



MEDICAL HEALTH FUND POLICY

PURPOSE

The Nipissing First Nation Medical Health Fund was established to provide financial assistance for health related expenses not covered by other health benefit plans or funding sources. Approvals are subject to the availability of funds per fiscal year (April to March).

ELIGIBILITY CRITERIA

The Nipissing First Nation Medical Health Fund criteria apply:

1. Registered Nipissing First Nation member;
2. Children and youth 17 years of age and under at the time the eligible expense was incurred and where the parent or legal guardian is a Registered Nipissing First Nation member;
3. The expense is not covered by other health benefit plans or funding sources (i.e. fundraising) or the applicant provides documentation that other health benefit plans or funding sources have been exhausted;
4. Expenses have not exceeded the maximum allowable per applicant per fiscal year;
5. Eligible expenses must be applied to the fiscal year (April to March) in which the expense was incurred. Applicants may submit expenses up to and including April 30th of each year for the prior fiscal year (April to March); and
6. Expenses submitted after April 30th for a prior fiscal year will not be considered.

PROCESS

1. The "Nipissing First Nation Medical Health Fund Application" form must be completed and the "Medical Health Fund Acknowledgement and Waiver" signed;
2. Applications are to be submitted to:

Medical Health Fund
Nipissing First Nation Health Services
58 Semo Road
Garden Village, ON P2B 3K2
Phone: (705) 753-3312
Fax: (705) 753-5087

3. Within 15 business days upon receipt, applications will be reviewed by Nipissing First Nation Health Services and where approved forwarded to the Nipissing First Nation Finance Department to process payment;

4. Payment will be issued to the applicant or service provider as notice of approval;
5. Applicants may be contacted by the designated health staff and requested to provide additional information or clarification;
6. Applicants will be notified in writing if an application is not approved and any original receipts returned by mail;
7. Expenses paid directly by the applicant will be reimbursed directly to the applicant; and
8. Payments to service providers will be issued in the name of the service provider.

MAXIMUM COVERAGE

The maximum coverage per eligible applicant is one-thousand dollars (\$1,000.00) per fiscal year.

Refer to Section 4 a) for orthodontic (braces) services coverage.

ELIGIBLE EXPENSES

Eligible expenses for the Medical Health Fund are those not covered by other health benefit plans or funding sources (i.e. fundraising) or where the applicant has exhausted other health benefit plans or funding sources.

The following expenses may be considered:

1. Medical Supplies and Equipment

Purchase or rental of medical supplies and equipment prescribed by a regulated health professional. Medical documentation must be provided with the application.

2. Prescription Drug Benefits

The applicant must exhaust all levels of appeal with existing health benefit plans and provide documentation to this effect. A copy of the prescription must be provided with the application.

3. Immunizations

Immunizations or vaccines not publicly funded and where the applicant is considered high risk will be considered. The Nipissing First Nation Community Health Nurse will be consulted to review requests as required. Travel vaccines are not eligible.

4. Inter-Professional Treatment and Therapies

Services must be provided by a registered health professional and may include but not be limited to chiropractic care*, physiotherapy, massage therapy or dental specialists. The service provider registration number must be noted on the invoice or receipt. *For chiropractic care applicants must exhaust the maximum annual Non-Insured Health Benefits (NIHB) coverage in addition to other health benefit plans or funding sources.

a. Orthodontics

Eligible applicants will be considered for one-time coverage up to thirty-six (36) consecutive months for actual costs for orthodontics (braces) based on a treatment plan provided by a licensed Orthodontist. The applicant must be referred by a licensed Dentist. A copy of the referral by the licensed Dentist and the Orthodontic treatment plan must be submitted with the Medical Health Fund application. Payment will be issued directly to the service provider (the Orthodontist) based on invoices submitted to the attention of the Medical Health Fund and will be applied in the fiscal year in which the expense was incurred.

Orthodontic coverage is inclusive of the one-thousand dollars (\$1,000.00) per fiscal year amount. If actual costs are less than the \$1,000.00 per fiscal year applicants may apply for other Medical Health Fund coverage up to the maximum. If actual costs exceed \$1,000.00 per fiscal year applicants are not eligible for other Medical Health Fund coverage.

5. Foot Care Services

Services must be provided by Registered Practical Nurse with Advanced Foot Care Certification, Registered Nurse with Advanced Foot Care Certification or Chiropodist that is the sole provider for the applicant and not under contract with Nipissing First Nation. Costs associated with assessment and treatments are eligible.

6. Vision Care

A maximum of one-hundred and fifty dollars (\$150.00) is available for additional costs associated with eye glass frames and lenses where the lenses are prescribed by an Optometrist or Ophthalmologist. Diagnostic tests ordered by an Optometrist or Ophthalmologist may be considered and must be accompanied by an invoice.

7. Support for Medical Emergency Travel

A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires immediate attention. Medical escort requests will be referred to Non-Insured Health Benefits (NIHB). Requests for additional support will be assessed on a case by case basis.

8. Traditional Healing

Travel to access traditional healing services will be referred to (NIHB) and/ or the Nipissing First Nation Traditional Healing Services Policy. Other requests will be assessed on a case by case basis.

9. Travel Rates

Travel rates will align with those provided by Non-Insured Health Benefits as follows:

- Accommodations \$125.00 per night
- Private accommodation \$13.50 per night
- Mileage for one vehicle 21 cents per kilometer
- Hospital parking (receipts required)
- Meal Rates
 - Breakfast \$10.00
 - Lunch \$11.00
 - Dinner \$27.00

Accepted by Council this 31st day of January, 2005 as an Interim Policy.

Accepted by Council this 5th day of October, 2005.

Approved by Council this 3rd day of September, 2013.

Amended and approved this 15th day of September, 2015.