

Health PEI

Hospital and Medical Services Insurance on Prince Edward Island

Benefits

Eligibility

Out-of-Province Coverage



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

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Introduction

This booklet is designed to provide Island residents with general information on the main features and benefits of the PEI Hospital and Medical Services Plans. It is for your convenience and is not a legal document. For a precise statement of the law respecting these programs, the relevant statutes should be examined.

Most of the information you will need is contained in this booklet. Please keep it in a safe place for future reference. Changes are made from time to time and you should check with the Department of Health and Social Services to ensure that your copy is current.

If you have any questions, please call the Department of Health and Social Services hereinafter referred to as the Department.

What are the PEI Hospital & Medical Services Plans?

PEI's Hospital & Medical Services Plans are the result of legislation designed to provide eligible residents with coverage for basic hospital and medical treatment. This booklet provides information on the insured services for which the Department will guarantee payment.

The Department is responsible for administering the Hospital and Medical Services Plans. Private insurance companies offer coverage for health services which are not covered in the Provincial Plans.

The Department may review the medical necessity of the services supplied, and may refer problem cases to its Medical Advisory Committee for recommendation. The Department's Medical Director assesses application for out-of-province services.

The Plans are financed from general revenues of the Province of Prince Edward Island. **You Pay No Premiums.**

Who is Eligible?

The Plans are designed to provide coverage for eligible PEI residents. (A resident of PEI is defined as anyone who is legally entitled to remain in Canada and who makes his or her home and is ordinarily present, on an annual basis, for at least six months plus a day in Prince Edward Island.) PEI residents lose their eligibility if they are absent from the province longer than six months, unless they obtain a waiver of this requirement from the Department.

As a general rule, anyone who has been registered and is ordinarily present in PEI is eligible to receive insured benefits, except those residents who are members of the Canadian Armed Forces, Royal Canadian Mounted Police, inmates of a Federal Penitentiary and those who are eligible for certain services under other government programs such as Workers' Compensation or the Department of Veteran's Affairs.

A person who is a foreign student, tourist, transient or a visitor to PEI does not qualify as a resident of the province and so is not eligible for hospital and medical insurance benefits.

Am I Eligible If I Move to PEI from Another Province?

All new residents must first register with the Department in order to become eligible.

Persons who establish permanent residence in PEI from elsewhere in Canada will become eligible for insured hospital and medical services on the first day of the third month immediately following the month they became a permanent resident of PEI. For example, if you arrive on July 4th, you will become eligible on October 1st.

During this waiting period, you will continue to receive coverage from your former province of residence.

Am I Eligible If I Move to PEI from Outside of Canada?

Persons from outside Canada establishing permanent residence in PEI may be eligible on the first day they become residents of the province.

New residents will be required to show proof of Canadian citizenship and citizens of other countries will have their status in Canada confirmed with the Department of Immigration.

Permanent residents include Landed Immigrants, repatriated Canadians, returning Canadians, returning Landed Immigrants or a Canadian citizen or spouse of a Canadian citizen assuming residence in PEI for the first time.

If you are in Canada on an Employment Visa, Ministerial Permit or other immigration document, you should contact the Department for information on eligibility.

How Do I Register?

You may apply for coverage by completing a registration form available from the Department, medical clinics, hospitals or a physician's office.

When your application has been approved, you will receive a health care card.

You **must** present your health care card to the physician and/or hospital each time you require insured services. The card proves that you are eligible and contains information needed by hospitals and physicians.

If you are a PEI resident and have not yet registered, please contact the Department.

Your card will be renewed every five years to ensure that your records are up-to-date. You will receive a renewal notice approximately two months before your card expires. The expiry date will also help to prevent abuse of our health care system.

How Do I Report Changes to My Personal Health Card Information?

It is important that the information on your personal health card is correct and up-to-date. Your benefits could be affected if you fail to report changes to the Department.

Special forms for reporting changes are available at the Department, hospitals and at physicians' offices. Changes could include change of address, departure from the province, birth, adoption, death, marriage, divorce, separation or a dependent leaving the home. If you are unable to obtain a form, please call or write the Department.

What If I Lose My Personal Health Card?

If you lose your personal health card, contact the Department and request a new card immediately. There is a \$10.00 replacement fee with a maximum of \$50.00 per family for lost, stolen or duplicate cards. Upon receiving a cheque or money order, the Department will issue a new card.

What Happens When I Am Temporarily Absent from Prince Edward Island?

Eligible PEI residents temporarily absent from the province are covered for EMERGENCY or SUDDEN ILLNESS only.

The period of coverage will vary according to the circumstances surrounding your temporary absence. For example, persons absent each year for winter vacations and similar situations involving regular absences, must reside in PEI for at least six months plus a day each year.

It is strongly recommended that you notify the Department of any absences exceeding one month:

Please provide:

- date of departure
- your destination
- reason for your absence and
- date of return

This will help to avoid unpleasant delays in payment for out-of-province or out-of-country service.

Under some circumstances, coverage for emergency or sudden illness may be extended up to one year. Such circumstances could include missionary work, sabbatical leave, etc.

You are advised to contact the Department for information on coverage if you are planning a lengthy absence from the province.

Students who are in full-time attendance at a university or other recognized educational institution are covered for emergency and sudden illness. Students **must** notify the Department of Health and Social Services when leaving the province and update their student status on a yearly basis.

Where an individual or family maintains an out-of-province dwelling at which the individual or family spends a greater portion of the year, that individual or family is not eligible for insured services under the PEI Hospital and Medical Plans.

For PEI residents travelling outside-of-Canada, insured services for emergency or sudden illness will be paid at PEI rates only, in Canadian funds. You will be responsible for paying the difference between the full amount charged and the amount paid by the Department. The difference may be considerable and for this reason, extra health insurance is advised when travelling outside Canada.

If you have any questions before leaving the province temporarily, it is recommended that you call the Department to discuss your coverage.

Do I Need Additional Insurance While Travelling?

For Island residents travelling outside of Canada, coverage for EMERGENCY or SUDDEN ILLNESS will be provided at PEI rates only, in Canadian currency. **The cost for insured services may be considerably higher outside Canada. You will be responsible for paying the difference between the fee charged and the amount paid by the Department. Therefore, residents visiting other countries are advised to obtain private medical insurance for the period they are absent from PEI.**

When travelling elsewhere in Canada, you are covered for EMERGENCY or SUDDEN ILLNESS. You are not covered for non-emergency services while outside of the province, unless you have obtained the prior approval of the Department.

What Happens When I Leave PEI Permanently?

When you leave PEI to establish permanent residence elsewhere in Canada, you will be eligible to receive coverage for PEI insured services up to the last day of the second month following the month in which you arrive in the new province. (For example, if you establish permanent residency on February 28th, your coverage will end on April 30th).

It is your responsibility to register in your new province within 30 days of arrival so that your health insurance coverage will continue uninterrupted.

When you leave Canada permanently, your coverage ends on the date of your departure from Prince Edward Island.

Before permanently leaving Prince Edward Island, be sure to notify the Department.

What In-Province Services are Insured Under the PEI Hospital Services Plan?

The following hospital **in-patient** services are insured:

- Accommodations and meals at standard ward rate.
- Necessary nursing services.
- Laboratory, radiological and other diagnostic procedures.
- Formulary drugs prescribed by an attending physician and administered in the hospital.
- Operating room, case room and anaesthetic facilities.
- Routine surgical supplies.
- Radiotherapy.
- Physiotherapy.
- Services rendered by persons who receive remuneration from the hospital.

The following hospital **out-patient** services are insured:

- Necessary meals, such as are supplied to standard ward patients.
- Necessary nursing services.
- Laboratory, radiological and other diagnostic procedures.
- Formulary drugs prescribed by an attending physician and administered in the hospital out-patient department.
- Operating room and anaesthetic facilities for insured procedures.
- Surgical supplies as determined by the facility.
- Radiotherapy.
- Hospital based physiotherapy.
- Services rendered by persons who receive remuneration from the hospital.

What In-Province Hospital Services are Not Insured?

Services **not** covered by the Hospital Services Plan include:

- Special nurses requested by the patients or family.
- Preferred accommodation (semi-private or private)
- Certain prosthetic devices.
- Crutches and other such appliances.
- Certain drugs for use outside the hospital.
- Ambulance user fees within the province or travel expenses.
- All ambulance fees outside the province
- Emergency Air Evacuation user fee
- Dental extractions, except in cases where the patient must be admitted to hospital for medical reasons with prior approval of the Department.

If you are in doubt as to whether you are insured for a hospital service, please contact the Department.

What In-Province Services are Insured Under the Medical Services Plan?

The Medical Services Plan is designed to pay for the cost of most **MEDICALLY REQUIRED** physicians' services. Insured services include:

- Most physicians' services in the office, at the hospital or in the patient's home.
- Medically necessary surgical services, including the services of anaesthetists and surgical assistants where necessary.
- Obstetrical services, including pre-natal and post-natal care, new-born care or any complications of pregnancy such as miscarriage or caesarean section.
- Certain oral surgery procedures performed by an oral surgeon when it is medically required that they be performed in a hospital.
- Sterilization procedures, both female and male.
- Treatment of fractures and dislocations.

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- Certain insured specialist services, when properly referred by an attending physician. (Some specialist services are not insured. See the Information under the next heading “What In-Province Medical Services are Not Insured?”.)

What In-Province Medical Services are Not Insured?

The following medical services are **not** included as insured benefits:

- Specific examinations requested by a third party (pre-school examinations, employer examinations or insurance medicals).
- Immunizations (such as those carried out in school), flu shots or travel vaccines.
- Preparation of testimony reports, doctor’s certificates, etc., required for administrative or legal purposes.
- Advice or prescriptions given over the telephone.
- Doctor’s travel time.
- Cosmetic surgery deemed not medically necessary.
- Materials or drugs used in a physician’s office.
- Eye glasses or lenses or other appliances such as hearing aids, artificial limbs or other devices.
- Acupuncture and acupressure services.
- Services provided by audiologists, chiropodists, chiropractors, dietitians, homeopaths, naturopaths, optometrists, osteopaths, physiotherapists, podiatrists, psychologists and services performed by a dentist.
- Eye refraction examinations by family physicians.
- Reversal of sterilization procedures.

If you are in doubt as to whether you are insured for a medical service, please contact the Department.

How Do I Access Out-of-Province Services?

Access to out-of-province services is normally initiated through your family physician. PEI residents are not insured for non-emergency services outside PEI unless they have received the prior approval of the Department. You can apply for prior approval through a PEI physician. The Department will not cover the cost of these services without prior approval. Prior approval is **not** required for emergency services. Transportation to out-of-province services including ambulance is not an insured service.

Am I Covered for Out-of-Province Services?

The following is the general policy for out-of-province benefits:

- The Department will pay the full cost of (PEI insured) medical and/or hospital services obtained within Canada with the exception of Quebec, (which is not a party to the inter-provincial agreements) which are provided to you as a result of an EMERGENCY or SUDDEN ILLNESS. Coverage extends only to those services medically required at the time of the emergency or sudden illness. Any related **non-emergency** or **elective service** is not covered unless you have received the prior approval of the Department.
- **You are required to obtain prior approval from the Department before receiving non-emergency out-of-province medical or hospital services.** PEI residents seeking such out-of-province services can apply for prior approval through a PEI physician. Full coverage may be provided for (PEI insured) non-emergency or elective services, providing that your physician makes application to the Department. Applications may be approved in the following circumstances.

The insured (in Prince Edward Island) medical and/or hospital service is not available within the province;

There exists within Prince Edward Island only 1 medical practitioner in the required specialty;

In the opinion of an Island physician and the Medical Director of the Department of Health and Social Services, adequate service is not available within the province;

In the opinion of the Medical Director of the Department of Health and Social Services, extenuating circumstances exist and are documented that permit services to be provided in another province or territory.

Each approval for a service or related service may cover a period of not more than 12 consecutive months.

If you do not receive prior approval from the Department for a non-emergency medical and/or hospital service to be obtained out-of-province, you will be held responsible for the total cost of the services rendered.

Please note that prior approval is not needed in cases of emergency or sudden illness requiring immediate medical attention not available within the province.

For more information on out-of-province coverage, please contact the Department.

Am I Insured for Services Outside of Canada?

For eligible Island residents travelling outside of Canada, coverage for EMERGENCY or SUDDEN ILLNESS will be provided at PEI rates in Canadian currency. Coverage is only provided for qualified medical doctors. Please be aware that charges for insured services are considerably higher outside Canada. You will be responsible to pay the difference between the fee charged and the amount paid by the Department. **Residents visiting other countries are advised to obtain private medical insurance for the period they are absent from PEI.**

You will be required to obtain prior approval from the Medical Director of the Department of Health and Social Services to receive out-of-country hospital or medical services not available in Canada. If prior approval is granted, the Department may pay the full cost of the insured service.

If you are leaving Canada and have additional questions regarding coverage, please contact the Department.

How Do I Claim for Services Received in PEI?

When you receive service from a PEI physician the physician will use the information on your personal health card to complete a claim. The claim is sent directly to the Department for payment.

Physicians may “opt-out” of the Provincial Insurance Plan. They must inform you immediately that you will be billed directly for any service they provide. You may then submit your bill to the Department for payment.

How Do I Claim for Services Received Elsewhere in Canada?

In most cases, attending physicians in other provinces will bill to their own Provincial plan. The other province will then send a bill to the Department, in accordance with the Reciprocal Billing Agreements. With the exception of Quebec, which is not a party to the inter-provincial agreements, the Department will reimburse the other province. For services provided in Quebec, the Department will make payments directly to the physician or will reimburse eligible residents at a predetermined rate.

Claims must be submitted within six months of the date of service.

How Do I Claim for Services Received Outside Canada?

In the event that you require hospital or medical services for EMERGENCY or SUDDEN ILLNESS while absent from Canada, you may either pay the total cost yourself and then claim reimbursement for the INSURED AMOUNT from the Department or you can arrange to have the INSURED AMOUNT paid directly by the Department. **Be sure to obtain a detailed invoice and proof of payment for the services you receive and submit your original claim to the Department within SIX MONTHS of the date of service.**

Services for emergency or sudden illness obtained outside of Canada are paid at PEI rates, in Canadian currency. Residents are cautioned that charges for INSURED SERVICES may be considerably higher outside Canada. Payment for any difference between the fee charged and the Department payment is the responsibility of the resident. PEI residents visiting other countries are advised to obtain private medical insurance for the period that they are absent from PEI.

If you are referred by a PEI physician to an out-of-country hospital or physician for a service not available in Canada, you must receive prior approval of the Medical Director. If prior approval is granted, all charges for **insured** medical and hospital services may be paid in full by the Department. If you do not obtain prior approval, the Department will take no responsibility for the costs incurred.

If you have any questions, please contact the Department of Health and Social Services.

How Do I Appeal An Unsatisfactory Decision?

If you require further clarification or have questions about a decision or other matter relating to the administration of the Department of Health and Social Services, please write to the Department of Health and Social Services of Prince Edward Island, PO Box 3000, Montague, PEI C0A 1R0.

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