PB Claims West

Johnson Inc.

**Send email to:** pbclaimswest@johnson.ca

Dear Johnson Representative,

**RE: Determination Of Prescription Drug, Non-Prescription Drug and Medical Supplies Coverage Under the British Columbia Retired Teachers’ Association Extended Health Care Plan (Group Master Policy 644475 Group #772)**

I am currently working in the British Columbia school system as a member of the BC Teachers’ Pension Plan and I am contemplating retirement in the near future. Upon retirement, I intend to continue to be a resident of the province of British Columbia and, as a result, will continue to be enrolled in the Medical Services Plan and Fair Pharmacare.

I am considering enrolment in the BCRTA Extended Health Care Plan but would like to confirm whether or not the following prescription drugs, non-prescription drugs and medical supplies are covered by the non-travel portion of the plan: (I understand that the out of province/country travel portion of the plan operates differently and only provides prescription drugs or medication when I am travelling ouside of BC and only with prior approval)

**A. Prescription Drugs**

|  |  |  |
| --- | --- | --- |
| Drug Identification Number (usually found on the container used for dispensing the drug)  **Required information** | Chemical Name  (optional) | Trade/Brand Name  (optional) |
| Example: DIN 02241888 | Leflunomide (example) | Arava (example) |
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**B. Non-Prescription Life Sustaining Drugs**

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| --- | --- | --- |
| Generic | Brand Name | Purpose |
| Eg. Insulin, nitroglycerin, cystic fibrosis supplies, | (example) | (example) |
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**C. Medical Supplies**

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| --- | --- | --- |
| Generic eg  Hypertonic saline, ostomy supplies, prosthetic or orthotic devices | Brand Name | Purpose |
| Eg Blood Glucose Test Strips | Precision Extra (example) | To determine the concentration of glucose in the blood (example) |
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Thank you for your attention in this matter. Please advise me if you require further information. I look forward to receiving your early response.

Yours truly,

(Insert your full name here)