

UNDERSTANDING YOUR COVERAGE



Once you have decided on a treatment plan with your healthcare provider, consider how the cost of treatment will be covered. Depending on factors such as age, where you live and where you work, some treatment costs may be covered by a provincial, territorial or federal public insurance plan. Other sources of coverage could include a private group insurance plan or individual/family health plan.



PUBLIC HEALTH INSURANCE PLAN (Medicare)

In Canada, our publicly-funded universal health insurance system ("medicare") is governed by the **Canada Health Act**. It covers physician and hospital services, as well as most diagnostic testing. Provinces and territories can choose to fund additional healthcare-related expenses as well. Check with your provincial or territorial Ministry or Department of Health for details about your region's public health insurance plan, or visit the Arthritis Society's online module **Navigating Your Healthcare** at arthritis.ca/education.



PRIVATE GROUP INSURANCE PLANS

Private insurance plans are usually sponsored by an employer, union or association, with an individual paying a portion of the costs for their plan. These plans may pay for some or all of the healthcare services not covered by your public plan, and can often be extended to include an individual's spouse or children for an additional fee. If you're part of a group benefit plan, you will likely receive an information booklet or access to a website that outlines the healthcare services that are covered.



INDIVIDUAL OR FAMILY HEALTH PLAN

If you don't have access to a group benefit plan, it's possible to buy an individual or family health plan. Speak to an insurance broker or consultant for further details. Some associations and organizations offer group health insurance plans, such as the Canadian Association for Retired Persons (CARP) and the Canadian Automobile Association (CAA). The advantage of group coverage is that costs can be shared over a larger number of plan members, which could mean a lower rate for you.

HOW DO I GET REIMBURSED FOR INSURED DRUGS?

With private insurance plans, you usually claim reimbursement for prescription drugs in one of two ways:

- 1** Most plans issue an insurance card. Take the card with you to the pharmacy and the cost of the drug will be billed directly to your insurer, through the pharmacy's billing system. You will still have to pay any deductible or co-pay. To learn more about these types of out-of-pocket expenses, visit the "Understanding Your Coverage" section of the Arthritis Society's online **Self-Advocacy Guide** at arthritis.ca/selfadvocacy.
- 2** In some cases, you will have to pay for your drugs at the pharmacy and then submit the receipt along with an insurance form to your insurer who will reimburse you for all or a portion of the cost.

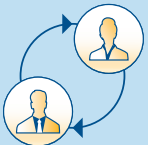


WHAT IF MY TREATMENT IS NOT COVERED UNDER PRIVATE INSURANCE?

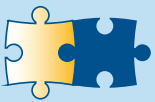
If your private health insurance plan doesn't cover the cost of your treatment, consider the following:



- Gather necessary information and call the insurance company's benefits department to confirm that they do not cover the treatment. Ask why they won't cover it. If needed, have your physician contact the insurance company. (HINT: have your benefits policy number and employer's name/policy number readily available and if the treatment is a medication, the drug identification number (DIN) and your physician's phone number).



- Let the Human Resources manager at your workplace (or union or association representative) know what the insurance company told you and explain that your physician considers this treatment vital to your health and well-being.



- Find out if the insurance company excludes this particular treatment from all of the plan types they offer, or only from the level of plan you have. If it's just excluded from your particular plan, a plan sponsor has the option of making an exception. You can advocate with your plan sponsor to have your treatment covered.



- If your insurance company won't cover the treatment, have your physician write a letter of appeal, giving the reasons why you need this treatment. If the appeal is rejected, you can contact the insurance company's ombudsperson to file a complaint and request reversal of their decision.

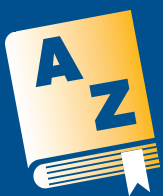


- If you are part of an arthritis patient support group, discussion board or chat room, ask if others have managed to get the treatment covered under their plans.



OTHER SOURCES OF COVERAGE

Beyond private insurance, you may be able to access additional funding to offset your healthcare costs. Some of these additional sources of funding include Provincial Compassionate Care Programs and Patient Support Programs. For further details, see the **Additional Medical Coverage Sources** document in the Arthritis Society's **Self-Advocacy Guide** at arthritis.ca/selfadvocacy.



KEY INSURANCE DEFINITIONS

Whether you're researching your region's health plan or trying to understand your workplace health insurance forms, it can sometimes seem like they're written in a different language. Learn key definitions to increase your knowledge about health insurance, medical billing and financial tools in the **Self-Advocacy Guide**, at arthritis.ca/selfadvocacy.

Check out our Self-Advocacy Guide to review those definitions (<https://arthritis.ca/support-education/navigating-through-arthritis/self-advocacy-guide/understanding-your-coverage-options>)