



Veterans Affairs
Canada

Anciens Combattants
Canada

TREATMENT BENEFITS

HEALTH RELATED TRAVEL

VETERANS INDEPENDENCE PROGRAM

2013



TABLE OF CONTENTS

INTRODUCTION 1

TREATMENT BENEFITS 2

 OVERVIEW 2

 PROGRAMS 2

 VAC HEALTH IDENTIFICATION CARD 8

 ABOUT YOUR CARD 8

 WHO CAN USE YOUR CARD 9

 PROVIDERS 9

 The choice is yours 9

 Using a Registered Provider 10

 Finding a Registered Provider 11

 Using a Non-Registered Provider 11

 What if you are not satisfied
 with a Provider? 11

 What if you miss an appointment
 with a Provider? 11

 REIMBURSEMENTS 12

 WHAT IF A BENEFIT IS DECLINED? 13

 ‘A’ COVERAGE AND ‘B’ COVERAGE 13

 BENEFIT GRIDS 15

 Pre-Authorization 15

 Prescriptions 15

 Frequency and Dollar Limits 16

HEALTH RELATED TRAVEL	17
OVERVIEW	17
'A' COVERAGE AND 'B' COVERAGE	17
TRAVEL COSTS	17
LIMITS OR RESTRICTIONS	18
VETERANS INDEPENDENCE	
PROGRAM (VIP)	19
OVERVIEW	19
VIP SERVICES	19
FUNDING FOR VIP SERVICES	21
ADDITIONAL INFORMATION	23
MY VAC ACCOUNT	23
DIRECT DEPOSIT	23
CONTACT US	24

INTRODUCTION

Veterans Affairs Canada (VAC) offers a wide range of health care programs and services to qualified individuals.

Your access to health care benefits will depend on a number of factors, including your eligibility, health needs and individual circumstances. This means you may not qualify for all health care programs and services listed in this booklet.

The authority to provide financial support for the benefits outlined in this booklet is granted by the *Veterans Health Care Regulations (VHCR)* which are issued under the *Department of Veterans Affairs Act (DVA Act)*.

TREATMENT BENEFITS

OVERVIEW

Treatment Benefits provides financial support for a wide range of health-related products and services to treat both physical and mental health conditions. Access to the Treatment Benefits programs will depend on your circumstances and health needs.

PROGRAMS

Treatment benefits covered by Veterans Affairs Canada are available through 14 programs; each program has certain limits and restrictions. These can be found in the benefit grids. (See page 15 for more information on Benefit Grids).

- 1 - AIDS FOR DAILY LIVING** includes devices and accessories designed to help you perform daily tasks. Aids include walking aids, bathroom aids and the costs of repairs to these devices.
- 2 - AMBULANCE SERVICES** includes the use of medically required ambulance services.
 - You do not need approval from VAC before you access emergency ambulance services.
 - Before you access benefits from VAC for non-emergency ambulance services, you will need a prescription from your doctor and approval from VAC.

3 - AUDIO (HEARING) SERVICES includes devices, equipment and accessories related to a hearing impairment. Hearing services include basic digital and analog hearing aids, telephone amplifiers, infrared devices, batteries, dispensing and fitting fees.

If the benefits covered by VAC do not meet your needs, your hearing health professional must provide VAC with a written request for additional coverage, along with the following information:

- the device already used;
- the difficulty or lack of satisfaction experienced with that device;
- the proposed replacement; and,
- the reason the alternate device was selected.

4 - DENTAL SERVICES includes services that are common or accepted forms of treatment for your condition.

Dental Services include:

- basic dental services, such as dental cleaning, exams, fillings, and extractions;
- standard dentures; and,
- certain comprehensive dental services, such as crowns, bridgework and specialist treatment.

Certain limits and restrictions apply to dental services. For example:

- VAC will cover up to the rates listed in the current provincial/territorial Dental or Denturist Association fee guide.
- A maximum of \$1,500 for basic dental treatment can be reimbursed each year.
- Standard dentures can only be reimbursed every seven (7) years.
- You will need approval from VAC **before** you access comprehensive dental benefits.

If you need other dental treatments, your dental professional must provide a treatment plan to VAC. We will need to approve the treatment plan **before** we can cover any costs.

5 - HOSPITAL SERVICES includes treatment services in a hospital that provides acute care, chronic care or rehabilitative care. As these services are a provincial/territorial responsibility, VAC usually covers these costs only if the treatment is related to the condition(s) for which you have been granted disability entitlement.

6 - MEDICAL SERVICES includes services, provided by a licensed doctor. Medical services include examinations, treatment or doctors' reports requested by VAC. As these services are a provincial/territorial responsibility, VAC usually covers these costs only if the treatment is related to the condition(s) for which you have been granted disability entitlement.

- 7 - MEDICAL SUPPLIES** includes supplies that you must use to treat or monitor your medical condition. Medical supplies include items such as bandages, diabetic supplies, or incontinence supplies.
- 8 - NURSING SERVICES** includes nursing care for daily treatments and administering medication(s) or instructing you on how to use them. The program does not cover the costs for “continuous nursing” (more than 2 hours/day) or private nursing in a long-term care facility or hospital.
- 9 - OXYGEN THERAPY** includes oxygen and accessories, including the rental or purchase of respiratory supplies and equipment. Oxygen Therapy also includes concentrators and compressors.
- 10 - PRESCRIPTION DRUGS** includes drug products and other pharmaceuticals prescribed by a health professional authorized to write a prescription in your area. There are two types of benefits:
- *Standard benefits* include many over-the-counter or prescription drugs that are considered “common” therapies for known conditions.

- *Special authorization benefits* include less common therapies. There is specific criteria that must be met before VAC can approve these benefits. Often all that is needed is a quick telephone call from your doctor or pharmacist to the special authorization unit.

A full list of prescription drugs covered by VAC is available online at – **veterans.gc.ca** – search for *Drug Formulary*.

11 - PROSTHETICS AND ORTHOTICS includes artificial limbs, arch supports, braces, other related devices and the cost of repairs.

12 - RELATED HEALTH SERVICES includes services provided by licensed health professionals other than medical doctors, dentists, or nurses. These may include services from massage, occupational or physio therapists, psychologists, or chiropractors who are licensed in their province/territory to provide these services.

In many cases, the service must be prescribed by a medical doctor before it can be covered by VAC. VAC coverage also may vary from one province/territory to another. This is because some services and professionals are not licensed or regulated in certain provinces/territories.

13 - SPECIAL EQUIPMENT includes special equipment such as emergency call devices, wheelchairs, lift devices and modifications to your home in order for you to be able to use this equipment. You must have a prescription. In many cases, the prescription must also be supported by the recommendation of another health professional (e.g. an occupational therapist).

14 - VISION (EYE) CARE includes eye examinations, lenses, frames, low vision aids and accessories (e.g. magnifiers) to correct sight impairment.

VAC HEALTH IDENTIFICATION CARD



ABOUT YOUR CARD

Your VAC Health Identification Card contains the following information:

- Your name and your client number. You should quote both of these whenever you contact VAC about your benefits and services.
- The program coverage you have been granted.
 - Treatment programs available to you are identified with either an 'A' or a 'B'. (See page 13 for more information on 'A' and 'B' coverage.)
 - If you have coverage for one or more VIP services, the letters "VIP" will be shown on the card.

WHO CAN USE YOUR CARD

Your VAC Health Identification Card can only be used to obtain benefits for you. It cannot be used to obtain benefits for anyone else, including your spouse or other family members.

PROVIDERS

The term “provider” is used to describe any person, business or organization that provides benefits and services.

The Choice is Yours

You choose your provider. The only restriction is that providers who supply you with benefits or services must be:

- licensed or certified in their province/territory;
OR
- where no provincial/territorial criteria exists, they must meet requirements set by VAC.

To reduce any confusion, and limit the amount of money you pay out-of-pocket, it is often more convenient to choose a provider who is already registered with Medavie Blue Cross.

Using a Registered Provider

Registered providers have met standards set by Veterans Affairs Canada and have registered with Medavie Blue Cross to provide you with approved benefits and services.

When you request treatment benefits or VIP services from a registered provider, simply give your VAC Health Identification Card to the provider. They will:

- confirm that you qualify to receive the treatment benefit or VIP service;
- obtain pre-authorization, if needed; and,
- provide you with the benefits or services.

VAC pays registered providers directly for treatment benefits and VIP services up to the pre-set dollar limits or frequencies.

Please note:

- Ensure you have discussed any payment limits with the provider before receiving benefits. If your provider charges more than VAC covers, you will be responsible to pay the difference.
- It is important that you only sign a claim form after you receive and are satisfied with the benefit or service.

Finding a Registered Provider

VAC can provide you with a list of registered providers in your community. However, we cannot recommend one provider over another.

Using a Non-Registered Provider

If you use a non-registered provider, you must pay the provider directly for your treatment benefits or VIP services. You will then need to submit a claim to be reimbursed for approved benefits. VAC limits and provider standards still apply.

What if You are Not Satisfied with a Provider?

If you are not satisfied with a benefit or service you received from a provider, you should discuss this directly with the provider. You are free to change providers.

What if You Miss an Appointment with a Provider?

VAC cannot pay for missed appointments. You will have to pay any fees that your provider charges you for missed appointments.

REIMBURSEMENTS

If you use a non-registered provider, you will need to submit a request to VAC to be reimbursed for approved expenses.

Requests for reimbursement must be submitted within 18 months from the date you:

- received the treatment benefit;
- travelled to receive a treatment benefit; or
- received a VIP service.

Requests for reimbursement must include proof of payment such as an original receipt. This proof of payment should clearly show:

- the date you received the benefit;
- the name of the treatment benefit or VIP service;
- the amount you paid; and,
- the name and address of the provider.

Mail your request to:

**VETERANS AFFAIRS CANADA
NATIONAL REIMBURSEMENT CENTRE
120 – 90 UNIVERSITY AVENUE
CHARLOTTETOWN PE C1A 9S2**

A new reimbursement claim form will be included with each payment that you receive.

WHAT IF A BENEFIT IS DECLINED?

If VAC does not approve your claim, you will be notified with the reasons. If you do not agree with the decision, you may request a review.

You must request a review in writing. This request must be sent to us within 60 days of the date you received the decision.

Mail your request to:

VETERANS AFFAIRS CANADA
NATIONAL 1ST LEVEL APPEALS UNIT
40 ALDERNEY DR STN 202
DARTMOUTH NS B2Y 2N5

'A' COVERAGE AND 'B' COVERAGE

If you qualify for one, or more, of VAC's 14 treatment programs, you will receive a VAC Health Identification Card. You will be able to access approved treatment benefits under programs that are marked with an 'A' or a 'B'. For more information on your VAC Health Identification Card, please turn to page 8.

If you have 'A' coverage:

- You qualify for treatment benefits to treat medical conditions related to the condition(s) for which you have been granted disability entitlement.
- You may receive these treatment benefits anywhere in or outside Canada.
- If you plan to travel outside of Canada, please contact us (see page 24) so that we can explain how to access any needed treatment benefits while you are away.

If you have 'B' coverage:

- You qualify for treatment benefits to treat any medical conditions providing you have a demonstrated **health need**.
- We would consider the benefit requested and any provincial/territorial or private health coverage you may be able to access.
- **You can only access these treatment benefits within Canada.**
- You must access coverage available from your provincial/territorial or private health care plan first. VAC may then cover amounts not already covered by these plans.

BENEFIT GRIDS

For a full list of treatment benefits covered through the 14 programs, please visit veterans.gc.ca and search for *Benefit Grids*. This section identifies any requirements or limits that are in place for each benefit.

Pre-Authorization

- In some cases, VAC must approve certain treatment benefits before you receive them. This is known as “pre-authorization.” This is indicated in the “Pre-authorization” column on the Benefit Grid.
- Your provider can contact us for pre-authorization on your behalf. **Most benefits only need pre-authorization the first time you request them.**
- Please note that we may not be able to reimburse you for treatment benefits purchased without pre-authorization.

Prescriptions

- You will need a prescription to receive coverage from VAC for many of the treatment benefits. This is to ensure that you are under the care of a health care professional and that the treatment benefit is the appropriate therapy for your health need.

- A prescription is valid for one year from the date it is written and must be provided by the type of health care professional identified in the Benefit Grid in the “Prescriber Required” column.

Frequency and Dollar Limits

- *Frequency limit* refers to the number of times you can obtain a benefit over a certain period of time.
- *Dollar limit* refers to the maximum amount of money we may provide for a specific benefit.
- If you have exceptional health needs related to your condition(s) that will require you to exceed these limits, please contact us (see page 24).

HEALTH RELATED TRAVEL (HRT)

OVERVIEW

This program helps to pay for certain travel expenses you incur to receive treatment benefits in Canada.

'A' COVERAGE AND 'B' COVERAGE

- If you have 'A' coverage, we are able to reimburse you for eligible travel costs you incur to receive VAC approved treatment related to the condition(s) for which you have been granted disability entitlement.
- If you have 'B' coverage, we may be able to provide coverage for eligible travel costs you incur to receive VAC approved treatments for any health condition.

TRAVEL COSTS

- VAC will cover the cost of travel between your residence and the nearest appropriate treatment centre.
- The transportation you use must be the most convenient and economical means possible given your health condition(s).

Expenses that may be covered include:

- transportation costs and parking fees;
- meals and lodging; and,
- fees for a medically required escort.

Please Note: VAC cannot pay these fees if the escort is your spouse or partner, a dependant (such as a son or daughter who depends on you for support), or any other person living in the same house.

LIMITS OR RESTRICTIONS

- VAC cannot cover travel expenses incurred for filling prescriptions or to obtain items that can be mailed to you (e.g. hearing aid batteries).
- There are maximum dollar amounts that can be reimbursed.
- Pre-authorization for certain travel expenses may be required.
- You will need to keep travel receipts and appointment verification(s) for 12 months from the date you submitted your claim to VAC. You do not have to submit them with your claim(s), but we may ask you to provide them if we review your claim(s).

VETERANS INDEPENDENCE PROGRAM (VIP)

OVERVIEW

The Veterans Independence Program is a national home care program that provides financial assistance for a variety of services to help you remain healthy and independent in your home or community.

VIP services are provided in Canada only.

Once you qualify for VIP, VAC will assess your health and social needs. This may be over the phone, in person or by mail. You will then receive a letter confirming the service(s) that VAC will fund on your behalf, including amounts and limitations.

If you are a Veteran, you will also receive a new VAC Health Identification Card that indicates you qualify for VIP services. Turn to page 8 for more information on how to use your health card.

VIP SERVICES

Housekeeping includes tasks such as doing laundry, cleaning your home, and preparing meals. This service may also include tasks such as grocery shopping and banking.

Grounds Maintenance includes tasks such as removing snow and mowing the lawn.

Personal Care includes services provided by a person other than a health professional to help you with your personal needs such as bathing, dressing and eating. PLEASE NOTE: We strongly recommend that you use a registered provider when receiving Personal Care Services that have been approved for you through VIP.

Home Adaptations includes changes made to your home to allow you to carry out everyday activities. General home renovations or repairs are not covered.

Access to Nutrition includes services that provide you with access to meals, such as charges for home delivery or transportation costs to a community facility or restaurant. This service does not cover the cost of food.

Health and Support Services includes diagnostic services, nursing care, therapy and personal care provided to you in your home by a health professional.

Ambulatory Health Care includes services such as health assessments, diagnostic services and social and recreational services provided by a health professional outside your home (e.g. in a health clinic). Ambulatory Health Care also includes the travel costs to access these services.

Transportation Services includes the costs of transportation to social and other activities such as attending church, visiting with family, banking and shopping. This service is intended for low income clients who are socially isolated.

Intermediate Care Services includes care in a facility. This service may be provided when staying in your home is no longer practical because you need a greater level of nursing care and personal assistance.

You must access coverage available from your provincial/territorial or private health care plan first. VAC may then cover amounts not already covered by these plans.

FUNDING FOR VIP SERVICES

Funding options for VIP services vary depending on the services you receive or the type of provider you choose.

Housekeeping and Grounds Maintenance Services

If you qualify for grounds maintenance or housekeeping services:

- VAC will provide you with an annual grant, a sum of money, to help cover the costs of these services.

- The grant will be issued in two payments. The first payment will be sent to you at the beginning of your benefit year. The second payment will be sent to you six months later.
- With this grant money, you will be able to pay your provider directly for their services. This means you do not need to keep your receipts.

All other VIP Services

If you qualify for any other VIP services, VAC will **reimburse** approved expenses. The method of reimbursement depends on the type of provider you choose:

- Registered service provider
- Non-registered service provider

See page 9 for more information on providers.

Please Note: If you are unable to access a registered service provider and you are experiencing financial hardship, you may qualify to have payments issued in advance to cover the cost of the services.

ADDITIONAL INFORMATION



MY VAC ACCOUNT

This is an online service available 24 hours a day to Veterans who are clients of the Department. Among its many features, *My VAC Account* allows you to:

- update your account (e.g. change of address);
- sign up for Direct Deposit;
- submit your HRT claim;
- send us online messages or confidential information;
- obtain information and forms for programs and services.

DIRECT DEPOSIT

It's fast, simple and secure. Eligible clients who sign up for Direct Deposit can receive reimbursements for treatment benefits or VIP services directly to their bank account rather than through the mail.

Direct Deposit can only be used for payments deposited in Canada.

CONTACT US

ONLINE

Visit **veterans.gc.ca** to:

- register for *My VAC Account*;
- download application, claim and Direct Deposit forms;
- learn more about VAC benefits and services.

E-MAIL

You can e-mail us at **information@vac-acc.gc.ca**.
For security reasons, please do NOT send any confidential information by e-mail.

TELEPHONE

You can call us, within Canada, toll-free at
1-866-522-2122.

If you are living or travelling outside of Canada you can call us from:

- the United States at: **1-888-996-2242** (toll-free);
- the United Kingdom, Germany, France, or Belgium at: **00-800-996-22421** (toll-free);
- all other countries at: **0-613-996-2242** (call collect).



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