

Insured Health Services Insured Health Services Insured Health Services in Nova Scotia Insured Health Services in Nova Scotia

Programs administered through
MSI and the Nova Scotia
Insured Hospital Services


NOVA SCOTIA

The statements contained in this pamphlet are a brief explanation of most of the main features of Nova Scotia's health insurance programs, which are funded in part through the Federal Health and Social Transfers.

For a precise statement of the law respecting these programs and their operation, the relevant statutes should be examined. Copies of all government legislation regarding the Health Services and Insurance Act are available online at nslegislature.ca.

This pamphlet contains most of the information you will need regarding health insurance in Nova Scotia.

This booklet is not a legal document. Since changes are made from time to time to the acts and regulations of the Nova Scotia health plan, please contact Nova Scotia MSI for the most current information.

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INTRODUCTION TO NOVA SCOTIA'S HEALTH INSURANCE PLANS

Nova Scotia's health insurance programs are designed to provide eligible residents with coverage for medically necessary hospital, medical, dental, prostheses and optometric services with some restrictions. This pamphlet is designed to inform you of the benefits available under the medicare programs sponsored by the Nova Scotia government.

The Nova Scotia government does not guarantee the provision of insured health services but guarantees payment for them. Payment for medical benefits is at the approved MSI tariff level and for insured hospital services at the standard ward level.

Private insurance carriers offer coverage for other health services not covered by the provincial health insurance programs. These include such items as preferred hospital accommodation, prescription drugs and extended health services.

The Medical Services Insurance (MSI) programs are administered by Medavie Blue Cross on behalf of the Nova Scotia government. Denticare is administered by Green Shield Canada. The Nova Scotia Department of Health and Wellness provides policy direction for these programs.

The Hospital Insurance program is administered directly by the Department of Health and Wellness. The cost of providing these services to Nova Scotians is met through the general revenues of the province.

You pay no premiums.

Please carry your signed Nova Scotia Health Card with you at all times. You must present it to the service provider each time you need MSI insured services.

Please quote your Health Card number, name, address and telephone number in all correspondence.

Requests for further information about Nova Scotia health insurance should be directed to the MSI office. (See Page 12)



WHO IS ELIGIBLE

Eligibility

Eligibility requirements for Nova Scotia's medical and hospital health insurance programs are identical. However, providers require a valid "Health Card" when providing insured services.

Who is Eligible?

As a general rule, anyone who is a resident and is ordinarily present in Nova Scotia, except members of the Canadian Armed Forces (CAF) are eligible to receive insured services.

Most individuals establishing permanent residence in Nova Scotia from elsewhere in Canada will become eligible for insured health services programs on the first day of the third month following the month in which they become a resident of Nova Scotia (e.g. a person arriving on June 5th will become eligible on September 1st). During this waiting period, you will continue to receive coverage from your former province of residence. It is your responsibility to contact that province to ensure continued coverage.

Persons from outside Canada establishing permanent residence in Nova Scotia may apply for coverage. Please contact the MSI office for details.

Permanent residents include Canadians or those who have "Permanent Resident" immigration status. If you are in possession of a Work Permit, Study Permit, Ministerial Permit or other immigration document, you should enquire at the MSI office for further details.

A person who is a tourist, a transient or a visitor to Nova Scotia does not qualify as a resident of the province and, accordingly, is not eligible for health insurance benefits.

Maintaining a dwelling, owning property in the province of Nova Scotia or paying Nova Scotia property or income tax does not mean you are eligible for insured physician or hospital services under the Nova Scotia Medical Services Insurance plan.

Are Students Eligible?

Students who are normally residents of Nova Scotia and are in full-time attendance at a school outside the province, will be covered provided confirmation of full-time attendance has been received from the educational institution. If the correspondence from the university indicates the student will be enrolled in a multi-year program, MSI eligibility will correspond to program dates indicated. Please contact the MSI office for further details.

Students from other provinces will be covered by the insured health services programs of their home province.

Students from outside Canada should contact the MSI Enquiry office for further details at: 902-496-7008 or 1-800-563-8880 (NS only).

REGISTRATION

How Do I Register For Benefits?

You may register by either calling or visiting the MSI office to complete an application form. Documentation of citizenship is required for the application process. Please see Page 12 for contact information under the section “For Further MSI Information”. When your application has been processed, each member of your family will receive a “Health Card” that **must be presented** whenever you require insured services. (See photo of card on Page 1.)

Nova Scotia Health Cards have an expiry date of a four-year term determined by your birth month (i.e. if birthday is June 15, 2010, Health Card expiry date would be May 31, 2014).

The expiry date is in relation to the duration of the card and not necessarily to the eligibility status of the individual. Renewal notices will be mailed three months prior to the expiry date (i.e. renewal notices for cards expiring on May 31st will be mailed March 1st).

Organ and Tissue Donation

You can register your decision to be a donor or opt out by contacting MSI at 1-800-563-8880.

Eligible NS residents who do not have a donation decision recorded in the province's health card registry are considered donors after death. Learn more about your organ and tissue donation choices, and Nova Scotia's organ and tissue donation legislation by visiting <https://beta.novascotia.ca/organ-and-tissue-donation>

For additional information on organ and tissue donation, please visit www.nshealth.ca/legacy-life or call 1-844-411-5433.

How Do I Report Changes?

Any changes (i.e. birth, adoption, death, marriage, divorce, legal separation, change of address or departure from the province) should be reported to the MSI office without delay. Special forms have been designed to assist you in reporting changes. These are available at hospitals and physicians' offices. If you are not able to obtain one of these forms, please contact the MSI office (details on Page 12).

It is important that the information on your Health Card is correct and up to date. Your benefits could be affected if you do not keep MSI informed of changes.

Always quote your Health Card number, name, telephone number and address when corresponding. By doing so, you can be assured of prompt replies to your enquiry.

If your Health Card is lost or stolen, please contact the MSI office immediately. There is a \$10 fee for a replacement card. Make your cheque or money order payable to MSI.

LEAVING NOVA SCOTIA

What Happens When I Leave Nova Scotia Permanently?

Any resident leaving Nova Scotia to establish permanent residence elsewhere in Canada will be eligible to receive continuous coverage for insured health programs up to the last day of the second month following the month in which they arrived in the new province (i.e. persons establishing residence on January 20th, their eligibility will cease on March 31st).

If you are moving outside of Nova Scotia, we encourage you to bring three months' worth of drugs and supplies you may require while your application for your new health card is being processed.

Unlike Nova Scotia, some provinces require that you pay a premium for your health insurance coverage. It is therefore important that you determine the requirements in your new province before your Nova Scotia coverage expires. It is your responsibility to ensure you are registered in your new province so your health insurance coverage will continue uninterrupted.

If you leave Canada permanently, your coverage ceases on the date of your departure.

Before leaving the province, please ensure you notify MSI of your departure.

What Happens If I Am Temporarily Absent From Nova Scotia?

If you plan to travel outside the province, you must make sure you have enough medication and supplies for your trip. We recommend you purchase health insurance before you depart.

Medications purchased outside of Nova Scotia are only paid under exceptional circumstances. Medications purchased outside of Canada are not covered.

The period and extent of MSI coverage will vary according to the circumstances surrounding your temporary absence.

For example, persons absent each year for extended winter vacations may be absent for up to 7 months and maintain eligibility. Under exceptional circumstances, coverage may be extended up to one year.

Please refer to Page 2 for students studying outside the province.

It is recommended that you check with MSI regarding your entitlement before you leave Nova Scotia.

For some programs, there is no coverage for out of province services.

For hospital insurance information, see Page 11.

INSURED SERVICES

What is MSI?

Nova Scotia Medical Services Insurance (MSI) is the provincial plan of insured medical services. It is designed to pay for the cost of a wide range of **medically necessary** physicians' services, as well as certain dental and optometric services. A comprehensive description of insured services follows.

What Physicians' Services Are Insured?

Payment is provided for the following physicians' services when **medically necessary**:

- Services in the physician's offices, at the hospital, or in the home
- All necessary surgical services, including the services of anesthesiologists and surgical assistants where necessary
- Complete obstetrical care, including pre-natal care, confinement, caesarean section, post-natal and newborn care or any complications of pregnancy such as miscarriage
- Sterilization procedures, both male and female
- Treatment of fractures and dislocations
- All necessary referred specialist services, including consultations (Please see the paragraph below on Specialist Services.)
- All necessary diagnostic services except those that are available under the Insured Hospital Services
- Physical examinations where deemed medically necessary
- Supervision of home dialysis
- Well baby care
- Pap smears and other preventative measures

What Specialist Physicians' Services Are Insured by MSI?

If, in the opinion of your attending physician, you require the services of a specialist (for consultation or care), a proper referral to the specialist is necessary. Payment at the specialist tariff is based on a valid referral by the attending physician.

EXTENDED HEALTH SERVICES

What Optometric Services Are Insured?

Coverage for a vision examination is available once every two years for children age 9 and younger as well as those age 65 and older. In some instances, emergency and medically required vision care is covered for all ages.

For more details, ask your optometrist or call Medavie Blue Cross toll free 1-866-553-0585.

What Prostheses Services Are Insured?

Coverage for select prostheses (e.g. ocular, breast, arm and leg) and associated services are covered with physician referral.

For more details, call Medavie Blue Cross toll free 1-866-553-0585.

What Dental Services Are Insured?

- Children's Oral Health Program: Certain basic dental services are insured for children age 14 and younger. Any private coverage is accessed first. Not all preventive dental services are covered. Coverage is for services rendered in Nova Scotia only.
- Dental Surgical Program: Coverage is limited to a list of medically required insured services. Outside of Nova Scotia, only emergency dental services are covered. Physician referral may be required.

For more details on these and other specialized dental programs, ask your dentist, visit novascotia.ca/dhw/children-dental or call Green Shield Canada toll free 1-833-739-4035.

UNINSURED SERVICES

The following services are not insured or paid by MSI.

Acupuncture

Annual or Periodic Complete Physicals where no disease or symptoms are present.

Completion of Forms for

- certificate of illness
- insurance
- government
- day care

Examination or Physicals unrelated to treatment of an illness or medical symptom, such as:

- employment
- insurance
- private adoption
- immigration
- motor vehicle or pilot licence
- school, camp or sports physical

Health Aids or Devices

- eye glasses and hearing aids
- surgical appliances
- wheelchairs
- most orthotic and prosthetic appliances **except** those insured under the MSI Prostheses Services Program
- intraocular lenses (soft)
- trusses
- crutches

Medical Advice by Telephone, Letter, Fax or E-mail

Medical-Legal Services

- correspondence for legal purposes
- court appearances as witness

Medical Supplies

- drugs, syringes, sutures and dressings
- allergy sera, vaccines not issued by the Department of Health and Wellness

Missed Appointments - Office or Surgery where there is a clearly displayed office policy relating to missed appointment charges

Office Expenses

- chart transfer costs
- photocopies
- advice by telephone, long distance telephone charges and costs associated with preparation of reports or certificates by a physician

Patient Requested Services

- cosmetic surgery (e.g. facelift, removal of tattoos)
- cosmetic treatment of varicose veins
- ear piercing
- in-vitro fertilization
- services solely delivered by osteopaths, chiropractors, dental hygienists, massage therapists
- reversal of tubal ligation or vasectomy

UNINSURED SERVICES (CONT'D)

Prescription Renewal when Patient is Not Seen

Miscellaneous:

- Paramedical personnel when providing counselling or treatment
- Services of chiropractors, naturopaths, psychologists, podiatrists and osteopaths
- Group immunizations (except those approved by the Department of Health and Wellness)
- Services available under the Workers' Compensation Act, Department of Veteran's Affairs or any other statute

NOTE: Each doctor can set their own fees for uninsured services or may choose not to charge. A doctor must inform a patient of any costs before providing a service that is not covered by MSI.

If a patient is having or requesting a diagnostic, preventative or other service that is not covered by MSI, all costs for visits, tests or surgery related to the uninsured service are the patient's responsibility. As well, hospitals may charge a fee for services not covered by MSI.

This list of services not covered by MSI is as complete as possible. However, patients may be asked to pay for non-insured services that are not included here. For more comprehensive details of uninsured services, please contact your physician's office or the MSI office at (902) 496-7011 or toll free 1-866-553-0585.

YOU MAY HAVE TO PAY ALL OR IN PART FOR THESE SERVICES

Ambulance Services

Nova Scotia has always permitted the billing of a portion of the cost of an ambulance transport to the user of the service. This fee is permitted under the Canada Health Act. This ambulance user fee defrays the cost of providing the service and ensures the continuous availability of emergency ambulance service.

Emergency Medical Care Inc. administers the billing and collection of user fees on behalf of the Province of Nova Scotia, in accordance with the policies established by the Nova Scotia Department of Health and Wellness.

Individuals with Stipulated Third Party Insurance (i.e. motor vehicle accidents, work-related injuries, etc.) should submit these bills to the appropriate Insurer for payment.

Inquiries regarding your account or for more details, call (902) 832-8337 or toll free 1-888-280-8884.

Drug/Prescription Costs

Nova Scotia has various programs to help Nova Scotians pay for prescribed medications and supplies listed in the Nova Scotia Formulary. To obtain more information with respect to these programs, please call (902) 429-6565 or toll free 1-800-544-6191 or go to www.nspharmacare.ca.

CLAIMING PROCEDURES

The claiming procedures described below apply equally to insured services received from optometrists and physicians.

How Do I Claim For Services That Are Received In Nova Scotia?

MSI does not interfere with the traditional doctor-patient relationship. You have free choice of any qualified health provider, clinician or optometrist (also referred to as a “health provider”) who is willing to accept you as a patient.

If the service provider you have chosen has agreed to participate under the plan, all claims for insured services rendered to you will be submitted directly to MSI for payment.

If you have selected a service provider who has chosen not to participate in the MSI plan, you will be advised by the service provider immediately and you will be required to pay directly for services rendered. The service provider will complete a ‘Pay Patient’ claim form on your behalf or provide you with sufficient information to enable you to complete the claim form. You may then submit your claim to MSI who will pay you the amount that would have been paid to a participating service provider for the same service. MSI does not make payments directly to a non-participating service provider.

Can I Be Charged An Amount In Excess Of The MSI Payment?

Service providers may not charge a fee in excess of the amount that MSI will pay for an insured service. This applies to participating service providers, as well as those who choose not to participate in the MSI plan. There will still be situations where a service provider will request the resident pay for an uninsured service such as telephone advice, mileage and routine health exams. Service providers are obligated to notify you of any recommended uninsured service and its associated costs before delivering the service.

HOW TO CLAIM FOR INSURED OUT OF PROVINCE SERVICES

Outside Canada

In the event that you may require any of the services insured under MSI while absent from Nova Scotia, you should, before leaving Canada:

- Contact the MSI office for information about your entitlement and claiming procedures.

In order for you to submit your claim to MSI for consideration, have the service provider supply you with the necessary information on one of their claim forms or obtain a detailed invoice or receipt for the service provided.

MSI only pays for **emergency** services obtained outside Canada. The payment rate is in accordance with the Nova Scotia rate.

- **Residents are cautioned that charges for insured services are considerably higher outside Canada.** Payment for any difference between the fee charged and the MSI payment is the responsibility of the patient. Residents visiting other countries are advised to obtain private medical insurance for the period that they are absent from Nova Scotia.

Residents who are referred by a Nova Scotia specialist to an out of country service provider for a service not available in Canada **and who have obtained written approval from MSI** or the Department of Health and Wellness **prior** to departing from Nova Scotia, will have all reasonable charges for insured medical services paid in full. Payments for these referred services will be sent directly to the provider if the services were rendered in the United States.

Within Canada

Most medical services you obtain can be billed by the attending physician to the host provincial plan. This is in accordance with the Interprovincial Reciprocal Billing Agreement for medical services. With the exception of Quebec, MSI will reimburse the other provinces/territories.

There are a few services not covered by this arrangement and some physicians are aware of these exclusions. In these cases, you may ask the physician to bill MSI using an out of province claim form. You may then sign the form authorizing MSI to pay the physician directly.

Alternatively, if you pay the physician, you should obtain a detailed invoice and receipt. Bring or send this directly to MSI for reimbursement. You will be paid at the rate allowed for the service in the province/territory where the service was provided. A service received within Nova Scotia that is not insured by MSI is also not payable if incurred in any other province/territory.

Submission of Physician Claims By Patient

All physician claims should be submitted promptly. To be considered for payment, a claim incurred outside Canada must be received by MSI within six months from the date of service. Claims for services received within Canada must reach the MSI office within 12 months from the service date.

HOSPITAL INSURANCE

What Is Hospital Insurance?

Hospital Insurance is a program sponsored by the Nova Scotia government to provide insurance for a broad range of medically necessary hospital inpatient and outpatient services received by eligible residents of the province.

What Inpatient Services Are Insured?

The following inpatient services are insured:

- Accommodation and meals at the standard ward level
- All necessary nursing services
- All laboratory, X-ray and diagnostic procedures
- All drugs prescribed by the physician or dentist and administered in the hospital
- Operating room, case room and anesthetic facilities
- Routine surgical supplies
- Radiotherapy services
- Physiotherapy services
- Blood or therapeutic blood fractions

What Hospital Outpatient Services Are Insured?

The following are some of the outpatient services that are insured when they are received in Nova Scotia.

- Laboratory tests
- Electroencephalographic examinations and electrocardiograms with interpretation
- Diagnostic procedures involving radioactive isotopes
- Radiotherapy
- Physiotherapy (not private clinics)
- Necessary nursing services
- X-ray examinations
- Operating room and anesthetic facilities
- Routine surgical supplies
- Drugs prescribed by the physician or dentist and administered in the hospital outpatient department
- Services within the Cancer Treatment and Research Foundation
- Blood or therapeutic blood fractions
- Hospital services in connection with most minor medical and surgical procedures
- Day patient diabetic care
- Pulmonary function tests
- Inhalation therapy
- Hemodialysis
- Home parenteral nutrition
- Services, other than medical, provided by and within the Nova Scotia Hearing and Speech Clinic
- Equipment for the treatment of erythromelalgia and the servicing of such equipment when such equipment and servicing is provided by or through an approved hospital.

HOSPITAL INSURANCE (CONT'D)

Am I Insured For Hospital Services Outside Nova Scotia?

The Hospital Insurance Program covers you for inpatient services that may be required while you are temporarily absent from Nova Scotia. The hospital in which you obtain these services must be approved by the local licensing authority as a public hospital or, if there is no such authority, by the Department of Health and Wellness. The following services are excluded from the reciprocal billing arrangement for hospital inpatient claims:

- cosmetic surgery
- reversal sterilization procedures
- in-vitro fertilization
- gender affirming surgery

Outpatient services in hospitals in Canada are insured services under the Hospital Insurance Plan. **Outpatient services received outside Canada are uninsured.** (Accounts for inpatient and outpatient services received outside Nova Scotia but within Canada are billed reciprocally.) The following are some of the excluded services of the reciprocal billing arrangement for hospital and outpatient claims:

- cosmetic surgery
- reversal sterilization procedures
- in-vitro fertilization
- elective dental services
- acupuncture

If a resident is referred by a Nova Scotia specialist to a hospital outside Canada for special treatment not available in Canada, the service provider must obtain the approval of the Medical Consultant at MSI before the patient leaves the province. In Canadian hospitals, coverage is based on the daily standard ward rate that has been approved by the hospital insurance authority of the province in which the hospital is situated.

Outside Canada, emergency inpatient services are paid at the average ward accommodation rate of the Halifax/Dartmouth hospitals in effect at the time that the services were received (currently \$525 Cdn per day).

Any cost associated with ambulance services outside Nova Scotia are not subsidized and are therefore the patient's responsibility.

How Do I Claim For Insured Services Received Outside Canada?

You may either pay the hospital bill and claim reimbursement for the insured amount from the Department of Health and Wellness or arrange to have payment of the insured portion paid directly by the Department of Health and Wellness to the hospital concerned. All claims must be submitted within six months from the date of discharge from the hospital.

Before travelling outside Canada, contact the Department of Health and Wellness for claim forms and for information about your entitlement and claiming procedures. Their telephone number is (902) 424-5999.

Residents are cautioned that charges for insured services are considerably higher outside Canada. Payment for any difference between the fee charged and the Department of Health and Wellness' payment is the responsibility of the patient. Residents visiting other countries are advised to obtain private medical insurance for the period they are absent from Nova Scotia.

GENERAL INFORMATION APPLICABLE TO ALL PLANS

What Happens If I Am Injured Accidentally?

In cases where you receive insured services as a result of an accident caused by another party, the province has the right to recover the cost of the services from that party. In such cases, you are asked to notify the Department of Health and Wellness and give details of the accident.

Are Benefits Allowable Medical Expenses For Income Tax Purposes?

Payments made under Nova Scotia Health Insurance programs are not allowable deductions for income tax purposes.

However, if a resident makes payment to a service provider for health services that are not insured, they should request a receipt for the amount paid and retain it, as these expenses may be allowable under the Income Tax Act.

For Further MSI Information

Medical Services Insurance
230 Brownlow Avenue
Dartmouth, Nova Scotia B3B 0G5

Mailing address:
PO Box 500
Halifax, Nova Scotia B3J 2S1

Enquiries: 902-496-7008

Outside Halifax/Dartmouth: Toll Free Number 1-800-563-8880

Fax Number: 902-481-3160

Email: MSI@medavie.ca

For MSI Dental Claims

Green Shield Canada
Attn: Dental Department
PO Box 1671
Windsor ON N9A 0A8
Toll Free: 1-833-739-4035

For Further Hospital Information

Department of Health and Wellness
Barrington Tower
1894 Barrington Street
Halifax, Nova Scotia B3J 2A8

Mailing address:
PO Box 488
Halifax, Nova Scotia B3J 2R8

Phone: (902) 424-5818

Outside Halifax/Dartmouth: Toll Free Number 1-800-387-6665.

Department of Health and Wellness website: www.gov.ns.ca/health

All you want to know about

Medicare
Hospital Insurance
Extended Health Services

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