



First Nations Health Authority
Health through wellness

FIRST NATIONS HEALTH BENEFITS

Pharmacy

What is covered?

Health Benefits covers items from the following categories:

- ✓ Prescription drugs
- ✓ Non-drug OTC items (e.g., lancets for diabetic use)
- ✓ Over-the-counter (OTC) drugs

BC PharmaCare is the primary provider of eligible pharmacy items and services through Plan W. PBC provides supplementary pharmacy coverage. Clients are encouraged to contact Health Benefits at **1.855.550.5454** to confirm their enrollment in Plan W.

If clients require a drug not normally covered or only partially covered, in some cases, a prescriber can apply for Special Authority through PharmaCare to request coverage for these items. Special Authority must be approved before the prescription can be filled. For a full description of the pharmacy benefit, please visit www.fnha.ca/benefits/pharmacy.

Over-the Counter Drugs

OTC drugs and non-drug items can treat or support some conditions or illnesses. Consult with your primary care provider on how to best manage your condition or illness. OTC drugs and items include, but are not limited to:

- Help for minor pain and inflammation
- Relief of cold and flu symptoms
- Treatment for nausea or constipation
- Allergy treatment
- Eye drops for dry eyes and irritations
- Supplies such as ketone strips (for diabetes) or inhaler spacers
- Disinfectants and treatment for skin conditions including fungus and head lice
- Vitamins/supplements including multivitamins for children and pregnant women only

Ask your provider for information to help you understand your options and coverage.

Exclusions

Examples of pharmacy items or medications that will not be covered include:

- Alternative therapies (e.g., glucosamine and evening primrose oil)
- Fees for writing prescriptions or forms
- Vaccinations for travel

Working with providers

Clients will only be covered if they obtain pharmacy items and services from pharmacies registered with PBC and PharmaCare. Items and services purchased from other pharmacies are not eligible for reimbursement. Pharmacies registered with PBC and PharmaCare can direct bill for all eligible pharmacy items and services.

Most pharmacy items are fully covered under the pharmacy benefit. If clients are asked to pay for their medication at the pharmacy counter, it's likely that the item is not covered. Clients should ask their pharmacy provider for a recommendation that is covered by the Health Benefits pharmacy benefit.

Accessing Pharmacy Benefits

SEPTEMBER 2019

1

- Client visits a health care provider (doctor, nurse practitioner, or pharmacist) who prescribes or recommends a treatment.
- Coverage for some OTC items is available without a prescription.



2

- If a prescribed item is not on the PharmaCare Plan W or PBC formulary, the prescriber requests Special Authority or Prior Authorization directly from PharmaCare or PBC.



3

- The pharmacy provider bills the prescription or OTC item and processes payment, either through PharmaCare Plan W or PBC.



4

- Client receives their medication or over-the-counter item.
- The pharmacist is available to provide information about healthy medication use and to answer any questions the client may have, such as how to take the medication, how to know the medication is working, and any possible side-effects of the medication.



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New First Nations Health Benefits Plan in partnership with Pacific Blue Cross

As of September 16, 2019

**Dental, Vision Care and Medical Supplies & Equipment Plans
Administered through Pacific Blue Cross**

The First Nations Health Authority (FNHA) is introducing a new health benefits plan that will expand coverage in key areas of the dental, vision care, and medical supplies and equipment benefits.

The changes take effect September 16, when the FNHA will transition these benefits off the federal Non-Insured Health Benefits (NIHB) program. The FNHA's new partner, BC-based benefits provider Pacific Blue Cross (PBC), will administer these benefits as of this date. Select drug benefits will also be administered by PBC.

This transition will allow the FNHA to offer greater flexibility and convenience for our clients and their health care providers. See below for some highlights offered by this change.

Your Pacific Blue Cross (PBC) Membership

- Your status number will be your PBC benefits membership number
- You can print your own PBC Member ID card
- Faster pre-approvals and claims processing
- Large network of health care providers who can offer direct billing
- Your pre-approvals follow you if you change providers

Check out the PBC mobile app or www.pac.bluecross.ca to access your Member Profile.

Use your Member Profile for convenient self-service

- Look up detailed coverage information
- Submit receipts for reimbursement
- Search for vision care providers
- Check your balance for each benefit
- Get reimbursed via direct deposit in as little as 48 hours

You may also continue to contact Health Benefits for information at:
1-855-550-454 or email benefits@fnha.ca

New Plan Highlights

Dental Plan Highlights

- More coverage for preventive services
- 2 exams and 2 cleanings per year
- Night guards covered
- White fillings covered
- New set of dentures every 5 years
- Higher coverage for crowns
- Bridges, veneers, inlays, and onlays covered
- Separate coverage for dental accidents
- Fewer predeterminations
- Less coverage criteria

Vision Care Plan Highlights

No pre-approvals needed for eye exams and standard eyewear.

For clients 18 and younger:

- \$100 every year for eye exams
- \$275 every year for standard eyewear

For clients 19 and older:

- \$100 every two years for eye exams
- \$275 every two years for standard eyewear

Medical Supplies & Equipment Plan Highlights

- Streamlined process for prior authorizations
- Faster claims processing for providers means faster delivery of supplies & equipment to clients
- Faster processing of client reimbursements

Clients with complex needs who require additional coverage can request Exceptions.

Drug Plan Note:

Most drug benefits will continue to be covered through Pharmacare / Plan W.
Contact Health Benefits at 1-888-550-4544 if you are not yet enrolled in Plan W.