

Veterans Affairs Canada Services and Benefits





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Introduction

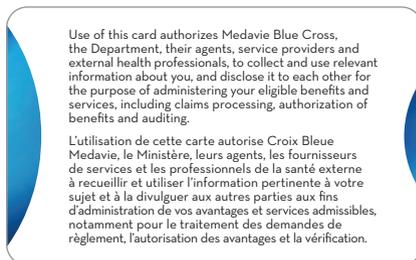
Veterans Affairs Canada (VAC) offers a wide range of health care programs and benefits and services to qualified individuals.

Your access to health care benefits and services 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)* and/or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act (CFMVRC Act)* and Regulations.

VAC has partnered with Medavie Blue Cross to administer the health benefits reimbursement provided to you.

Health Care Identification Card



About Your Card

Your Health Care 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.

Who Can Use Your Card

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

Treatment Benefits

Overview

Treatment Benefits provides financial support for a wide range of health-related benefits 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 and services 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 10 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.



'A' Coverage and 'B' Coverage

If you qualify for one, or more, of VAC's 14 treatment programs, you will receive a VAC Health Care Identification Card. You can find information about your coverage on the portal at medaviebc.ca/myinfo. (see page 27)

If you have 'A' coverage:

- You qualify for treatment benefits or services to treat medical conditions related to the condition(s) for which you have been granted disability entitlement.
- You may receive these treatment benefits or services anywhere in or outside Canada.
- If you plan to travel outside of Canada, please contact us (see page 29) so that we can explain how to access any needed treatment benefits or services while you are away.

If you have 'B' coverage:

- You qualify for treatment benefits or services 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 or services 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 or services 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 or services 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 or services purchased without pre-authorization.

Prescriptions

- You will need a prescription to receive coverage from VAC for many of the treatment benefits or services. This is to ensure that you are under the care of a health care professional and that the treatment benefit or service 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 29).



Mental Health Benefits



Overview

Mental Health Benefits provide early coverage for treatment of certain mental health conditions, such as anxiety and depressive disorders, or trauma- and-stressor-related disorders, when applying for a disability benefit for one of these mental health conditions. Your coverage lasts up to two years, no matter the result of your application. If your disability benefit application is approved, you will be immediately transferred to VAC's Treatment Benefits program. If your disability benefits application is declined, your access to Mental Health Benefits will continue for two years from your original eligibility for Mental Health Benefits.



Coverage

Mental Health Benefits coverage includes certain prescription drugs as well as treatments, services and examinations provided by psychologists, mental health counsellors or therapists, social workers or other approved mental health professionals.



Limits or Restrictions

- Benefits are only available to Veterans of the Canadian Armed Forces.
- In-patient treatment care, reimbursement of health-related travel expenses and cannabis for medical

purposes are not covered under the Mental Health Benefits. You may be able to claim costs for these categories if you receive a favourable disability benefits decision. A favourable disability benefits decision will make you eligible for the Treatment Benefits program which includes items covered under the Mental Health Benefits and more.

Under the Treatment Benefits, you may submit your expenses within 18 months of your disability decision if certain conditions are met.

- 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.
- Coverage under the Mental Health Benefits does not impact your eligibility for other VAC benefits, services or programs.



Cannabis for Medical Purposes



Overview

VAC may reimburse eligible Veterans for cannabis for medical purposes purchased from federal licensed sellers in Canada. Health Canada has legalized the following classes of cannabis for sale: fresh cannabis, dried cannabis, topical cannabis, edible cannabis and cannabis extracts.



Eligibility

To be considered for reimbursement of cannabis for medical purposes, you must:

1. have a valid medical authorization document signed by your health care practitioner. The document must indicate:
 - the number of dried grams per day
 - the primary condition for which the use of cannabis for medical purposes is authorized.
2. be registered with a federal licensed seller of your choice in Canada.

Note: If authorized for reimbursement, your federal licensed seller can bill VAC directly so you are not out-of-pocket for the expense.



Limits or Restrictions

VAC will reimburse up to the current maximum amount of dried grams per day of, or its equivalent in other forms, up to a maximum reimbursement rate, set by VAC.

Requests for reimbursement over the maximum amount of grams per day will only be considered on an exceptional basis as outlined in the [Reimbursement Policy](#).

Cannabis purchased outside of Canada, or from provincial or territorial retail stores, is not eligible for VAC reimbursement.

Veterans who are still serving full-time in the Canadian Armed Forces or RCMP are not eligible for reimbursement of cannabis for medical purposes.



Health Related Travel (HRT)



Overview

This program helps to pay for certain travel expenses you incur to receive treatment benefits or services 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 or services 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 or services 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 dependent (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).



Rehabilitation Services and Vocational Assistance Program



Overview

The Rehabilitation Services and Vocational Assistance Program is administered by Partners in Canadian Veterans Rehabilitation Services (PCVRS). This program provides funding for rehabilitation assessments and services needed to help you adjust to life at home, in your community or at work. Based on your specific circumstances and assessed rehabilitation needs, your VAC case manager, Rehabilitation Service Specialist, and health care providers will work with you to develop and implement a rehabilitation plan.

If you have invoices or claims pertaining to your rehabilitation program they should be submitted through PCVRS. For further information or instructions, please contact your Case Manager or Rehabilitation Service Specialist.



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 Care Identification Card. Turn to page 2 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 financial support towards the cost of care in an approved long term care facility. This support 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 23 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.



Long Term Care

The Long Term Care (LTC) program provides financial support in three different settings:

- 1.** Community beds in facilities that provide nursing home care to Veterans as well as other provincial residents
- 2.** Contract beds in facilities that have beds designated for priority access for eligible Veterans.
- 3.** Beds at the Ste Anne's Hospital near Montreal.

The delivery of long term care is a provincial/territorial responsibility. All provincial health systems in Canada provide some level of long term care support in provincially licensed or regulated facilities.

The assessment and placement process to access most long term care facilities is managed by provincial/regional/local health authorities.

If a Veteran needs long term care, Veterans Affairs Canada may contribute to the cost of care in an approved facility if the Veteran meets certain criteria, for example type and location of military service, income, health care need, and/or link to service-related disability.



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.

It is often more convenient to choose a provider who is already registered with Medavie Blue Cross. Most registered providers can submit claims electronically on your behalf using Medavie Blue Cross’s ePay service. Having your provider take care of your claims is not only the easiest way to submit but it also limits your out-of-pocket expenses.



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 services from a registered provider, simply give your VAC Health Care Identification card to the provider. They will:

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

VAC is able to pay registered providers directly for treatment benefits, VIP and LTC costs up to a pre-set dollar limit or frequency.

Please note:

- Ensure you have discussed any payment limits with the provider before receiving services or 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

You can find a provider on the portal at medaviebc.ca/myinfo or we can provide you with a list. 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. You will then need to submit a claim to be reimbursed for approved benefits or services. 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 be reimbursed for approved expenses.

Requests for reimbursements for treatment benefits, VIP or Long Term Care must be submitted within 18 months from the date you:

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

Mail your request to:

**NATIONAL REIMBURSEMENT CENTRE
PO BOX 6700
MONCTON, NB E1C 0T8**

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

What If A Treatment, VIP or Long Term Care 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 FIRST LEVEL APPEALS
PO BOX 6000
MATANE, QC G4W 0E4**

How Are My Rehabilitation Services Claims Processed?

Claims for your Rehabilitation Services and Vocational Assistance Program are processed by the Rehabilitation Contractor, PCVRS. Only Services that have been pre-approved by your VAC case manager are able to be

reimbursed. If you have any questions regarding your approved rehabilitation services, contact your VAC case manager or your Rehabilitation Service Specialist to discuss further.



Secure Client Portal

The secure client portal gives you access to important benefit or service information and resources, including:

- Your claim status, payment inquiry and claims history
- Registered providers
- Replacement Health Care Identification card and print a temporary card requests
- Program information
- Eligibility for services and benefits
- Documents or claim forms
- Explanation of benefits for claims

Registering for the portal is easy. Visit medaviebc.ca/myinfo and enter the requested information.



Additional Information



My VAC Account

This is an online service available 24 hours a day to Veterans. *My VAC Account* allows you to:

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



Direct Deposit

You may sign up for Direct Deposit and receive your reimbursements directly into your bank account. 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.



Telephone

You can call VAC, 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).

