



Native Women's Association of Canada

L'Association des femmes autochtones du Canada

FACT SHEET

NON-INSURED HEALTH BENEFITS



The Non-Insured Health Benefit (NIHB) program provides eligible First Nations and Inuit persons with coverage for a range of health benefits. Through Indigenous Services Canada, people receive additional coverage for health services not covered under private or provincial/territorial insurance plans. Through the NIHB program, participants can receive coverage for vision care, dental care, mental health counseling, medical supplies and equipment, prescription and other medications, and medical transportation. However, some First Nations and Inuit Health Authorities provide health benefit coverage to clients in their region. For example, in 2013 B.C.'s First Nations Health Authority assumed control over the programs, services and responsibilities formally handled by the First Nations Inuit Health Branch in the province.

During the 2020-2021 fiscal year, the NIHB provided coverage to approximately 900,000 eligible participants. Most participants were from Ontario, accounting for 24.3 percent, followed by 17.9 percent participation from Manitoba, and 17.7 percent from Saskatchewan. As a result, these supports, benefits, and services provided through the NIHB program reduced, or in some cases covered, costs associated with health services—making them more accessible to eligible First Nations and Inuit Peoples.



EXISTING BARRIERS:

NIHB program provides important health coverage to eligible First Nations and Inuit Peoples, but there are several significant barriers to accessing the program. Often, these barriers result in poorer health outcomes for those covered by the NIHB program.

One of the more common barriers relates to overall program awareness—where participants may be unaware of the items and services covered by the program or may face out-of-pocket expenses for costs not covered by NIHB. This means participants may be subject to paying excessive costs out-of-pocket, which could subsequently impact participants from accessing health care professionals and necessary medications. Similarly, First Nation, Inuit, and Métis Peoples excluded from the program due to their status face high health costs not covered by provincial/territorial and private insurance plans. This results in Indigenous Peoples experiencing continued barriers in achieving good health, being unable to afford additional costs of accessing care. Location also has a significant impact on access to health care. There are increased challenges to accessing health services in rural, remote, and northern regions, which can result in increased wait times and transportation costs, as well as remove Indigenous Peoples from their communities and families to receive healthcare in urban hospitals.

The NIHB program also allows for participants to have their own private health insurance. In these instances, NIHB asks participants to file through their personal insurance first, which can cause confusion for recognized services providers and individuals when filing a claim through the program. Additionally, in instances where a claim is denied, the NIHB program appeal process can extend for over a month, which can adversely impact families and individuals with lower incomes from accessing additional necessary programs and services.

The purpose of this fact sheet is to provide First Nations and Inuit Peoples with accessible information on the NIHB program. This fact sheet provides introductory information on health services covered under the plan, eligibility, benefits access, and information on appealing denied claims.



NIHB COVERAGE:

While the NIHB program provides eligible First Nations and Inuit Peoples with health coverage, there are many intricacies determining what is and is not covered by the program. Although the NIHB program may not fully cover all health expenses, the following provides an overview of services provided under the program:

BENEFIT TYPE:	COVERAGE:
VISION CARE:	Through the vision care benefit, clients can receive coverage for eye examinations and corrective eyewear.
DENTAL CARE:	<p>Provided dental benefits include:</p> <ul style="list-style-type: none"> • Diagnostic services. • Preventative services. • Restorative services. • Endodontic services. • Periodontal services. • Oral surgery services. • Orthodontic services. • Adjunctive services.
MENTAL HEALTH COUNSELLING:	<p>The NIHB program provides coverage for professional mental health counselling. Every year, NIHB participants can receive up to 22 hours of counselling performed by eligible service providers, with additional hours being provided on a case-by-case basis. Counselling services can be provided by:</p> <ul style="list-style-type: none"> • Registered psychologists. • Registered social workers with clinical counselling orientation. • Registered psychiatric nurses. • Registered psychotherapists.
MEDICAL SUPPLIES AND EQUIPMENT:	<p>The program provides coverage for items prescribed by health professions, or items provided by eligible suppliers. Typical medical supplies include:</p> <ul style="list-style-type: none"> • Pressure garments. • Medical supplies (bandages). • Medical equipment (wheelchairs). • Orthotics. • Prosthetics. • Oxygen supplies and equipment. • Audiology supplies (hearing aids).
PRESCRIPTIONS AND OTHER MEDICATIONS:	Prescription and over-the-counter medications included on the NIHB Drug Benefit List , or prescribed by a recognized health professional.
MEDICAL TRANSPORTATION:	<p>The NIHB program covers medical transportation costs for First Nations and Inuit Peoples who require travelling within Canada for medical care. Travel costs are typically covered when medically necessary health services are locally unavailable. Medical transportation benefits cover:</p> <ul style="list-style-type: none"> • Travel costs (bus, airline, etc.). • Living expenses (meals and accommodation). • Emergency transportation. • Aides (escorts) to travel with a sick individual.







ELIGIBILITY:

To participate in the NIHB program, clients must be a resident of Canada and identify as one of the following:

- 👤 First Nations; registered under the Indian Act.
- 👤 Inuk; registered by an Inuit land claim organization (Nunavut Land Claim Agreement, Inuvialuit Final Agreement, Labrador Inuit Land Claims Agreement, James Bay Northern Quebec Agreement).
- 👤 A child, fewer than two-years old, whose parent is an NIHB participant.

BENEFIT ACCESS:

Currently, the NIHB program has many health service providers already registered with the program. This allows participants to produce their [NIHB identification card](#) to service providers to receive coverage for basic healthcare needs. Through the ID card, services providers can submit claims on behalf of an individual and receive payment directly from the program.

In instances where services providers do not bill the NIHB program directly, clients are expected to pay the provider upfront and submit a request for reimbursement to their regional NIHB office. Reimbursement claims can be submitted through mailing regional offices, or by submitting claims online through [Express Scripts Canada](#). Where programs are managed by First Nations or Inuit community, government, organizations, or regional health authorities, individuals must contact their health authority to submit a reimbursement claim.



APPEALING A CLAIM:

When claims through the NIHB program are denied, participants have an opportunity to appeal decisions. For an appeal to be reviewed, the individual client or legal guardian must mail a signed letter to the NIHB program headquarters with supporting information from the service provider. Supporting information included with requests are as follows:

- 👉 Reasons as to why the benefit was originally requested.
- 👉 Diagnosis and prognosis provided by a doctor, with applicable diagnostic test results.
- 👉 Justification for treatment.

Requests for appeal are **only** accepted via mail, any other request are not accepted by the NIHB program. All mailed documents should be sent in a double-envelope. The inner envelope should be labeled “APPEAL–CONFIDENTIAL” and contain the appeal and any supporting documents.

Upon receiving an appeal, Indigenous Services Canada will review the decision by the appropriate healthcare professional(s). Following the review, the program will provide a written explanation of its decision to the client—this usually occurs within 30 days of the appeal.



MOVING FORWARD:

Although the NIHB program provides significant support to eligible First Nations and Inuit Peoples, the Native Women’s Association of Canada (NWAC) believes more work is necessary to close existing gaps in healthcare systems. This includes:

1. Increasing funding targeted at removing systemic barriers preventing Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people from accessing vital health services.
2. Addressing access to health care by increasing locally available services in northern, remote, and rural communities.
3. Improving NIHB program accessibility by providing participants with greater access to information on NIHB coverage.
4. Working with Indigenous-based health organizations to improve access to Indigenous-specific healthcare options, which incorporates culturally-safe and trauma-informed approaches to care.





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