

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 <u>www.pac.bluecross.ca</u> 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: 1.855.550.5454 or email <u>benefits@fnha.ca</u>

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 1.855.550.5454 if you are not yet enrolled in Plan W.