

6. PROGRAM PLANS

6.1 Program Overview

The Newfoundland and Labrador Prescription Drug Program is a publicly funded program administered by the Department of Health and Community Services. The Program provides financial assistance in the purchase of benefit items for Beneficiaries.

There are five plans under the Program.

6.2 Foundation Plan

The Foundation Plan provides 100 percent coverage of Benefit items for:

- persons and families in receipt of Income Support benefits through the Department of Advanced Education, Skills, and Labour,
- children in care of the Regional Health Authorities or the Department of Children, Seniors and Social Development, as the case may be,
- individuals involved with Community Youth Corrections,
- persons in receipt of community supports, and
- persons who are subsidized residents in Long Term Care Homes and Personal Care Homes.

The Foundation Plan covers 100% of the medication cost up to:

- approved Program prices, and
- a maximum professional fee as defined by an agreement between Government of Newfoundland and Labrador and the Pharmacists Association of Newfoundland and Labrador (PANL) or in the event that no agreement exists, a fee as set by the Minister.

There is no Program specific application to be completed for coverage. A drug card is automatically issued when the Program is notified that a Resident is in receipt of one of the services noted previously.

6.3 65Plus Plan

The 65Plus Plan provides coverage of benefit items to Residents in receipt of both Old Age Security benefits and the Guaranteed Income Supplement (GIS).

Beneficiaries of the 65Plus Plan will be responsible for payment of the professional (i.e. dispensing) fee to a maximum of \$6.00.

There is no Program specific application to be completed for coverage unless the Resident is a landed immigrant. The Program is notified by Service Canada that a Resident is in receipt of the GIS and Old Age Security benefits. This is usually after the Resident has received their first GIS payment. An eligibility letter is sent out to the Resident asking for his/her MCP number, date of birth, and gender so that a Program drug card can be issued.

A person can apply under landed immigrant status if they are 65 years of age, reside in Newfoundland and Labrador and meet the requirements of the application process. An application can be obtained from the Assessment Office by calling 1-888-859-3535.

There are two ways to apply for the Guaranteed Income Supplement:

1. Request an application from Income Security Programs, Federal Government by calling the toll free number 1-800-277-9914, complete and submit the application, or
2. A Resident can indicate on their application for the Old Age Security pension that they wish to apply for the Guaranteed Income Supplement. The Federal Government will send out the application form for the Guaranteed Income Supplement once eligibility to Old Age Security is determined.

Residents already entitled to benefits under any federally funded public program (for example, the Department of Veteran's Affairs) are not eligible for coverage under the 65Plus Plan.

Eligibility under the 65Plus Plan expires yearly on September 30th unless the Resident applies and qualifies for the Guaranteed Income Supplement in each succeeding year.

6.3.1. Ostomy Subsidy Program

Those who qualify for a Program drug card under the 65Plus Plan also qualify for the Ostomy Subsidy Program. The Program will reimburse for 75% of the retail cost of benefit ostomy items. The Beneficiary is responsible for the remaining costs. The Beneficiary is required to purchase the ostomy supplies and submit for reimbursement, their original prescription receipts noting their Program Card Number for reimbursement to the following address:

Ostomy Subsidy Program
Newfoundland and Labrador Prescription Drug Program
P O. Box 8070 Postal Station A
St. John's, NL A1B 4A6

6.4 Access Plan

The Access Plan provides drug coverage for Residents who are in receipt of a valid MCP card and fall within the established income thresholds. Beneficiaries are eligible for coverage of a percentage of drug costs dependant upon financial income.

The following table gives examples of who is eligible and the degree of coverage (as of August 1, 2010):

Single Individuals			Couples (No Children)			Families (With Children) (Includes Single Parents)		
Income Amount	Gov't Pays	Client Pays	Income Amount	Gov't Pays	Client Pays	Income Amount	Gov't Pays	Client Pays
Equal to or less than \$18,577	80.0%	20.0%	Equal to or less than \$21,435	80.0%	20.0%	Equal to or less than \$30,009	80.0%	20.0%
\$19,000	77.5%	22.5%	\$22,000	76.7%	23.3%	\$31,000	76.1%	23.9%
\$20,000	71.7%	28.3%	\$23,000	70.9%	29.1%	\$32,000	72.3%	27.7%
\$21,000	65.9%	34.1%	\$24,000	65.0%	35.0%	\$33,000	68.4%	31.6%
\$22,000	60.0%	40.0%	\$25,000	59.2%	40.8%	\$34,000	64.5%	35.5%
\$23,000	54.2%	45.8%	\$26,000	53.4%	46.6%	\$35,000	60.6%	39.4%
\$24,000	48.4%	51.6%	\$27,000	47.6%	52.4%	\$36,000	56.7%	43.3%
\$25,000	42.5%	57.5%	\$28,000	41.7%	58.3%	\$37,000	52.8%	47.2%
\$26,000	36.7%	63.3%	\$29,000	35.9%	64.1%	\$38,000	48.9%	51.1%
\$27,000	30.9%	69.1%	\$30,000	30.1%	69.9%	\$39,000	45.0%	55.0%
\$27,151	30.0%	70.0%	\$30,009	30.0%	70.0%	\$40,000	41.2%	58.8%
\$27,152 or higher	Not Qualified	100.0%	\$30,010 or higher	Not Qualified	100.0%	\$41,000	37.3%	62.7%
						\$42,000	33.4%	66.6%
						\$42,870	30.0%	70.0%
						\$42,871 or higher	Not Qualified	100.0%

Children are defined as those living at home up to their 18th birthday or, if still in high school, up to their 21st birthday. For children between 18 and 21 years of age, documentation of attendance in school is required from the child's school.

To apply for this Plan, an application form must be completed. Forms are available online at http://www.health.gov.nl.ca/health/forms/pdf/nlfdp_application.pdf or by calling 1-888-859-3535.

Coverage can be updated when there has been a change in family status (for example, birth, adoption, marriage, or divorce). Beneficiaries should contact the Assessment Office at 1-888-859-3535.

6.5 Assurance Plan

The Assurance Plan offers protection for individuals and families, who are in receipt of a valid MCP card, against the financial burden of eligible high drug costs, whether it be from the cost of one extremely high cost drug or the combined cost of different eligible drugs.

Individuals and families will have their annual out-of-pocket drug costs capped as per the following table:

Annual Income (net)	Maximum % of net Income to Spend on Drug Costs
\$0 - \$39,999	5%
\$40,000 - \$74,999	7.5%
\$75,000 to \$149,999	10%

For example, a family with a net income of \$30,000 had \$5,000 in eligible drug costs in the previous year. As their drug costs exceed 5% of their net income (\$1,500) they would be eligible for the Assurance Plan. They would be responsible for paying \$1,500 of their drug costs resulting in a co-payment rate of 30%. Eligibility and co-payment rate are re-assessed every six months using the most recent income and drug cost data available.

Children are defined as those living at home up to their 18th birthday or, if still in high school, up to their 21st birthday. For children between 18 and 21 years of age, documentation of attendance in school is required from the child's school.

To apply for this Plan, an application form must be completed. Forms are available online at http://www.health.gov.nl.ca/health/forms/pdf/nlfdp_application.pdf or by calling 1-888-859-3535.

Coverage can be updated under the Assurance Plan when there has been a change in family status (for example, birth, adoption, marriage, or divorce). Beneficiaries should contact the Assessment Office at 1-888-859-3535.

6.6 Select Needs Plan

The Select Needs Plan provides 100 per cent coverage for disease specific medications and supplies for Residents with Cystic Fibrosis and Growth Hormone Deficiency.

There is no Program specific application to be completed for coverage. A drug card is automatically issued when the Program is notified that a Resident has been diagnosed with Cystic Fibrosis or Growth Hormone Deficiency.

The intent of the Growth Hormone Program is to treat children up to age 18 years with Growth Hormone Deficiency. The only exceptions are beneficiaries whose Pediatric Endocrinologists have demonstrated the need to continue on a low dose of Growth Hormone into adult years and for individuals diagnosed with Turner's Syndrome.

Inquiries regarding Cystic Fibrosis and Growth Hormone Deficiency can be directed to the Program at (709) 729-6507.

Policy Amendment History

	<i>Effective Date</i>
Original Policy	November 30, 2011
Revision # 3	June 5, 2020