and criteria.

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

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NON-INSURED HEALTH BENEFITS (NIHB)

What types of health benefits can eligible First Nations clients access under the NIHB Program?

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INTRODUCTION

The purpose of this handbook is to provide First Nations clients with information on prescription and over-the-counter drugs, dental care, eye and vision care, medical supplies and equipment, short-term crisis intervention mental health counselling and medical transportation to access medically necessary services for eligible First Nations people covered under the NIHB Program.

THE NON-INSURED HEALTH BENEFITS PROGRAM

The Non-Insured Health Benefits (NIHB) Program is a national program that provides coverage to registered First Nations and recognized Inuit to support them in reaching an overall health status that is comparable with other Canadians. The Non-Insured Health Benefits Program provides coverage for a limited range of medically necessary goods and services to which these clients are not entitled through other plans and programs. In cases where a benefit is covered under another plan, the NIHB Program will act to coordinate payment of eligible benefits.

It is the Government of Canada's position that current health programs and services including Non-Insured Health Benefits are provided to First Nations and Inuit on the basis of national policy and not due to any constitutional or other legal obligations. First Nations assert that health benefits are an Inherent Aboriginal and Treaty Right and are constitutionally protected.

Should you wish to obtain further information, call your Health Canada regional office or designated First Nations Health Authority. Please refer to the contact list included at the back of this handbook.

THE ASSEMBLY OF FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT

The Assembly of First Nations (AFN) is responsible to protect, maintain, promote, support, and advocate for First Nations inherent, treaty and constitutional rights, (w) holistic health, and the well-being of our nations. This is achieved through policy analysis, communications, and, most importantly, lobbying on behalf of First Nations' communities and individuals to ensure properly funded services and programs are delivered at the same or better level enjoyed by all Canadians.

The Assembly of First Nations' Health and Social Secretariat has a role to ensure that all First Nations citizens, regardless of residence, have access to quality health services provided by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, including non-insured health benefits. <http://www.afn.ca/index.php/en/policy-areas/health-and-social-secretariat>

- The AFN continues to advocate for better access to health care and benefits on behalf of its constituents. For questions or concerns that are not addressed in this handbook regarding the Non-Insured Health Benefits Program you may contact the Secretariat at:

Assembly of First Nations (AFN)
Health Secretariat
810-473 Albert Street
Ottawa, Ontario K1R 5B4

Telephone: (613) 241-6789 Extension 240
Toll free: 1-866-869-6789

1. EYE AND VISION CARE BENEFITS

What is covered?

The following benefits are covered by the NIHB Program except when provided as an insured service by the province or territory (e.g., eye exams for children, elderly and diabetic clients in some provinces/territories). Payment is made to the provider in the areas listed below. All eye and vision care benefits require prior approval from the Health Canada regional office.

General Eye and Vision Exams

- Every 24 months for a person 18 years and over.*
- Every 12 months for a person younger than 18 years.
- When there is a change or correction in vision.

*A person with diabetes is eligible for a complete eye exam every 12 months. A doctor may recommend additional follow-up exams.

Specific/Partial Eye Exams

- May be approved for unique medical conditions on a case-by-case basis.
- When a severe abnormality in ocular or visual condition requires a thorough assessment using specific tests such as: for medical condition resulting from diabetes.

Follow-Up Exams

- May be approved on a case-by-case basis.

Partial and Single Procedure Eye Exams

- When required for certain ocular or visual conditions.
- Specific eye exams for diabetics, or other documented medical conditions.

First pair of eyeglasses

- With a written prescription from the optometrist or ophthalmologist.
 - Will be approved with a prescription of at least a spherical equivalent of + or – 0.50 diopters.
 - Lenses and frames up to a maximum amount determined by the Health Canada regional office.
 - Lenses include: unifocal (distance or near vision), aspheric, bifocal, or high index (HIL). Some restrictions apply.
 - Prescriptions more than one (1) year old but less than two (2) years old will be considered on a case-by-case basis.
-

Replacement eyeglasses/ lenses

- Every 24 months for a person 18 years old and over.
- Every 12 months for a person younger than 18 years.
- Replacement lenses within the 24 month period if there is a significant change in vision.
- Lenses include: unifocal (distance or near vision), aspheric, bifocal, or high index (HIL). Some restrictions apply.

Eyeglass repairs

- The total cost of the repair must not be more than it would cost to replace with standard frames.*
 - One major and one minor within the eyeglasses replacement time frame (12 or 24 months).
 - * Replacement frames or sets of lenses are not eyeglass repairs.
-

Remember

1. The rules about what is covered may vary by region.
2. Prior approval is needed to access any vision care benefit under the NIHB Program.

Who may be involved in providing this care?

- Licensed Optometrists
- Ophthalmologist (Eye Specialist)
- Opticians (Prepares the eyeglasses that have been prescribed)

Exceptions or Special Cases

All cases as described below require prior approval and a written prescription with proper medical justification that will be provided by the health practitioner.

Monocular Clients

- Polycarbonate lens or other safety frames and lenses.

Replacement Eyeglasses

- In the case of breakage, damage or loss, written justification and appropriate written proof, such as an accident report, is required for consideration of replacement eyeglasses.

Contact Lenses

- When medically necessary as prescribed for medical eye conditions. (*Medically necessary* conditions include, but are not limited to: astigmatism, anisometropia or antimetropia, corneal irregularities, and treatment of certain ocular pathologies.)
 - Back-up eyeglasses are also included as a benefit.
-

Replacement of Contact Lenses

- One (1) pair of contacts every 24 months for regular soft, and gas permeable soft and hard lenses.
- When medically necessary as prescribed for a medical eye condition.
- Replacement contact lenses if there is a prescription change of + or – 0.50 diopters.

Trial of Bifocals

- Attempt full-time use for a three (3) month period and, if unsuccessful, the frames will be used for reading glasses and a separate pair of distance glasses can be dispensed. Medical documentation is required.

Tints and Coating for Lenses

- Anti-Reflective Coating – in cases where the client is eligible for high index lenses.
- Scratch Resistant Coating – for polycarbonate, high index lenses and children’s glasses.
- Tints – in some cases such as albinism, aniridia, and certain chronic conditions of the anterior segment of the eye causing photophobia, medical documentation is required.
- Ultraviolet Protection Filter – in some cases such as aphakia, cataracts, retinal degeneration or dystrophy, or photosensitivity.

Frames

Will be evaluated on a case-by-case basis for approval for the following frames:

- Flex frames (only for those who are neurologically compromised);
 - Frames and unifocal lenses (2nd set) for those who cannot wear bifocals; or
 - Oversized frames – over 57 mm.
-

What is not covered / Exclusions

- Vision care goods and services covered by provincial/territorial health insurance plans
- Additional carrying cases for glasses or contact lenses
- Cleaning kit
- Esthetic products
- Shampoo (e.g., “no more tears” type shampoo solution)
- Vision exams required for a job, drivers license or to engage in sports activity
- Vision exams at the request of a 3rd party (e.g., completing a report or medical certificate)
- Contact lenses for esthetic purposes
- Contact lens solution
- Industrial safety frames or lenses for sports or professional use
- Sunglasses with no prescription
- Progressive or trifocal lenses
- Photocromic/photocromatic lenses
- Replacements or repairs as a result of misuse, carelessness or negligence
- Implants (e.g., punctual occlusion procedure)
- Refractive laser surgery
- Treatments with investigational/experimental status
- Vision training

For additional information

- Review the Vision Care Framework at the website address below.
<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/index-eng.php#eye-yeux>
- Call your Health Canada regional office or a designated First Nations Health Authority. Please refer to the contact list included at the back of this handbook.

2. DENTAL BENEFITS

What is covered?

Dental services covered under the NIHB Program are divided into two (2) schedules:

- **Schedule A** lists services that may be provided without predetermination* within NIHB Program limits;
- **Schedule B** lists services that require predetermination.

*Predetermination is defined on page 12.

Payment for treatment is made to the provider/client/third party for the services listed below. Certain dental benefits, as specified below, require predetermination from the Health Canada regional office or the Orthodontic Review Centre (ORC).

Diagnostic services

(exams and X-rays)

Exams:

- Under the age of 17: eligible for up to four (4) examinations in any 12-month period.
- 17 years +: eligible for up to three (3) examinations in any 12-month period.

X-rays:

- Eligible for six (6) single x-rays in any 12-month period.
 - Eligible for one (1) panoramic (rectangular shot) x-ray in any 120-month period (10 years) without predetermination; up to 2 per lifetime.
-

Preventive services**Scaling (cleaning)/Root planing (deep cleaning):**

- Under the age of 12: eligible for one (1) unit (15 minutes) in any 12-month period without predetermination.
- 12 years and older: eligible to a maximum of four (4) units in any 12-month period without predetermination.
- NIHB may consider, on a one-time basis, coverage of a maximum of 16 additional units to address the disease when the client presents with chronic periodontal disease and has been on a maintenance periodontal program but presents with areas of refractory disease.

Sealants/Preventive Resins:

- Under the age of 14: eligible on erupted permanent molar and upper incisors (front four top and bottom teeth).

Topical fluoride:

- Under the age of 17: eligible twice (2) in any 12-month period.

Polishing:

- Under the age of 17: eligible twice (2) in any 12-month period.
 - 17 years +: eligible once (1) in any 12-month period.
-

Restorative services (fillings)**Fillings:**

- The maximum amount allowable for amalgam and tooth coloured fillings is up to the cost of a five (5) surface restoration per tooth.
- The maximum allowable on primary/baby teeth is up to the cost of a stainless steel/polycarbonate crown.
- Primary incisor teeth will only be covered under the age of 5 years old.
- Bonded amalgam fillings are covered at a rate of a non-bonded equivalent.
- Replacement fillings within a two-year period are subject to question.
- Retentive pins, cores and posts: one (1) every 36 months. Predetermination is required.
- Paediatric dentistry (children's dental specialist treatment) is an available benefit to children.

Crowns:

- Crowns must be predetermined and must meet the NIHB Program's Crown policy.
-

Endodontic services
(root canals)

Anterior root canals (front teeth):

- Root canals may be completed on anterior teeth without predetermination; however, the NIHB Program's Endodontic policy must be met.

Posterior root canals (premolars and molars):

- Root canals for posterior teeth must be predetermined and must meet the NIHB Program's Endodontic policy.

Pulpotomies and pulpectomies (root therapy mostly performed on baby teeth):

- Primary posterior (canines and molar teeth): eligible without predetermination.
- Pulpotomies and pulpectomies are not eligible on teeth number 51, 52, 61, 62, 71, 72, 81, 82 (baby front teeth).

Open and drain (pain relief emergency service):

- Eligible without predetermination.

Prosthetic removable services
(dentures, partials)

• Dentures (complete and partials) are eligible once (1) in any eight (8) year period. Predetermination is required.

• Includes three (3) months post-insertion care including adjustments and modifications.

• For immediate dentures (post surgical dentures) an additional reline is permitted.

• Replacement of dentures within an eight (8) year period requires supporting rationale.

• Appliances to replace a single missing posterior tooth are not a covered benefit under the NIHB Program.

Orthodontic services
(braces)

The NIHB Program covers a limited range of orthodontic services and clients must meet the clinical criteria and guidelines established by the NIHB Program for orthodontic treatment to be covered. There are three (3) elements to the orthodontic services:

1. Craniofacial anomalies such as cleft lip and palate associated with a severe malocclusion and are functionally handicapping for which there are no age restrictions.
2. Early intervention treatment during the transition from baby teeth associated with a severe malocclusion and is functionally handicapping for clients under 18 years of age.
3. Comprehensive treatment for severe and functionally handicapping malocclusions characterized by a combination of a markedly unfavourable relationship between upper and lower jaws and teeth with each other. Eligible clients must be under the age of 18.

*A functionally handicapping relationship is one in which damaging consequences (such as traumatized teeth and gums) will result from those relationships.

For further information, see the NIHB Orthodontic bulletin at: http://www.hc-sc.gc.ca/fnihah-spnia/pubs/nihb-ssna/_dent/2004-08-ortho/index-eng.php or contact your Health Canada regional office or the Orthodontic Review Centre.

Oral surgery services
(extraction)

- Simple extractions are part of basic treatment and do not require predetermination.
- Complicated or surgical extractions require predetermination.

Adjunctive services
(sedation)

- General anaesthetic/sedation services are normally limited to children under 12 years of age. Predetermination is required for this service.
 - There are regional variations in eligibility depending on provincial and territorial government services and rules.
 - General anaesthetic/sedation is not covered for the management of dental anxiety for patients 12 years of age and older. Exceptions may be considered if a client presents with a medical or physical impairment/condition(s).
-

Remember

1. The rules about what is covered may vary by region depending upon provincial/territorial insured services.
2. Predetermination is needed to access all dental services listed in Schedule B and certain dental services listed in Schedule A that exceed eligibility limits.

Schedule A	Schedule B	Schedule C
These are categories of dental services that do not require predetermination but may have frequency limitations.	These are categories of dental services that require predetermination.	Exclusions These are categories of dental services that are beyond the scope of the NIHB Program and therefore not considered for appeal.
Examples: Cleanings Denture repairs Exams Extractions (simple) Fillings Open and drain (emergency procedure) Preventive services Root canals (for adult front teeth) X-rays	Examples: Crowns Dentures Extractions (complicated or surgical) Orthodontic services (braces) Root canals for posterior teeth Sedation	Examples: Cosmetic services (veneers, bleaching) Extensive rehabilitation Halstrom appliances (sleep apnea) Implants Ridge augmentation (for denture fitting)

Please note: These schedules are not comprehensive. While most services under the categories listed above are covered, as indicated, not all services under a given category may be covered as per established NIHB policy. If you have questions about whether a particular service is covered, contact your Health Canada regional office or the Orthodontic Review Centre.

Predetermination:

- Predetermination is a process of prior approval that reviews cases against established NIHB policy criteria and guidelines. Predetermination or prior approval is required on certain dental services. More complex dental procedures and dental services above frequency limitations require predetermination. For example: crowns, dentures and root canal treatment on certain teeth.
- All cases requiring predetermination should be sent by your dental provider's office to the appropriate Health Canada regional office for review prior to the start of treatment.
- Orthodontic case requests are to be sent to the Orthodontic Review Centre.

- Predetermination requests require additional information: x-rays, supporting rationale, tooth charting, etc. The additional information may vary depending on the dental service required.

Emergency dental services:

- Emergency dental services do not require predetermination. Services consist of acute dental problems including associated examinations and radiographs, procedures for the immediate relief of pain and infection (pulpotomies and pulpectomies, open and drain), arresting haemorrhage, and preliminary care of trauma to the mouth.

Who may be involved in providing dental care?

- Licensed practitioners with authorization to provide dental services within their scope of practice in their province or territory and that are recognized by the NIHB Program (such as dentists, dental specialists and denturists).

About the Process

- Your dental provider has a complete list of eligible services (Schedule A and B).
- The NIHB Program strongly encourages dental providers to bill the NIHB Program directly. If your dental provider chooses not to bill the NIHB Program directly, please contact the appropriate Health Canada regional dental office, which may provide you with a list of alternate providers in your area. The dentist has an obligation to tell you, as the client, if you will have to pay for services before treatment is started.
- All basic treatment needs (e.g., cleanings, fillings, extractions, etc) must be completed before any major dental services are requested (e.g., crowns, partials, etc).
- A dental professional reviews each request on an individual basis. In the review, consideration is given to:
 - a. the client's oral hygiene status, periodontal condition, and dental history;
 - b. the established NIHB Policies, guidelines and criteria;
 - c. any additional information provided by the dental provider.

- Your request may require supporting documentation; your dental provider should send the additional information to the appropriate Health Canada regional office or to the Orthodontic Review Centre. Examples of supporting documentation:
 - a. Complete treatment plan
 - note of existing fillings and requested fillings
 - missing teeth
 - b. Examination findings
 - periodontal charting
 - c. X-rays (date of service within one (1) year)
 - d. Orthodontic records – models

For additional information

- NIHB Dental Benefits information can be found at:
<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/dent/index-eng.php>
http://www.hc-sc.gc.ca/fniah-spni/pubs/dent/ortho-individual_beneficiaries/index_e.html
- Orthodontic Benefits – Questions and Answers for Patients:
http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2004_ortho-client-beneficiaires/index-eng.php
- Call your Health Canada regional office or the Orthodontic Review Centre or designated First Nations Health Authority. Please refer to the contact list included at the back of this handbook.

3. MEDICAL TRANSPORTATION BENEFITS

What is covered?

Assistance with the payment of transportation to the nearest appropriate health professional or health facility for clients to access eligible medically necessary health services that cannot be obtained on the reserve or in the community of residence. This may include assistance with meals and accommodation when these expenses are incurred while in transit for approved transportation to access medically necessary health services. Except in emergency situations, access to medical transportation benefits requires prior approval.

Modes of Transportation

- Ground travel:** private vehicle, commercial taxi, fee-for-service driver and vehicle, Band vehicle, bus, train, snowmobile taxi or ground ambulance.
- Water travel:** motorized boat, boat taxi or ferry.
- Air travel:** scheduled and chartered flights, helicopter, air ambulance or Medevac where not provincially insured.

- The most efficient and economical mode of transportation consistent with the urgency of the situation, and the medical condition of the client is to be utilized at all times. Clients who choose to use another method will be responsible for the cost difference.
- When scheduled and/or coordinated medical transportation benefits are provided, clients who choose to use another mode of transportation will be responsible for the full cost.

Coordinated Travel

- Schedule same-day appointments for clients travelling to the same location.
- When a client requires more than one medical appointment, schedule all appointments for the same day or trip.
- When more than one client is travelling in the same vehicle, the rate reimbursed will be for one (1) trip only.

Emergency Transportation

- Ambulance services when required and not provincially insured (Ground or Air Ambulance/Medevac).
 - There are regional differences in eligibility depending on provincial and territorial legislation.
 - Salaries for doctors or nurses accompanying clients on the ambulance are not covered.
 - Licensed ambulance operators will be reimbursed according to terms, conditions and rules of regional guidelines and/or processes.
-

**Access to
Traditional
Healers**

- Destination within the client's province/territory of residence or if the healer is outside the client's province/territory travel reimbursement will be to the border only.
- The prior approval process considers:
 - whether the healer is recognized by the local Band, Tribal Council or health professional;
 - the location of the healer; and
 - a note from a health professional confirming a medical condition.
- When more than one (1) client requires the service of a traditional healer it may be more economical for a traditional healer to travel to the community. Costs related to honoraria, ceremonial expenses or medicines remain the sole responsibility of the client(s).

**Meals and
Accommodations**

- May provide assistance with meals and accommodations when travelling to access medically necessary health services.
 - Amount of coverage will depend on preset regional rates. Regional rates are available through your Health Canada regional office.
 - The most efficient and economical means of accommodation will be chosen taking into consideration the client's health condition, location of accommodation, and travel requirements.
 - Accommodation arrangements will be made by a Health Canada regional or zone office or a First Nations health authority. Clients may be responsible for the full costs if prior approval is not obtained, and, if post-approved, they will be responsible for the cost difference if they choose to make their own arrangements.
 - Time away from home is a consideration in determining the meals that will be covered.
 - Accommodation in a private home may be reimbursed at the regional rate.
 - Hotel Accommodations: Room and taxes only will be covered. Other expenses are at the cost of the client.
 - When a client needs to be close to medical treatment for an extended period, assistance with the cost of meals, accommodation, and in-city transportation to access the medically necessary care/treatment may be covered for up to a three-month transition period only.
-

**Escorts
(General)**

- May include transportation, accommodations and meals for medical and non-medical escorts.
- Prior approval is required, and the length of time is determined by the client's medical condition or legal requirements.

Criteria for Escorts

- The client has a physical/mental disability, or has legally been declared “mentally incompetent” and is, therefore, unable to travel unassisted.
- The client is medically incapacitated.
- There is a need for legal consent by a parent or guardian.
- To accompany a minor who is accessing required health services.
- When a language barrier exists and/or interpreter services are unavailable.
- To receive instructions on specific and essential home medical/nursing procedures that cannot be given to the client only.

Note: When an escort has been authorized, the following criteria should be considered in selecting the escort:

- A family member who is required to sign consent forms or provide a client history;
 - A reliable member of the community;
 - Physically capable of taking care of themselves and the client and not requiring assistance or an escort themselves;
 - Proficient in translating from local language to English/French;
 - Able to share personal space to support the client;
 - Interested in the well-being of the client; and
 - Able to serve as driver when the client is unable to transport him/herself to or from appointment.
-

Addictions Treatment

- Travel for the treatment of alcohol, drug, and solvent abuse.
- Travel will be covered to the closest appropriate National Native Alcohol and Drug Abuse Program (NNADAP) funded/referred facility in the home province/territory (some exceptions for out-of-province).
- Clients are to meet all treatment centre entry requirements prior to medical transportation being authorized.
- Travel by the most economical and practical means.
- Transportation for family members when their participation is an integral and scheduled portion of the treatment program and approved prior to treatment.
- Transportation will not be provided if the client discharges themselves from treatment against advice from the treatment centre counsellor, before completing the program. An exception may be considered with proper justification in some circumstances and approval by the Health Canada regional office.

Other medically necessary health services

- Travel to medical services defined as insured services by provincial/territorial health plans (e.g., appointments with physician, hospital care).
 - Diagnostic tests and medical treatments covered by provincial/territorial health plans.
 - To access other NIHB approved benefits (vision, dental and mental health).
-

Remember

1. The rules about what is covered may vary by region depending upon provincial/territorial insured services.
2. Prior approval is needed to access any medical transportation benefit under the NIHB Program.

General Principles

1. Clients must have prior approval to access medical transportation benefits.
2. In emergency situations, when prior approval has not been obtained, expenses may be reimbursed (Required: appropriate medical justification and approval after the fact).
3. Clients must provide proof or confirmation from the health care provider or representative that they have attended the appointment.

4. When a client does not attend a scheduled appointment and medical transportation benefits have been provided, the client may be required to assume the cost of the return trip or of the next trip to access medically necessary health services unless justification is provided to explain why the client was unable to attend or notify the appropriate public carrier of the cancellation.
5. This benefit may be provided when the client is referred by the provincial/territorial health care authority for medically necessary health services to a facility outside of Canada when such services are covered by a provincial/territorial health plan. See Approved Health Benefits Outside of Canada, Section 7.

Exceptions

(May be considered on an exceptional basis with justification.)

- Diagnostic tests for educational purposes (e.g., hearing tests for children required by the school).
- Speech assessment and therapy, when coordinated with other approved NIHB medical travel to a provincially/territorially insured service.
- Medical supplies and equipment benefits where a fitting is required and cannot be made on the reserve or in the community of residence.
- Transportation for methadone ingestion may be covered for up to four (4) months. Extension with medical justification may be considered.
- Provincially/territorially supported preventative screening programs when coordinated with other medical travel and the cost of testing is covered under the provincial/territorial health plan.

What is not covered / Exclusions

Certain types of travel, benefits and services will not be provided as benefits under the NIHB Program under any circumstances and are not subject to the NIHB appeal process. These include:

- Travel and related benefits (e.g., meals and accommodation, ambulance) where they are the responsibility of another party or provided as an insured service.
- Compassionate travel (e.g., family visits unless prior approval has been obtained as a part of the treatment plan at a drug and alcohol rehabilitation facility).
- Travel for clients in the care of a federal, provincial or territorial institution (e.g., incarcerated clients).
- Court-ordered treatment/assessment, or as a condition of parole, coordinated by the justice system.

- Travel for clients residing off-reserve in a location where the necessary health service is available locally.
- Travel for the purpose of a third-party requested medical examination.
- The return trip home in cases of an illness while away from home other than for approved travel to access medically necessary health services.
- Travel only to pick-up new or repeat prescriptions, or vision care products.
- Payment of professional fee(s) for preparation of doctor's note/document preparation to support provision of benefits.
- Transportation to an adult day care, respite care and/or safe house.

For additional information

- Review the Medical Transportation Benefits at the website address below.
<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medtransport/index-eng.php>
- Review the Medical Transportation Framework at the address below.
http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_medtransp/2005_med-transp-frame-cadre/index-eng.php
- Call your Health Canada NIHB regional office or a designated First Nations Health Authority. Please refer to the contact list at the back of this handbook.

4. DRUG BENEFITS

What is covered?

When not covered by another program/plan, payment is made for eligible benefit items directly to the NIHB-approved provider or reimbursed to the client at NIHB rates in the areas listed below.

Prescription drugs	<ul style="list-style-type: none">• Drugs that require a prescription from an authorized prescriber.• Drugs that are listed in the Drug Benefit List at the address below. http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fourinir/pharma-prod/med-list/index-eng.php
Over-the-counter drugs (OTC)	<ul style="list-style-type: none">• OTC drugs and health products listed in the Drug Benefit List, which do not require a prescription under provincial or federal legislation, but do require a prescription for coverage under the NIHB Program.
Open benefits	<ul style="list-style-type: none">• Drugs that are listed on the NIHB Drug Benefit List and do not have established criteria or prior approval requirements.
Limited use benefits	<ul style="list-style-type: none">• Approval for certain groups of clients including:<ul style="list-style-type: none">– multivitamins for children up to age 6; and– prenatal supplements and vitamins for women between the age of 12 and 50 years.• Benefits which have a quantity and frequency limit. A maximum quantity of a drug is allowed within a specific period of time. For example, a client is eligible to receive a 3-month supply of smoking cessation products which is renewable 12 months from the day the initial prescription was filled.• Benefits which require prior approval and for which specific criteria has been established, and must be confirmed by a doctor's completion of the NIHB <i>Limited Use Drugs Request</i> form.
Chronic Renal Failure Patients	<ul style="list-style-type: none">• Eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List but are required on a long-term basis.<ul style="list-style-type: none">– Includes: epoetin alfa products, calcium products, special multivitamins and select nutritional supplements.• Clients will be identified for coverage through the usual prior approval process.

**Palliative Care
Formulary**

- Clients diagnosed with a terminal illness and who are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List but are required for palliative care.
 - Clients will be identified for coverage through the usual prior approval process.
-

Remember

1. The rules about what is covered may vary by region depending upon provincial/territorial insured services.
2. Prior approval is needed to access some drug benefits under the NIHB Program.

General Principles

1. The policy is to reimburse only the best price alternative product in a group of interchangeable drug products so it covers the “lowest cost alternative drug” which is commonly known as a *generic drug*. However, an alternative, such as a brand-name drug may be covered if the client has had an adverse reaction to the generic drug.
2. Maximum quantities have been placed on some drugs for health and safety reasons.
3. Eligible drugs are those that are available through pharmacies and require a prescription for administration in a home setting or other ambulatory setting. Ambulatory care settings are environments that are not a “provincially/territorially funded setting (hospital/institution) or funded by any provincial/territorial programs or clinics according to provincial/territorial legislation”.

Prior approval

Prior approval for a drug is needed for all exceptions and certain limited use benefits.

- When prior approval is required for a drug, the pharmacist must contact the Non-Insured Health Benefits Drug Exception Centre.
- When a drug requiring prior approval is needed on an emergency basis, and timely review by the Non-Insured Health Benefits Drug Exception Centre is not possible, the pharmacist may dispense an initial course of treatment for some drugs.
- The pharmacist must contact the Drug Exception Centre as soon as possible for approval to be back-dated to cover the emergency supply. Any further dispensing of the drug will follow the usual prior approval process.

Who can prescribe drugs?

- Physicians
- Licensed practitioners with authorization to prescribe within the scope of practice in their province or territory and that are recognized by the NIHB Program.

Exceptions

1. Drugs that are not listed in the *Drug Benefit List* and that are not exclusions may be approved for coverage on a case-by-case basis when an exceptional need is demonstrated.
2. This need must be established by the prescriber by completing an *Exception Drug Request* form.
3. In the event the request is denied, the client may appeal (see Procedure for Appeals, in Section 8).
4. Consideration is made for clients who require more than the maximum allowable for benefits which have a quantity and frequency limit.

What is not covered / Exclusions

- Alternative therapies (e.g., glucosamine and evening primrose oil)
- Anti-obesity drugs
- Cosmetics
- Cough preparations containing codeine
- Darvon® and 642® (propoxyphene)
- Drugs with investigational/experimental status
- Fertility agents and impotence drugs
- Hair growth stimulants
- Household products (e.g., soap and shampoos)
- Megavitamins
- Certain narcotic analgesics (e.g., Butalbital)
- Selected over-the-counter products
- Vaccinations

For additional information

- Review the Drug Benefits at the website address below.
<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/drug-med/index-eng.php>
- Call your Health Canada regional office or a designated First Nations Health Authority. Please refer to the contact list included in this handbook.

5. MEDICAL SUPPLIES AND EQUIPMENT (MS&E) BENEFITS

What is covered?

When not covered by another plan or program, payment is made to the NIHB approved provider or reimbursed to the client at NIHB rates for approved MS&E items in the categories listed below. Most MS&E benefits require prior approval from the Health Canada regional office and a prescription from an eligible prescriber.

General Medical Supplies and Equipment Categories

- Audiology (Hearing Aids and Supplies)
- Bathing and Toileting Aids
- Cushions and Protectors
- Environmental Aids (Dressing and Feeding)
- Lifting and Transfer Aids
- Low Vision Aids
- Miscellaneous Supplies and Equipment
- Mobility Aids (Walking Aids, Wheelchairs)
- Orthotics and Custom Footwear
- Ostomy Supplies and Devices
- Oxygen Supplies and Equipment
- Pressure Garments and Pressure Orthotics (Compression Device and Scar Management)
- Prosthetic Benefits (Breast, Eye, Limbs)
- Respiratory Supplies and Equipment
- Urinary Supplies and Devices (Catheter Supplies and Devices, Incontinence Supplies)
- Wound Dressing Supplies

For a complete list of eligible MS&E in alphabetical order by category see the website address below.

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/index-eng.php>

Remember

1. The rules about what is covered may vary by region depending upon provincial/territorial insured services.
2. Prior approval is needed to access most medical supplies and equipment benefits under the NIHB Program.

General Principles

1. Eligible benefits are those available through registered pharmacies and MS&E providers for personal use in a home setting or other ambulatory setting. (Ambulatory care settings are environments that are not a “provincially/territorially funded setting (hospital/institution) or funded by any provincial/territorial programs or clinics according to provincial/territorial legislation”.)
2. Guidelines outlining recommended quantities or replacements are based on the average medical needs of clients. Requests exceeding these guidelines may be considered on a case-by-case basis if a medical need is demonstrated.

Equipment

1. Medical equipment may be rented or leased on a temporary basis until it is determined that the client will have a continuing long-term need.
2. The Program will request warranties at time of approval.
3. Previously provided items may be replaced if a client's medical needs change; a medical justification to support the early replacement must accompany the request.
4. When a MS&E item is rented, the rental agreement must include maintenance and repair costs, as the NIHB Program does not cover maintenance or repairs of rented equipment. The rental agreement must also include a clause stipulating that should the purchase of the item become an option, the amount spent on the rental will be applied towards the purchase price. The client is responsible for the rented item.
5. MS&E items that have an annual quantity limitation must be provided and billed for no more than a 3-month period at a time. This applies to items claimed with or without prior approval.

Who may be involved in prescribing medical supplies and equipment?

- Physicians
- Licensed practitioners with authorization to prescribe within the scope of practice in their province or territory and that are recognized by the NIHB Program.

Exceptions

Benefits not on the approved list may be covered when an exceptional need is demonstrated and established by the prescriber. The prescriber will need to provide NIHB with a letter of justification for consideration.

What is not covered / Exclusions

- Assistive listening devices (excluding eligible hearing aids)
- Assistive speech devices (i.e., keyboard speech systems, speech enhancers)
- Cochlear implants
- Custom-made mask for ventilation
- Electric/myoelectric limb prosthetics
- Exercise devices
- Experimental equipment
- Foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems
- Grab bars permanently fixed
- Hospital beds and mattresses
- Implants
- Items for cosmetic purposes
- Items used exclusively for sports, work or education
- Incentive spirometer
- Orthopaedic footwear “off the shelf”
- Part of a surgical procedure
- Providing oxygen for indications which do not meet the medical criteria of the NIHB Program (e.g., angina and pain relief from migraines)
- Respiratory equipment for in-patients of an institution
- Scooters
- Short-term compression stockings/garments (i.e., post-operative: surgical stripping, sclerotherapy, and edema conditions)
- Temporary prosthetics required as part of a surgical procedure

For additional information

- Review the Medical Supplies and Equipment Benefits at the website address below.
<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medequip/index-eng.php>
- Call your Health Canada regional office or a designated First Nations Health Authority. Please refer to the contact list included in this handbook.

6. SHORT-TERM CRISIS INTERVENTION MENTAL HEALTH COUNSELLING BENEFITS

What is covered?

The NIHB Program provides coverage for the following benefits:

Service for the community	<ul style="list-style-type: none">• Fees and associated travel costs for the mental health professional(s) may be made available when it is deemed cost-effective to provide such services in a community or in response to a crisis which affects many clients and families within that community.
Counselling for Clients or Families	<ul style="list-style-type: none">• When there is a crisis or at-risk situation and there is no other source of immediate funds for services.• Fees for professional mental health therapists for an initial assessment and to develop a treatment plan (maximum two (2) hours).• Mental health short-term crisis treatment and referral services by, or recognized by, professional mental health therapists including initial assessment and development of a treatment plan.• Treatment plans must include duration and cost.

Remember

1. The rules about what is covered may vary by region depending upon provincial/territorial insured services.
2. Prior approval is needed to access any crisis counselling benefit under the NIHB Program. This will be obtained by the service provider.
3. The nature of this service is short-term. (Approximately ten (10) sessions.)

Who may be involved in providing this care?

- Registered Therapists. (Those within the disciplines of Clinical Psychology, Clinical Social Work or Counselling Psychology.)
- Mental Health Therapists who are on the list of approved service providers. Each Health Canada regional office maintains its own list.
- In exceptional cases, a provider who is under the direction of a registered clinical psychologist, registered clinical social worker or counselling psychologist.

- Generally, therapists who are registered with professional governing bodies within the province or territory where the benefit is being provided (e.g., Psychology, Social Work).
- In exceptional circumstances, mental health therapists from other disciplines may also be on a region's list.

What is not covered / Exclusions

- Any assessment service that is not considered to be a mental health crisis (e.g., fetal alcohol spectrum disorder, learning disabilities, and child custody and access)
- Court-ordered assessment/therapy services to clients
- Early Intervention Programs (for infants with delayed development)
- Educational and vocational counselling
- Group counselling
- Life skills training
- Long-term counselling/non-crisis counselling
- Psychiatric Services
- Psychoanalysis
- When another program or agency is responsible for providing the service

For additional information

- Call your Health Canada regional office or a designated First Nations Health Authority. Please refer to the contact list included in this handbook.
- Review the Short-Term Crisis Intervention Mental Health Counselling Benefits at the website address below.
http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/benefit-prestation/crisis-urgence/index_e.html

7. APPROVED HEALTH BENEFITS OUTSIDE OF CANADA

What is covered?

Supplemental Health Insurance Premiums

- Privately acquired supplemental health insurance premiums are reimbursed to clients under the following conditions:
 - For approved full-time students enrolled in a post secondary institution to study outside of Canada;
 - For approved migrant workers.
 - Supplementary health insurance coverage for all other outside of country travel is not a benefit.
-

Transportation to Medical Services

- Transportation to medical services received outside the country:
 - When such services are insured by provincial/territorial health plans.
 - When the client is medically referred for treatment not available in Canada by their provincial or territorial health plans.
 - Transportation, accommodation and meals must be prior approved for payment in the above situation.
-

General Principles

1. Prior approval is required.
2. The client must:
 - a. be eligible for the NIHB Program; and
 - b. be currently enrolled or eligible to be enrolled in a provincial or territorial health insurance plan and continue to meet residency requirements for provincial/territorial health coverage.
3. For Transportation to Medical Services:

For transportation to medical services outside of the country the client must be referred for provincially/territorially insured medical services by a provincial or territorial health care plan for treatment outside of Canada.
4. For Supplemental Health Insurance Premiums:

Full-time students enrolled in a post-secondary institution to study outside of Canada must provide a letter of confirmation that tuition, which is not an eligible benefit under the NIHB Program, has been paid.

What is covered?

For Supplemental Health Insurance Premiums:

- The cost of privately acquired health insurance premiums for approved students or migrant workers and their legal dependents will be reimbursed.

For Transportation to Medical Services:

- Transportation benefits when eligible clients are medically referred and approved for treatment outside of Canada by a provincial or territorial health care plan.

What is not covered / Exclusions

- Any benefits, including medical transportation, for which eligible clients were neither referred to outside of Canada, nor received prior approval before leaving Canada.
- Transportation to uninsured services, services that are elective in nature, and services that could be accessed in Canada.
- Supplementary health insurance coverage for all other outside-of-Canada travel.

For additional information

- Call your Health Canada regional office or a designated First Nations Health Authority. Please refer to the contact list included in this handbook.

8. PROCEDURE FOR APPEALS

An eligible First Nations client, their parent, legal guardian, or representative may initiate an appeal process when a benefit has been denied through the NIHB Program. In the event that they are unable, a client may have someone act on their behalf to initiate an appeal process as long as written authorization is obtained from the person seeking coverage. There are three (3) levels of appeal available; namely Level 1, Level 2, and Level 3.

For a case to be reviewed as an appeal, a signed note or letter from the client, parent or legal guardian, accompanied by supporting information from the service provider or prescriber must be submitted to the NIHB Program. In many cases the service provider will be required to provide part of the information being requested. The usual information requested by NIHB is:

1. The condition for which the benefit is being requested;
2. The diagnosis and prognosis, including what other alternatives have been tried;
3. Relevant diagnostic test results; and
4. Justification for the proposed treatment and any additional supporting information.

The client, parent or legal guardian should submit their letter of appeal and supporting documentation by mail, clearly marked “APPEAL-CONFIDENTIAL”.

Upon receiving the appeal submission, the NIHB Program will arrange to have the case reviewed by a medical, dental, orthodontic or vision care professional for a decision by NIHB management. The decision will be made based on the specific needs of the client, medical justification, the availability of alternatives and NIHB policy. The client, parent or legal guardian will be provided with a written explanation of the decision made by the NIHB Program. If the client, parent or legal guardian has not heard within one month of submitting the appeal, they may contact the Health Canada regional office for an update.

Appeal for Drug Benefits

Level 1

To initiate an appeal, the client should submit their documentation to:

Director, Benefit Review Services Division

First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A,
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

Level 2

If the client does not agree with the Level 1 Appeal decision, the client may choose to have the appeal reviewed at the second level. The submission should be addressed to:

Director, Benefit Management Division

First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A,
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

Level 3

If the client does not agree with the Level 2 Appeal decision, the client may choose to have the appeal reviewed at the third and final level. The submission should be addressed to:

NIHB Director General

First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4006A,
55 Metcalfe Street, 6th Floor
Ottawa, Ontario K1A 0K9

Appeal for Dental, Medical Supplies and Equipment, Vision, Mental Health and Medical Transportation Benefits

Level 1

To initiate an appeal, the client should submit their documentation to:

NIHB Regional Manager, clearly marked “APPEALS-CONFIDENTIAL” and mail it to the Health Canada regional office in the client’s province or territory of residence.

Level 2

If the client does not agree with the Level 1 Appeal decision, the client may choose to have the appeal reviewed at the second level. The submission should be addressed to: **FNIH Regional Director**, and mailed to the Health Canada regional office in the client’s province or territory of residence.

Level 3

If the client does not agree with the Level 2 Appeal decision, the client may choose to have the appeal reviewed at the third and final level. The submission should be addressed to:

NIHB Director General

First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4006A,
55 Metcalfe Street, 6th Floor
Ottawa, Ontario K1A 0K9

Appeal for Orthodontic Services

Appeals for orthodontic services must be received by the Orthodontic Review Centre before the child reaches the age of 19. No appeals will be considered after the client’s 19th birthday.

For an appeal for orthodontic coverage, the following information and diagnostic records must be provided:

1. Diagnostic Orthodontic Models – soaped and trimmed (mounted or unmounted);
2. Cephalometric – radiograph(s) and tracing;
3. Photographs – 3 intra oral and 3 extra oral;
4. Panoramic radiograph or full mouth survey;

5. Treatment plan, estimated duration of active and retention phases of treatment and costs submitted either on a NIHB Orthodontic Summary Sheet, CAO Standard Orthodontic Information Form or letter on the Orthodontist's letterhead;
6. Completed NIHB Dental Claim Form; and
7. Parent or legal guardian signature (including Band name and number and/or date of birth).

To initiate an appeal, the client, the parent, legal guardian, or representative must submit their documentation addressed to:

Level 1

Orthodontic Review Centre

Director, Benefit Review Services Division
First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A,
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

Level 2

Orthodontic Review Centre

Director, Benefit Management Division,
First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A,
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

Level 3:

Orthodontic Review Centre

NIHB Director General,
First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A,
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

For more information, visit <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/appe/index-eng.php> or contact the Orthodontic Review Centre.

9. PROTECTING YOUR INFORMATION

The policies that protect the privacy of your personal health information are described below. However, all clients are urged to question the privacy practices of anyone who collects their personal health information. All “health information custodians” should be able to answer questions such as:

- Why is my personal health information being collected, and what will be done with it?
- What are the consequences if I refuse to consent to the collection or use of my personal health information?
- What policies and safeguards exist to protect my personal health information?
- Who has access to my personal health information, and for what purposes?
- How can I access my personal health information in your files?
- Who is responsible, and how do I make a complaint if I believe that my personal health information is being collected, used or disclosed improperly?

In order to process NIHB benefits, Health Canada collects, uses, discloses and retains a client’s personal information, and does so in accordance with the applicable federal laws and policies. These include:

- *The Privacy Act* – *The Privacy Act* gives Canadians the right to access information that is held about them by the federal government. *The Act* also protects against unauthorized disclosure of personal information. In addition, it controls how the government will collect, use, store, disclose and dispose of any personal information;
- *The Access to Information Act*;
- *The Library and Archives of Canada Act*;
- Treasury Board Secretariats’ (TBS) Privacy and Data Protection Policies;
- TBS’s Government Security Policy;
- The Health Canada Security Policy; and
- The NIHB Privacy Code.

For additional information regarding your privacy rights for information held by NIHB visit <http://www.hc-sc.gc.ca/home-accueil/important-eng.php#f>

The privacy of health information held by First Nation health authorities, health care professionals (such as doctors, dentists, pharmacists, etc.), hospitals and health clinics is governed by:

- Provincial privacy and health legislation;
- Rules of professional conduct and codes of ethics applicable to regulated health professionals;
- First Nations' Privacy Codes, where applicable; and
- Privacy Codes adopted by different organizations, where applicable.

NIHB and Consent

In February 2004, Health Canada announced a new approach to the Non-Insured Health Benefits (NIHB) Program's Consent Initiative. Under this approach, the NIHB Program does not require a signed consent form for day-to-day processing activities and Program administration. First Nations will continue to receive benefits for which they are eligible without signing a consent form.

In a few instances, where client safety or inappropriate use of the system may be a concern, the NIHB Program will seek the expressed consent of clients to share personal information beyond that which is allowed in the course of day to day claims processing activities with health care providers. This consent may be provided verbally or in writing.

Withdrawal of Consent

The NIHB Program no longer makes use of any information that was gathered during the consent initiative. However, for those clients who may have signed a NIHB consent form in the past and wish to withdraw their consent, withdrawal of consent must be made in writing to:

NIHB Program

First Nations and Inuit Health Branch – Health Canada
Non-Insured Health Benefits Directorate
Postal Locator 4005A
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9

Include in the letter your legal name, date of birth, identification number (treaty/status, 9- or 10-digit number, etc.), address, telephone number and your signature. The NIHB Program will send a written confirmation that your consent has been withdrawn.

10. REGIONAL NAVIGATORS ARE HERE TO HELP YOU!

Navigators are in place in many parts of the country. A regional navigator supports and provides assistance to eligible First Nations and Inuit clients with access to Non-Insured Health Benefits. The role of a navigator is to support First Nation and Inuit clients and communities in gaining an increased understanding of existing health services, jurisdictions and the NIHB Program. The Navigator works to exchange, gather and collate information on health access issues, and identifies ways of improving health services for First Nation and Inuit clients.

For information about your regional navigators, call your Health Canada regional office, your First Nation regional offices or your Assembly of First Nations Caucus member. Please refer to the contact list below:

HEALTH CANADA REGIONAL OFFICES

British Columbia

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
757 West Hastings Street, Suite 540
Vancouver, British Columbia V6C 3E6
Telephone: (604) 666-3331
Toll free: 1-800-317-7878
Fax: (604) 666-3200
Fax (toll free): 1-888-299-9222

Dental

Telephone: (604) 666-6600
Toll free: 1-888-321-5003
Fax: (604) 666-5815
In person inquiries
1166 Alberni Street, #701

Alberta

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
Canada Place
9700 Jasper Avenue, Suite 730
Edmonton, Alberta T5J 4C3
General NIHB Inquiries
Telephone: (780) 495-2694
Toll free: 1-800-232-7301

Dental

Telephone: (780) 495-2516 Extension 3
Toll free: 1-888-495-2516 Extension 3
Fax: (780) 420-1219

Medical Transportation

Telephone: (780) 495-2708
Toll free: 1-800-514-7106

Saskatchewan

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
South Broad Plaza
2045 Broad Street, 1st Floor
Regina, Saskatchewan S4P 3T7

Dental

Telephone: (306) 780-5458
Toll-free: 1-877-780-5458

Optical

Telephone: (306) 780-7788
Toll-free: 1-800-667-6553

Pharmacy/Medical Supplies and Equipment

Telephone: (306) 780-8294
Toll-free: 1-800-667-3515

Medical Transportation

Toll-free: 1-866-885-3933

Short-Term Crisis Intervention Mental Health Counselling

Telephone: (306) 780-5441

Manitoba

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
391 York Avenue, Suite 300
Winnipeg, Manitoba R3C 4W1

Pharmacy/Medical Supplies and Equipment/ Vision

Toll free: 1-800-665-8507
Fax (toll free): 1-800-289-5899

Medical Transportation

Toll free: 1-877-983-0911
Fax: (204) 984-7834 or (204) 984-7458

Dental

Toll free: 1-877-505-0835
Fax (toll free): 1-866-907-2402

Ontario

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
1547 Merivale Road, 3rd Floor
Postal Locator: 6103A
Nepean, Ontario K1A 0L3

Toll free: 1-800-640-0642
Dental: 1-888-283-8885

Quebec

Health Canada
First Nations and Inuit Health
Non-Insured Health Benefits
200 René-Lévesque Boulevard West
Guy Favreau Complex, East Tower, Suite 404
Montreal, Quebec H2Z 1X4

Dental services

Telephone: (514) 283-5501
Toll free: 1-877-483-5501
Fax: (514) 496-3180

Short-Term Crisis Intervention Mental Health Counselling

Telephone: (514) 283-2965
Toll free: 1-877-583-2965
Fax: (514) 496-2962

Vision care/Pharmacy/Medical Supplies and Equipment/Medical Transportation

Telephone: (514) 283-1575
Toll free: 1-877-483-1575
Fax: (514) 496-7762

Atlantic (PEI, NS, NB, NL)

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
1505 Barrington Street, Suite 1525
Halifax, Nova Scotia B3J 3Y6
Telephone: (902) 426-2656
Toll free: 1-800-565-3294

Northern Region

Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
Qualicum Building
2936 Baseline Road
Tower A, 4th Floor
Ottawa, Ontario K1A 0K9
Toll free: 1-888-332-9222
Dental Predetermination – Extension 1
Medical Supplies and Equipment – Extension 2
Fax (toll free): 1-800-949-2718

Northern Region

Yukon Office
Non-Insured Health Benefits
First Nations and Inuit Health
Health Canada
300 Main Street, Suite 100
Whitehorse, Yukon Y1A 2B5
General NIHB Inquiries
Toll free: 1-866-362-6717 or 1-866-362-6719
Fax: (867) 667-3999

Additional Contacts

Orthodontic Review Centre

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
55 Metcalfe Street, 5th Floor
Ottawa, Ontario K1A 0K9
Toll free: 1-866-227-0943
Fax (toll free): 1-866-227-0957

FIRST NATIONS REGIONAL OFFICES

Assembly of First Nations (AFN)

Headquarters
810 – 473 Albert Street
Ottawa, Ontario K1R 5B4
Telephone: (613) 241-6789 Extension 240
Toll free: 1-866-869-6789

Health and Social Development Secretariat

Federation of Saskatchewan Indian Nations
Suite 100 – 103A Packham Avenue
Saskatoon, Saskatchewan S7N 4K4
Telephone: (306) 956-6922
Toll free: 1-866-956-6442
Fax: (306) 667-2699

NIHB – Program officer

CSSSPNQL/FNQLHSSC
250 Chef Michel Laveau Place, Suite 102
Wendake, Quebec G0A 4V0
Telephone: (418) 842-1540
Fax: (418) 842-7045

Union of Nova Scotia Indians

P.O. Box 961
Sydney, Nova Scotia B1P 6J4
Telephone: (902) 539-4107
Fax: (902) 564-2137

Treaty 8 First Nations of Alberta

Santa Fe Plaza
18178 – 102 Avenue
Edmonton, Alberta T5S 1S7
Telephone: (780) 444-9366
Toll-free: 1-888-873-2898
Fax: (780) 484-1465

Treaty 7

Suite 101 – 122111 40th St. E.
Calgary, Alberta T2Z 4E6
Telephone: (403) 539-0350
Fax: (403) 539-0363

Assembly of Manitoba Chiefs

Suite 200 – 275 Portage Avenue
Winnipeg, Manitoba R3B 2B3
Telephone: (204) 956-0610
Toll free: 1-888-324-5483
Fax: (204) 956-2109

First Nations Health Council

#1205-100 Park Royal South
West Vancouver, British Columbia
V7T 1A2
Telephone: (604) 913-2080
Toll free: 1-866-913-0033
Fax: (604) 913-2081

Council of Yukon First Nations

2166 2nd Avenue
Whitehorse, Yukon Y1A 4P1
Telephone: (867) 393-9230
Toll free: 1-866-940-8510
Fax: (867) 668-6577

Denendeh National Office

AFN Regional Office
5120 – 49th Street
P.O. Box 2338
Yellowknife, Northwest Territories X1A 2P7
Telephone: (867) 873-4081
Fax: (867) 920-2254

Confederacy of Treaty 6 First Nations

204-10310 176th Street Northwest
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This Handbook has been developed jointly by Health Canada's First Nations and Inuit Health Branch and the Assembly of First Nations as a tool to help First Nations understand the benefits available to them under the Non-Insured Health Benefits (NIHB) Program.

