



Veterans Affairs
Canada

Anciens Combattants
Canada

VETERANS AFFAIRS CANADA

A GUIDE TO ACCESS HEALTH CARE BENEFITS

AND

VETERANS INDEPENDENCE PROGRAM

April 2011



Canada 

HOW TO CONTACT US

For information regarding the Health Care Benefits Program, the Veterans Independence Program (VIP) or other programs offered by Veterans Affairs Canada (VAC), please contact the Department at the following **toll free** numbers, during office hours.

1-866-522-2122 (English)

1-866-522-2022 (French)

Office hours are Monday to Friday, 8:30 a.m. to 4:30 p.m. (local time).

Please note: The toll free numbers can only be used if you are calling from within Canada. If you are calling VAC from outside Canada, please refer to page 20 of this Guide for alternative phone numbers.

This publication is available upon request in multiple formats.

Website: www.vac-acc.gc.ca



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AN OVERVIEW

Veterans Affairs Canada

In recognition of the sacrifices made by Canadians in our country's war and peacekeeping efforts, Veterans Affairs Canada (VAC) offers a wide range of benefits and services to qualified Veterans, released and still-serving Canadian Forces (CF) members, Royal Canadian Mounted Police (RCMP) members and certain civilians. Some of these services may also be available to their dependents or survivors.

This guide provides information on the benefits and services available through:

- VAC Health Care Benefits Program
- Veterans Independence Program (VIP)

It explains how you may qualify to receive benefits and/or services under these programs and how to use your VAC Health Identification card or your VAC Health Identification letter.



HEALTH CARE BENEFITS PROGRAM

What does this program offer?

The Health Care Benefits Program offers a wide range of health care benefits and services through 14 Programs of Choice (POCs). Clients may also be eligible to receive supplementary benefits, such as the costs associated with travel to receive medical treatment, travel costs for escorts and medical examinations when requested by the Department.

Who is eligible for benefits and/or services?

Three groups of clients qualify for health care benefits through Veterans Affairs Canada (VAC).

GROUP “A” CLIENTS

Group “A” clients can receive approved health care benefits directly related to a condition for which they hold VAC disability entitlement.



Group “A” includes:

- Veterans, retired CF members, retired RCMP members or regular-serving civilian members of the RCMP who have been awarded VAC disability entitlement, and
- members of the Reserve Force who have been released
- members of the Reserve Force who are Class B Reserve on assignment for less than 180 days who have been awarded VAC disability entitlement
- still-serving CF members with Special Duty Area/Special Duty Operations (SDA/SDO) pension entitlement who are not covered for benefits/services through the Spectrum of Care (SOC).

Group “A” **does not** include:

- still-serving CF members who have been awarded VAC disability entitlement, or
- still-serving RCMP members who have been awarded VAC disability entitlement.

Both of these groups **must** continue to receive all health care benefits and services from their employer until their release date.



Releasing CF and RCMP members should:

- ensure that they are removed from the CF or RCMP Member Enrolment System (MES), and
- notify VAC of their discharge date and forward a copy of their release certificate to assist with the transition process.

These steps will ensure that newly releasing members begin to receive VAC benefits and services for any disability-granted conditions.

GROUP “B” CLIENTS

Group “B” clients can receive approved health care benefits based on a demonstrated health need when the health care benefit is not covered through provincial or private health coverage.

Group “B” includes:

- income-qualified Veterans and civilians, meaning those persons who receive War Veterans Allowance benefits or would receive them if not also receiving Old Age Security (OAS) benefits
- Prisoners of War (POW) in receipt of VIP services



- Veterans, civilians and Special Duty Service Veterans in receipt of VIP benefits
- Canada Service Veterans in receipt of VIP benefits, and
- Veteran pensioners or Overseas Service Veterans receiving care in a Departmental or contract care facility.

REHABILITATION CLIENTS

- May receive benefits related to their rehabilitation needs; payments require pre-authorization from VAC.
- Includes:
 - Veterans who medically-release and apply within 120 days of release,
 - Veterans who have a service-related Rehabilitation Need (RN),
 - Spouses/partners of CF Veterans who cannot benefit from vocational rehabilitation due to total and permanent incapacity, and
 - Surviving spouses/partners of CF Veterans who die as a result of a service-related disease or injury.



What health care benefits and/or services do the 14 Programs of Choice (POCs) include?

POC 1 - AIDS FOR DAILY LIVING

Provides devices and accessories designed to assist in the activities of daily living including canes and bathroom aids. The cost of necessary repairs to this equipment is also covered.

POC 2 - AMBULANCE/MEDICAL TRAVEL SERVICES

Covers the use of ambulance services required for an emergency situation or a specified medical condition. The program also includes costs related to travel for medical treatment.

POC 3 - AUDIO (HEARING) SERVICES

Provides equipment and accessories related to hearing impairment including hearing aids and accessories.

POC 4 - DENTAL SERVICES

Provides basic dental care and some pre-authorized comprehensive dental services.



POC 5 - HOSPITAL SERVICES

Covers treatment services in an acute care, chronic care or rehabilitative care hospital. It includes both inpatient and outpatient services provided to a Veteran in an accredited provincial hospital or health facility.

As these services are generally a provincial responsibility, costs for these services are normally covered by VAC only if they relate to a condition for which a client holds disability entitlement. Costs for private or semi-private rooms are not normally covered by VAC.

POC 6 - MEDICAL SERVICES

Covers services provided by a licensed physician for a condition for which a client holds disability entitlement. It also covers the cost of medical examinations, treatment or reports specifically requested by VAC.

For most VAC clients, physician services are the responsibility of the provincial health care programs.



POC 7 - MEDICAL SUPPLIES

Provides medical and surgical equipment and supplies normally used by an individual in a non-hospital setting.

POC 8 - NURSING SERVICES

Provides nursing assessments. It also provides basic or advanced foot care administered by a registered nurse or a licensed/certified nursing assistant.

POC 9 - OXYGEN THERAPY

Provides oxygen and accessories including the rental or purchase of respiratory supplies and equipment.

POC 10 - PRESCRIPTION DRUGS

Covers drug products and other benefits dispensed by a pharmacist. Both *standard benefits* and *special authorization benefits* are included in this program.

Standard benefits include some over-the-counter medications and many prescription medications considered to be standard formulary products and



medical devices that represent common therapies. Prescriptions may be written by physicians, dentists or other authorized persons.

Special authorization benefits include less commonly used or higher cost therapies. Clients need a prescription and must demonstrate a medical need that is most appropriately met using this therapy.

POC 11 - PROSTHESES AND ORTHOSES

Provides prostheses, orthoses, other accessories and repairs to equipment obtained under the program.

POC 12 - RELATED HEALTH SERVICES

Covers the services provided by licensed health professionals. In most cases, the service must be prescribed by a physician in order to be approved by VAC. Covered services include:

- occupational therapy,
- physiotherapy,
- massage therapy,
- chiropractic,
- acupuncture,
- speech language pathology and
- psychological counselling.



POC 13 - SPECIAL EQUIPMENT



Provides special equipment prescribed by health professionals such as hospital beds and walkers.

POC 14 - VISION (EYE) CARE

Provides lenses, frames and accessories to correct sight impairments.

How do I know which health care benefits and/or services I am eligible to receive?

Your VAC Health Identification card or VAC Health Identification letter identifies the benefits and/or services you are eligible to receive. It can be used to obtain approved benefits and/or services in any province or territory in Canada.


Veterans Affairs Canada

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HEALTH IDENTIFICATION CARD

Name: _____

Client Number: _____

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Group														

VIP
Client Info.: _____


Canada 



You are the **only** person who is eligible to use your VAC Health Identification card or your VAC Health Identification letter. Your spouse and any dependents are not eligible to obtain benefits and/or services under the VAC Health Care Benefits Program.

Your VAC Health Identification card will provide you with the following information:

- Your client number or “K” number is printed on the front of the card and should be quoted whenever you contact VAC about your benefits and/or services.
- If “A” appears under any of the POCs 1 to 14 on the front of the card, **approved** benefits and/or services directly related to the conditions for which you hold VAC disability entitlement are covered under the VAC Health Care Benefits Program for which you have a clearly demonstrated health need.
- For “A” clients, POCs 2, 5, 6 and 10 appear on all VAC Health Identification cards regardless of the conditions for which you have VAC disability entitlement, however, benefits and/or services under these POCs must be related to disability granted conditions.



- If “B” appears under any of the POCs 1 to 14 on the front of the card, **approved** benefits and/or services for which you have a clearly demonstrated health need, and which are not covered by a provincial or private health plan, will be covered under the VAC Health Care Benefits Program.
- When both “A” and “B” appear under any of the POCs 1 to 14 on the front of the card, eligibility for benefits and/or services depends on your granted conditions, your overall health issues, the benefit or service requested and provincial or private health coverage.
- If neither “A” nor “B” are shown under the POC, you do not qualify for any benefits or services under that program.
- The VAC toll free telephone number can be found on your card.

Your VAC Health Identification letter will provide you with the following information:

- Your client number or “K” number is printed on the letter and should be quoted whenever you contact VAC about your benefits and/or services.
- You will receive a corresponding letter that advises the name of the benefit and/or service for which you are eligible, along with the effective date and end date of covered benefits and/or services.



When should I use the VAC toll free telephone number?

Contacting VAC on the toll free line will put you in immediate contact with a VAC employee. This person can help you with questions about the Health Care Benefits Program including information on:

- replacing a lost or stolen VAC Health Identification card or VAC Health Identification letter,
- recording a change of address,
- advising you of your eligibility for benefits and/or services under the Health Care Benefits Program, Veterans Independence Program or the Rehabilitation Program,
- finding a registered provider for the benefit and/or service you require,
- what to do if a health care provider has refused to accept your Health Identification card or your Health Identification letter,
- what to do if a health care provider has asked you to sign a consent form, and
- questions relating to any VAC program.



How do I obtain the benefits and/or services my Health Identification card or, for Rehabilitation clients only, my Health Identification letter indicate I am eligible to receive?

An **eligible** benefit and/or service can be obtained by presenting your VAC Health Identification card or Health Identification letter to a registered provider. The provider will confirm your eligibility, obtain pre-authorization when necessary, and supply you with the benefit and/or service. The provider will submit invoices directly to VAC for payment. You do not need to be out of pocket for eligible benefits and/or services provided by a registered provider.

If you choose to receive an eligible benefit and/or service from a non-registered provider, you must pay for the benefit and/or service yourself and then submit the required documentation to VAC for reimbursement. Although a non-registered provider cannot bill VAC directly, the provider must meet VAC's criteria to provide the benefit and/or service. To be payable, requests for reimbursement must be made to VAC within **eighteen (18) months** of the date you receive the benefit and/or service.

Please note: Purchasing or accessing a benefit and/or service without pre-authorization from VAC does not guarantee that VAC will pay for the full or partial amount submitted.



To confirm that you are eligible for a benefit and/or service you can use the toll free number on the front of your card. Many of the benefits and services for which you qualify require pre-authorization. This will ensure you meet the specific requirements for the benefit and/or service.

How often can I receive benefits and/or services and what are the dollar limits associated with these benefits and/or services?

For most benefits and/or services offered under the Health Care Benefits Program, there are published *frequency* and *dollar limits*. The *frequency limit* is the number of times a benefit or service can be obtained in a specified period of time. The *dollar limit* is the total amount of money available to spend on a specific benefit or service in a specified period of time.

If you have exceptional health needs related to a particular condition, please contact VAC at the toll free number to obtain information on requesting a review of your current limits.

Registered VAC providers are informed of the frequency and dollar limits that apply to **your** individual benefits. The provider must verify that you qualify prior to providing a benefit and/or



service. Providers must not charge VAC clients more than other clients who live in the same province or territory.

Once you have received a benefit and/or service from a provider, you will be required to sign a claim form that the provider will use to obtain payment from VAC. It is important that you do not sign a claim form until the benefit and/or service has been received and you are satisfied with it.

Please note: If you are dissatisfied with a benefit and/or service you received from a health care provider, you should discuss this with VAC by calling the toll free number.

How can I be reimbursed for eligible benefits and/or services that I have paid for myself?

For reimbursement of health benefits and/or services, please submit a claim form with the original receipts within 18 months of the date you receive the service to VAC for reimbursement:

Veterans Affairs Canada
National Reimbursement Centre
Suite 120 - 90 University Avenue
Charlottetown PE C1A 9S2



What can I do if I have been declined for a benefit and/or service I think I should be qualified to receive?

If you are declined for a VAC health benefit and/or service you feel you should be qualified to receive, you can request a **review** of this decision. The decision letter notifying you the requested benefit and/or service has been declined will provide you with:

- the reason(s) VAC declined your request, and
- the address to use when requesting a review of this decision.

Your request for review of an unfavourable decision must be submitted in writing within **60 days from the date of receipt of the unfavourable decision.**

What should I know about my health care benefits and/or services when I travel?

If you are making travel plans, you will find the following information helpful:



- Your Health Identification card or Health Identification letter can be used to obtain benefits and/or services while traveling in any province or territory in Canada.
- If you plan to be away from home for more than two weeks, you should inform VAC by calling the toll free number on the front of your card or your letter.
- Your VAC Health Identification card or your VAC Health Identification letter cannot be used to obtain benefits and/or services while you are outside of Canada.
- If you reside or are traveling outside Canada, you can contact VAC through the Foreign Countries Operations office, as follows:

From the United States - toll free 1-888-996-2242

From the United Kingdom, Germany, France and Belgium - toll free at 00-800-996-22421

From all other countries - collect at 613-996-2242



VETERANS INDEPENDENCE PROGRAM (VIP)

What does this program offer?

The Veterans Independence Program (VIP) is a national home care program that helps eligible clients remain healthy and independent in their own homes or communities.

The program offers a variety of services to eligible clients based on individual circumstances and health needs. All services under this program **must** be pre-authorized by VAC.

Who is eligible for VIP services?

The following clients **may** qualify for VIP services:

- disability benefit recipients who require VIP for their entitled conditions,
- wartime pensioners who are seriously disabled (with disability entitlement at 78% or higher) or are medium disabled (48-77%) and who require VIP services for any health condition,
- disability benefit recipients who have multiple health conditions that combined with their VAC entitled condition place them at risk, may be provided VIP services for any health related need,



- War Veterans who qualify because of low income as established under the War Veterans Allowance Act,
- totally disabled Veterans in receipt of Prisoner of War Compensation or Detention Benefits,
- Overseas Service Veterans who are at home awaiting admission to a priority access bed,
- Canada Service Veterans who are over age 65 and income qualified, and
- qualified survivors or primary caregivers of certain Veterans or civilians.

What services does the Veterans Independence Program (VIP) include?

Grounds Maintenance

Provides financial assistance with activities regularly required to maintain the grounds immediately surrounding the client's home, such as snow removal and lawn mowing.

Housekeeping - routine and non-routine

Provides financial assistance with routine tasks such as laundry or vacuuming. In exceptional circumstances non-routine housekeeping may be approved.



Personal Care

Provides for the services of health care professionals to assist clients with activities of daily living such as eating and bathroom activities. It may also cover supervision of clients who cannot be left unattended.

Home Adaptions

Provides assistance in making changes to a client's home to enable them to carry out everyday activities. This service does not include general renovations or repairs.

Access to Nutrition

Provides financial assistance for accessing a healthy diet. The service does not cover the cost of food, however, it does allow for the delivery of meals to the home or the transportation of the client to community or restaurant facilities to obtain meals.

Health and Support Services provided by Health Professionals

Provides for assessments, diagnostic services and personal care provided by health professionals. These services are only provided when they are not covered by provincial or private health insurance.



Ambulatory Health Care

Provides for health and social services provided outside the home such as adult day care and travel costs to access these services.

Intermediate Care Services

Provides for short term assistance when living at home is no longer practical and a greater level of nursing and personal assistance is required.

Social Transportation

Provides financial assistance for transportation to allow the client to participate in social activities when transportation is not otherwise available. Activities may include church, visits with family, banking and shopping. This service is not provided where eligibility for VIP is based exclusively on disability entitlement.

How do I know which VIP services I am eligible to receive?

VAC staff conduct a determination of your health and social needs, either over the phone, in person or by mail, based on your individual situation. Once services are approved, you will receive a letter confirming the service(s) for which you are eligible.



How do I obtain services under VIP?

All VIP services must be **pre-authorized** by VAC.

An eligible service can be obtained by presenting your VAC Health Identification card or your VAC Health Identification letter to a registered provider. You do not need to be out of pocket for approved expenses when using a registered VIP provider. If you used a non-registered provider to receive a pre-authorized service, you must submit your original receipts within 18 months of the date you receive the service, with a claim form, to VAC for reimbursement:

National Veterans Independence Program
Reimbursement Centre
Suite 120 - 90 University Avenue
Charlottetown PE C1A 9S2

How do I qualify as a primary caregiver?

In order to determine whether you qualify as a primary caregiver, please contact VAC at the telephone numbers provided inside the cover of this publication.

Does VAC offer Direct Deposit for health care payments that are issued by Medavie Blue Cross?

Yes. You have the option of receiving your reimbursement via direct deposit for health care



payments issued by cheque from Medavie Blue Cross. Health care payments include reimbursement(s) for Treatment Benefits and the Veterans Independence Program (VIP). You may choose to sign up for direct deposit by visiting the Direct Deposit Information section on the Veterans Affairs Canada website at veterans.gc.ca and downloading a copy of the Direct Deposit Request form or contact VAC at 1-866-522-2122 to obtain a Direct Deposit Request form. For more information on the direct deposit of Veterans Affairs Canada payments, visit veterans.gc.ca and search “Direct Deposit.”

OTHER SERVICES

For eligible clients, VAC contributes to the cost of long term care for injured, disabled and aging Veterans.

Employees of Veterans Affairs Canada work closely with provincial, municipal and other local agencies to provide clients with the best services available to meet their needs.

For more information on these programs or assistance with your application, please contact VAC at the toll free telephone numbers provided inside the cover of this publication or online at www.vac-acc.gc.ca.







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