



NON-INSURED HEALTH BENEFITS (NIHB) and Ontario Health Benefits Program Information

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NIHB Navigators' Mandate

- Provide advocacy and liaison support on behalf of First Nations communities, community health workers, and organizations when requested
- Address and resolve NIHB issues on behalf of First Nations communities and organizations when requested
- Strengthen relationships with health care service providers and federal & provincial partners

Please Note: The first line of communication is with the community health worker/liaison person



NIHB Navigators' Responsibilities

- Serve as a liaison for First Nation communities and organizations
- Coordinate & participate in meetings with Health Directors of communities, PTOs, TCs, and organizations
- Obtain a comprehensive understanding of First Nations challenges with NIHB Program and benefits
- Obtain a comprehensive understanding of NIHB and First Nations and Inuit Health-Ontario Region (FNIH-OR) policies & frameworks
- Liaise and network with federal & provincial agencies, professional organizations, and health agencies



NIHB Navigators' Responsibilities

- Liaise and network with federal & provincial partners and health care service providers
- Develop a communication strategy
- Develop an all ON specific information handbook
- Develop a database registry
- Develop a confidential, user-friendly process for First Nations individuals, communities, and organizations
- Provide technical support to Ontario Chiefs Committee on Health (OCCOH) and the Health Coordination Unit (HCU)



Non-Insured Health Benefits (NIHB) Program

The Non-Insured Health Benefits Program (NIHB) is a National Program. This program is designed to help First Nation members with their health care needs in order to obtain good quality health as other people living in Canada.

The NIHB Program is also designed to help First Nations:

- **Maintain their health**
- **Prevent disease**
- **Detect and manage illnesses, injuries and disabilities**



NIHB Program

The NIHB Program provides benefit coverage for approximately 176,400 First Nations people in Ontario.

These benefits include:

- **Drugs**
- **Dental**
- **Medical Supplies & Equipment**
- **Medical Transportation**
- **Eye & Vision Care**
- **Short-Term Crisis Intervention Mental Health Counselling**
- **Benefits Outside of Canada**
- **Chiropractic Care**



Important Client Information

To ensure you are eligible for a benefit, and do not end up with out-of-pocket expenses for a service that was provided to you by one of the NIHB Service Providers, please ask the Service Provider if:

- 1) They bill directly to NIHB
- 2) If the service is an eligible benefit within the NIHB Program

If you still have further concerns and/or questions in regards to your eligibility for a medical item, supply, service and/or travel provided under the NIHB Program, please call:

The NIHB Client Information Line at: **1-800-640-0642**; and for information on Dental, please call: **1-888-283-8885**



Eligibility Criteria

In order to be eligible for any of the NIHB Program Benefits you must be recognized by Health Canada as an eligible recipient.

Health Canada describes an eligible recipient as someone who is:

- **A registered Status-Indian as according to the Indian Act**
- **An infant less than one year of age, whose parent is an eligible recipient**
- **Must be registered or eligible for registration with a the Ontario Health Insurance Plan (OHIP)**
- **Resident of Canada**

Please Note: You must register your child with the Indian Registrar (AANDC) within the first year of birth, or they may not be eligible for NIHB Benefits after they turn 1 year of age.



Access to NIHB Benefits

Step 1: After making an initial appointment, the client may receive a prescription for one of the benefit areas such as, drugs, medical supplies & equipment, or medical transportation.

**The processes for obtaining NIHB coverage for each benefit area is quite similar, however specific requirements may vary.

Step 5: Once your Service Provider, or Community Health Centre has been contracted by the NIHB Program, they will contact you on the decision/outcome.

Step 2: The client will then take the prescription to an authorized service provider, or to the appropriate Community Health Worker for access to medical transportation. **Access to medical transportation varies in each Community. Please visit your local Community Health Centre for information on access to this benefit.

Step 4: NIHB Program will review all eligible requests and respond to your Service Provider or Community Health Centre on the decision/outcome.

Step 3: Service Providers, or Community Health Centre will submit requested benefit to Health Canada's First Nations and Inuit Health NIHB Program for approval. **Wait time for approval will vary for each NIHB Benefit Area.



NIHB Benefit Areas

1. Drugs
2. Dental
3. Medical Supplies & Equipment
4. Medical Transportation
5. Eye & Vision Care
6. Short-term Crisis Intervention Mental Health Counselling
7. Benefits Outside of Canada
8. Chiropractic Care (First Nations Inuit Health/Ontario Region)



Eligible NHB Service Providers

Drugs: License Physicians including Medical Doctor, Medical Specialist, Dentists, Optometrists, and *Nurse Practitioners

Dental: Dentist, Dental Specialist, Denturist, Dental Hygienist

Medical Supplies & Equipment: License Physicians including Medical Doctor, Medical Specialist, and *Licensed Practitioners (e.g. Audiologist) and Nurse Practitioners

Medical Transportation: First Nation Health Centres, First Nation Health Authorities, First Nations & Inuit Health Regional/Zone Offices

Eye & Vision Care: Optometrist, Ophthalmologists, Opticians

Short-Term Crisis Intervention Mental Health Counselling: Psychologist, *Mental Health Therapist, *Social Worker, Traditional Healer

Benefits Outside of Canada: First Nations & Inuit Health, Ontario Region

Chiropractic Care: Chiropractic Doctor

***These service providers have limited and/or specific requirements to the services they can provide.**



Drug Benefits

First Nation members are entitled to access drug benefits when they are in need of this benefit.

The NIHB Drug Benefit List (DBL) provides a listing of the drugs eligible under the NIHB Program. This list is not an all inclusive list, your pharmacist will be able to provide you with what is covered under the NIHB benefits.

Examples of covered drug benefits are:

- Prescription Drugs:
 - ❖ Drugs that require a prescription
 - ❖ Drugs listed on the DBL
- Over-the-Counter (OTC) Drugs:
 - ❖ OTC drugs and health products listed on the DBL (requires a prescription to qualify as an NIHB Benefit)



Drug Benefits

- Open Benefit Drugs:
 - ❖ Drugs that do not require a prior approval
- Limited Use Drugs:
 - ❖ Drugs that require a prior approval
 - ❖ Drugs that have specific criteria
 - ❖ A 'Limited Use Drugs' form is required to be filled out by the physician
 - ❖ Quantity and frequency limits apply

***Please Note:** Multivitamins for children 0 – 6 years of age, prenatal vitamins for women 12 – 50 years of age do not require a prior approval

- Non-Benefit Drugs:
 - ❖ Drugs that are not considered an 'Open Benefit' or an 'Exclusion' and may be considered under the Appeal Process



Drug Benefits

- Chronic Renal Failure Medications/Supplements:
 - ❖ Prior approval is required for the 'Chronic Renal Failure' formulary to be opened as an 'Open Benefit' for clients diagnosed with chronic renal failure (prior approval is only required once)
 - ❖ Clients are eligible for supplements that are not on the DBL (e.g. calcium products) and supplements that are necessary on a long term basis
- Palliative Care Medications/Supplements:
 - ❖ Prior approval is required for 'Palliative Care' formulary to be opened as an 'Open Benefit' for clients diagnosed as palliative (prior approval is required every six months)
 - ❖ Clients are eligible for supplements that are not on the DBL, and supplements that are necessary for those nearing end of life



Drug Benefits

There are certain drugs and items that are identified as 'Exclusions', and are not listed on the DBL. These drugs and items cannot be appealed.

These drugs and items not covered include:

- Household Products
- Cosmetics
- Hair Growth Stimulants
- Megavitamins
- Anti-obesity Drugs
- Alternative Therapies
- Drugs with Investigational Status
- Certain Narcotic Analgesics (e.g. Butalbital)
- Fertility Agents
- Selected Over-The-Counter Products (e.g. children's cough medicine)
- Vaccines for travel
- Cough Preparations containing codeine
- Davon[®] and 642[®] (propoxyphene)



Drug Benefits

If you have been denied a drug at the pharmacy, ask the pharmacist to submit this drug to First Nations and Inuit Health, Drug Exception Centre (DEC) as a 'Benefit Exception'.

The process to submit for a Benefit Exception includes:

- The pharmacist will need to call the DEC and ask for a 'Benefit Exception'
- The DEC will then fax the physician a form to be filled out explaining in detail why you require this drug (e.g. medical condition, other drugs that have been tried, and stating that they did not work, etc.)
- Once the form is completed in full by the physician, they must fax it back to the DEC
- The DEC will then inform the pharmacist of their decision, and the pharmacist will then contact the client of this decision



Dental Benefits

First Nation members are entitled to access dental benefits when they are in need of this benefit.

The NIHB Dental Policy Framework (2005) and the NIHB Provider Guide for Dental Benefits (2009) define the terms, conditions, policies and benefits under which the NIHB Program will cover dental services. This is not an all inclusive list, your dentist will have a complete list.

Examples of covered dental benefits are:

- Diagnostic Services (exams, x-rays)
- Preventive Services (fluorides, sealants)
- Restorative Services (fillings)



Dental Benefits

- Crowns (caps)
- Endodontics (root canals)
- Periodontal Services
- Prosthodontics (dentures)
- Oral Surgery (extractions)
- Orthodontics (braces)
- Adjunctive Services (sedation)
- Emergency Procedures (exam, x-ray, control for bleeding, trauma to mouth, surgical treatment/extractions, general anesthesia, and relief for infection and pain as determined by the dental professional)



Dental Benefits

There are certain services that are not covered under dental benefits.

These services not covered include:

- Fixed Prosthesis
- Implants or Postings
- Extensive Rehabilitation
- Bone Replacement/ridge Augmentation (for denture fitting)
- Cosmetic Restoration (veneers, teeth whitening)
- Bruxism Appliances (for sleep apnoea)

**Exceptions for dental care will be made on a case-by-case basis.



Medical Supplies and Equipment (MS&E) Benefits

First Nation members are entitled to access medical supplies and equipment benefits when they are in need of this benefit.

The NIHB MS&E Policy Framework (2010) define the terms, conditions, policies and benefits under which the NIHB Program will cover MS&E services. This is not an all inclusive list, your service provider will have a complete list.

Medical Supplies & Equipment covers items under each of these categories:

- Audiology (hearing aids)
- Bathing and Toileting Aids
- Environmental Aids (dressings)



Medical Supplies and Equipment (MS&E) Benefits

- Lifting and Transfer Aids
- Miscellaneous Supplies
- Mobility Aids (walkers, wheelchairs)
- Orthotics and Custom Footwear
- Oxygen and Respiratory Supplies and Equipment
- Pressure Garments (stockings, socks)
- Prosthetics (eye, breast, limb)
- Urinary Supplies and Devices (catheter, incontinence)



Medical Supplies and Equipment (MS&E) Benefits

- All items require a written prescription from a Physician, Nurse Practitioner, or other NIHB recognized licensed prescriber
- Some items require prior approval
- Frequency limitations may apply
- Exceptions may be considered on a case by case basis with written medical justification
- Consideration is given to renting versus purchasing equipment if that is a viable option based on the client's condition

Please Note: As of January 2012 the NIHB Program will accept a prescription from an Audiologist for hearing devices and supplies. You will still require an initial referral/prescription from your physician to be seen by an Audiologist.



Medical Supplies and Equipment (MS&E) Benefits

There are certain items and services that are not covered under MS&E benefits.

These items and services not covered include:

- Assistive Living Devices (excluding eligible hearing aids)
- Assistive Speech Devices (speech enhancers)
- Cochlear Implants
- Compression Stockings (for short term use, edmea, post-operative)
- Cosmetic Items
- Custom made mask for ventilation
- Educational Items



Medical Supplies and Equipment (MS&E) Benefits

- Electric/Myo-electric Limb Prosthetics
- Exercise Equipment
- Experimental Equipment
- Foot Wear Products (from laser, optical scanning, computerized gait or pressure analysis systems)
- Grab Bars (permanently fixed)
- Hospital Beds
- Implants
- Incentive Spirometer



Medical Supplies and Equipment (MS&E) Benefits

- Oxygen which does not meet NIHB medical criteria (pain relief from migraines)
- Prosthetics (temporary for a surgical procedure)
- Respiratory Equipment (in-patients in a hospital)
- Scooters
- Sport Equipment/Items
- Work Equipment/Items

**Exceptions for medical supplies & equipment items and services will be made on a case-by-case basis.



Medical Transportation Benefits

First Nation members are entitled to access medical transportation benefits when they are in need of this benefit.

The NIHB Medical Transportation Policy Framework (2005) defines the terms, conditions, policies and benefits under which the NIHB Program will cover medical transportation services. This benefit is to assist recipients to access medically required health services that cannot be obtained on the reserve or in the community of residence.

Travel to these services include:

- Diagnostic tests and medical treatments covered by Ontario Health Insurance Plan (OHIP)
- Access to Non-Insured Health Benefits (approved vision care, dental, mental health)



Medical Transportation Benefits

Long distance medical travel may include travel to the health services listed below. Prior approval is required through First Nations and Inuit Health.

Coverage may include:

- Access to alcohol, solvent, drug abuse and detox treatment
- Access to Traditional Healers
- Assistance with meals and accommodation based on the established regional rates
- Escorts (approved as per the Framework)
- Signed and dated confirmation of attendance and original receipts must be submitted for reimbursement
- In emergency situations, post approval may be granted (if consistent with the Framework)



Medical Transportation Benefits

There are certain services that are not covered under medical transportation benefits.

These services not covered include:

- Compassionate Travel
- Appointments for Individuals in care of federal and provincial institutions
- Court-ordered Treatment/Assessments, or as a condition of parole
- Medical appointment outside of Canada (unless approved by OHIP)
- Client who reside off their First Nation and appropriate health services are available locally



Medical Transportation Benefits

- Travel for third-party requested medical examinations
- Return trip home in cases of illness while away for work/travel (other than approved travel to access medically required health services)
- To pick up a new or repeat prescription or vision care products
- Payment of professional fee(s) for preparation of doctor's note or document preparation to support provisions of NIHB Benefits
- Transportation to adult day care, respite care, and/or interval safe house



Medical Transportation Benefits

Exceptions for medical transportation benefits are reviewed on a case-by-case basis.

Exceptions may include:

- Emergency situations
- Diagnostic tests for educational purposes
- Speech Assessment and Therapy
- Medical Supplies and Equipment Benefits (where fittings are required and not available in the community of residence)
- Methadone Clinics
- Preventive Screening Programs



Eye & Vision Care Benefits

First Nation members are entitled to access eye & vision care benefits when they are in need of this benefit.

The NIHB Eye & Vision Care Policy Framework (2005) define the terms, conditions, policies and benefits under which the NIHB Program will cover eye & vision care services. All eye & vision care services requires prior approval to ensure client eligibility. This is not an all inclusive list, your eye & vision care provider will have a complete list.

Examples of covered eye & vision care benefits are:

Eye Exams:

- One routine eye exam (\$43.80) every 2 years for ages 19 to 64 years of age (OHIP covers exams for those 0-19 years of age and 65 years of age and older)

Eye Glasses:

- Under 18 years – 1 pair every 12 months
- 18 years and over – 1 pair every 24 months



Eye & Vision Care Benefits

Other coverage under eye & vision care benefits include:

- Unifocal lenses
- Bifocal lenses
- Aspheric lenses
- Hi Index lenses
- Frames (contribution of \$50.00 paid toward frame)

Other items that may be covered, but require medical justification include:

- Contact lenses with one back-up pair of glasses
- Polycarbonate lenses for monocular clients



Eye & Vision Care Benefits

There are certain items and services that are not covered under eye & vision care benefits.

These items and services not covered include:

- Progressive or Trifocal Lenses
- Photocromatic/Photocromic Lenses
- Implants
- Refractive Laser Surgery
- Investigational or Experimental Treatments
- Vision Exams (for employment, sports, drivers tests, third party requests)
- Replacement or Repair (as result of misuse)



Eye & Vision Care

- Vision Training
- Additional case for glasses, contacts
- Contact Lens Solution
- Cleaning Kits
- Sunglasses with no prescription
- Safety frames, sports lenses, or professional use eyewear
- Eyeglasses or contact lenses for esthetic purposes
- Travel costs to pick up new eyeglasses



Eye & Vision Care Benefits

Exceptions for eye & vision care benefits are reviewed on a case-by-case basis.

Exceptions may include:

- Monocular
- Replacement glasses
- Contact Lenses (after your appointment the doctor must confirm you cannot wear eye glasses)
- Replacement of contact Lenses
- Trial of Bifocals
- Tints and Coatings for Lenses
- Frames (flex frames, second set of frames, oversized frames)



Short-Term Crisis Intervention Mental Health Counselling Benefits

First Nation members are entitled to access short-term crisis intervention mental health counselling benefits when they are in need of this benefit.

The NIHB Short-term Crisis Intervention Mental health Counselling guideline defines the terms, conditions, policies and benefits under which the NIHB Program will cover mental health counselling services.

Access to this benefit requires:

- A medical or self-referral
- The Mental Health Professional to be an approved, registered provider with the NIHB Program
- A prior approval (which will be submitted by your Mental Health Professional)

Service under this benefit will cover:

- Up to 2 hours will be covered for the development of an assessment treatment plan
- Approval for up to 15 one hour sessions (with a possible 5 hour maximum extension)



Short-Term Crisis Intervention Mental Health Counselling Benefits

There are certain services not covered under short-term crisis intervention mental health counselling benefits.

These services not covered include:

- Psychiatric services
- Psychoanalysis
- Situations (Mandated by Children's Aid Society for parents, Children in care, Infants with delayed development, Court Ordered, Person who are incarcerated)
- Therapies (Group, Experimental, Expressive Arts, Hypnotherapy, Sex Therapy, Self-Esteem, Personal Growth)
- Life Skills Training (Parenting, Communication)



Short-Term Crisis Intervention Mental Health Counselling Benefits

- Counselling (Alcohol, Drug, Solvent Abuse, Marriage-unless deemed necessary due to a crisis, Long-term, Non-crisis, Motor vehicle cases, Educational and vocational)
- Assessments (Fetal alcohol spectrum disorder, learning disabilities, Child custody and access, Paperwork, Services for legal actions)
- When similar services are provided directly from another program or agency

**Exceptions to this benefit may be made on a case-by-case basis.



Benefits Outside of Canada

First Nation members can access benefits outside of Canada when this benefit is needed.

The NIHB Program will cover the cost of benefits outside of Canada if you are attending school, employed or require approved medical treatment outside of Canada.

The following items are covered as a benefit and include:

- Private health insurance premium costs (for approved students, migrant workers and their legal dependents) will be reimbursed with proof of attendance at recognized institution or place of employment
- Medical Transportation (for eligible clients when medically referred and approved by provincial or territorial health care plan) may be covered



Benefits Outside of Canada

There are certain services that are not covered under benefits outside of Canada.

These services not covered include:

- NIHB Benefits (Dental, Drugs, MS&E, Eye & Vision Care, Short-term Crisis Intervention Mental Health Counselling)
- Medical Transportation (when client is not medically referred and/or approved for treatment outside of Canada by OHIP)
- Elective surgeries
- Cosmetic Purposes
- Health insurance premium costs for all other travel outside of Canada

**Exceptions to this benefit may be made on a case-by-case basis.



Chiropractic Care

Chiropractic Care:

- NIHB will fund clients up to a maximum of \$150.00 per fiscal year (April 1 to March 31) for the chiropractic sessions
- A medical doctor / nurse practitioner's referral is required (date of referral must be prior to first date of treatment)
- Service Providers or Clients may submit their original prescription and receipts to the Regional office for reimbursement

Please Note: The client is responsible for payment of the co-payment portion, previously known as the OHIP share (Average cost is \$75.00 for an initial assessment and \$45.00/ treatment)



Third Party Insurance

The NIHB Program states they are the payer of last resort. The NIHB Program states that you must submit your claim to your Third Party Insurance first. If there are any outstanding costs remaining in your claim then it can be submitted to the NIHB Program.

Third Party Insurance is other health coverage that you may have obtained through:

- Your Employer
- Spouse's Employee Benefits
- Privately Purchased Health Insurance (e.g. Blue Cross)
- Social Assistance Programs

Your service provider should coordinate benefits between our insurance company and the NIHB Program on your behalf. Sometimes a service provider requests a payment be made right away at the first visit. If this occurs, then the client may have to make separate submissions to the Third Party Insurer and to the NIHB Program.



Client Reimbursement

When a client does pay directly for goods or service, they may seek reimbursement from the NIHB Program.

Requests must be made on a Client Reimbursement Form, within one year from the date of service or date of purchase.

Requests for reimbursement of eligible benefits must also include:

- Recipient's name, address, status number, First Nation and date of birth
- Original receipt with cost breakdown
- Copy of prescription



Appeals

EVERYONE HAS THE RIGHT TO APPEAL A DENIED BENEFIT!

- When coverage for a benefit through the Non-Insured Health Benefits (NIHB) Program has been denied, the client or parent/guardian of the client has the right to appeal the decision
- There are three levels of appeal available which only the client or parent/guardian can initiate. In order for a case to be reviewed as an appeal, a letter from the client or parent/guardian, accompanied by supporting information from the provider or prescriber must be submitted to the Non-Insured Health Benefits Program



APPEAL PROCESS for Dental, Eye & Vision Care, Medical Supplies & Equipment, Medical Transportation, and Short-term Crisis Intervention Mental Health Counselling

There are 3 levels of appeal under the NIHB Program:

- Level I –Director NIHB / Ontario Region
- Level II –Regional Director
- Level III –Director General, NIHB

***Supporting and new medical documentation is required at each level.



APPEAL PROCESS for Drugs and Orthodontics

There are 3 levels of appeal under the NIHB Program:

- Level I –Director, Benefit Review Services
- Level II –Director, Benefits Management
- Level III –Director General, NIHB

***Supporting and new medical documentation is required at each level.



Appeals Information

To start an appeal process specific information is required to initiate the appeal. Each benefit area will require information specific to that benefit.

The following information required:

- A signed and dated letter of appeal from you, the client, including your name, status registration number, date of birth, address, and telephone number.
- You will need to mention the reason why NIHB denied the benefit.
- You need to explain why the initial request was made.
- Include supporting documentation for your request from a licensed health service provider, medical doctor, health worker, etc.
- Include treatment plan, diagnosis and prognosis and diagnostic test results (if applicable).
- For appealing dental benefits requests, attach the form which applies to your request: Standard Dental Claim Form, ACDQ Dental Claim and Treatment Form, computer generated form or NIHB Dent-29 Form (for Dental Benefit only, and provided by your dental provider). Moulds, Radiographs, Panoramic Radiograph, etc.
- Attach the Denial Letter that was sent to you by NIHB (if applicable).



Ontario Health Programs Information

Ontario Health Insurance Plan (OHIP), Ontario Drug Benefits (ODB), and Assistive Devices Program (ADP)



Ontario Health Insurance Plan (OHIP)

- Provinces and territories are responsible for delivering health care services, guided by the provisions of the Canada Health Act
- In Ontario this health care service is the Ontario Health Insurance Plan (OHIP) .
- The OHIP program is through the Ministry of Health and Long-Term Care and is available for every Ontario resident with a primary and permanent home in Ontario
- OHIP covers a wide range of health care services, and includes insured hospital care, such as a hospital stay (standard ward room coverage), primary health care, such as physician, and other health professional services



Ontario Drug Benefits (ODB)

- The ODB program is through the Ministry of Health and Long Term Care (MOHLTC) and is available for all Ontario residents who have reached 65 years of age
- There are over 3,200 drug products, nutrition products, and diabetic testing agents covered
- ODB and NIHB Programs both have eligibility criteria and guidelines that need to be followed. Your pharmacist has a complete list of the criteria and guidelines and should coordinate benefits between the two programs to ensure that you have maximum coverage.
- The NIHB Program will cover the cost of any co-payment and deductible fees.



Ontario Drug Benefits (ODB)

If the drug is not listed on the ODB formulary:

- The primary physician can send a request to the Ministry of Health and Long Term Care (MOHLTC) to cover the cost of the drug
- The Ministry will review the request and let the physician know of the decision
- The physician will then contact the client



Ontario Assistive Devices Program (ADP)

- The ADP program is through the Ministry of Health and Long Term Care (MOHLTC) and is available to all Ontario residents
- ADP will cover up to 75% of cost for medical equipment and supplies
- The ADP and NIHB programs have eligibility criteria and guidelines that need to be followed. Once these criteria and guidelines are met the two programs will be utilized to best meet the needs of the individual. Your health care professional/service provider will have the complete list of criteria and guidelines and should coordinate benefits between the two programs to ensure that you have maximum coverage.
- NIHB program will cover the 25% fee of eligible and approved NIHB items

Please Note: If the item is fully covered under a public/private health care plan, NIHB will not approve coordination of benefits, nor requests for co-payment to upgrade the quality of the item



QUESTIONS???



MIIGWETCH!!
THANK YOU!!

