



## Non-Insured Health Benefits

### Atlantic Region

Department of Indigenous Services Canada's Non-Insured Health Benefits (NIHB) program provides eligible First Nations and Inuit people with a range of medically necessary health-related items and services that are not covered by other insurance plans.

Contact your Atlantic  
Regional NIHB office  
for more information.



1-800-565-3294

[ATLNIHB@hc-sc.gc.ca](mailto:ATLNIHB@hc-sc.gc.ca)

#### Medical Transportation

The NIHB program covers air and ground travel, accommodations, and meals, to access medically necessary health services that are not available in the community of residence, along with a medical or non-medical escort if required. Travel must be to the nearest appropriate health professional/facility.

#### Non-Medical Escorts

Coverage for a non-medical escort may be approved when there is a legal or medical requirement that results in the client being unable to travel alone, such as when the client:

- ❖ Is a minor
- ❖ Requires alternative legal consent/decision making
- ❖ Requires assistance with activities of daily living (for example: dressing, eating, bathing, etc.)
- ❖ Faces a language barrier (when health services at the referred location are not available in the client's spoken language(s))
- ❖ Is to receive instruction on specific and essential home medical/nursing procedures that cannot be given to the client only
- ❖ Is undergoing a medical procedure (for example: outpatient general anesthetic) or has a medical condition that will result in the client requiring assistance during the trip; and/or
- ❖ Is a pregnant woman whose trip is for the purpose of childbirth (including being closer to care while awaiting childbirth)

#### Mental Health Services

Mental health counselling is available to provide support for an immediate mental health need and provide transition to other available mental health supports and to long-term care, if needed. Services will only be covered if the provider is registered with NIHB.

The coverage includes:

- ❖ Initial assessment (up to 2 hours without prior approval) and up to 20 hours of counselling within a 52-week period
- ❖ Eligible mental health providers include psychologists, social workers with clinical orientation, and counselling therapists

## Vision Care

Vision care services include eye exams and glasses prescribed by an optometrist or an ophthalmologist. NIHB coverage for eyewear is based on the strength of prescription or vision loss. Contacts are now an eligible benefit and clients may choose between eyewear or contacts (unless contacts are medically required). Clients requiring medically justified contacts are allowed an additional coverage amount. Additional coatings require medical justification to be considered for approval on top of the allotted bundle amount. Exclusions to the program include any type of implant (for example: cataract lens, etc.), refractive laser surgery and items for aesthetic reasons. Early replacements can be considered on a case-by-case basis.

## Medical Supplies and Equipment

The NIHB program covers medical supplies and equipment on the benefit list, prescribed by a doctor or nurse practitioner, and supplied by a registered NIHB provider who is eligible to deliver the specific item, for example:

- ❖ Medical supplies (bandages, dressings, etc.)
- ❖ Medical equipment (wheelchairs, walkers, etc.)
- ❖ Audiology benefits (hearing aids and repairs, etc.)
- ❖ Orthotics and custom footwear
- ❖ Prosthetics
- ❖ Oxygen therapy (fast-tracked approval process)
- ❖ Respiratory therapy (CPAP machine)
- ❖ Pressure garments

## Pharmacy Benefits

The NIHB program covers prescription and over-the-counter medications that are included on the NIHB Drug Benefit List (DBL) and prescribed by a NIHB recognized health professional (e.g. doctor, nurse practitioner). The NIHB DBL includes:

- ❖ "Open benefits" which do not require prior approval for coverage, and
- ❖ "Limited use benefits" which may be eligible for coverage if the criteria are met (prior approval is required)

In addition, many medications not listed on the DBL may be reviewed for coverage on a case-by-case basis, and are categorized as "exceptions". If a "limited use benefit" or "exception" request is denied, it is eligible for appeal.

Medications that fall outside of the mandate of the NIHB program are considered "exclusions". They are not eligible for coverage or appeal.

Approved coverage is 100%: there is no cost sharing, through copayments or deductibles, with the eligible client.

## Dental Health

Dental services coverage includes exams, cleanings, fillings, extractions, some endodontic treatment (root canal) and basic oral surgery.

- ❖ Several procedures require prior approval, and some items will not be covered by NIHB (exclusions).
- ❖ **Call 1-855-618-6291 and ask if the procedure or service is covered first!**

## Client Reimbursement

**Your claim must be received within one year from the date of service or purchase.**

To submit a claim:

- ❖ Complete and sign the reimbursement claim form (if the client is under 16 years of age, the guardian must sign the form)
- ❖ Provide confirmation of appointment attendance
- ❖ Include a copy of your prescription
- ❖ Attach original itemized receipts
- ❖ Include any other supporting medical documentation
- ❖ If there is third party coverage, include coordination of benefits statement from the third party insurer
- ❖ Make copies for your records, and mail originals to:  
Non-Insured Health Benefits Regional Office  
1505 Barrington Street, Suite 1525, Halifax, NS, B3J 3Y6.

## Appealing a Decision

If you (client/parent/guardian) have been denied an eligible benefit, you may appeal the decision. Appeals must be received in writing with the client's signature (no emails). For more information on NIHB appeals, please go to [www.canada.ca](http://www.canada.ca) and enter "appealing a NIHB decision" in the search box.

