

EXTENDED HEALTH BENEFIT

Information about Other Drug Programs

1. Trillium Drug Program:

- a. The Trillium Drug Program helps people who have high drug costs in relation to their income. Applications to Trillium are considered if:
 - ✓ private insurance does not cover 100% of prescription drug costs
 - ✓ the individual has valid Ontario Health Insurance (OHIP) and
 - ✓ the individual is not eligible for drug coverage under the Ontario Drug Benefit (ODB) Program
- b. The amount of the deductible payment is based on income and family size. Each year starting August 1st an individual / family must pay for their drug costs up to the appropriate deductible level, before they become eligible for the drug coverage.
- c. The deductible is approximately 4% of net family income, adjusted by family size. After the deductible is paid the individual / family will pay \$2 for each prescription.
- d. The program runs from August 1st of one year to July 31st of the following year. The deductible can be paid in 4 instalments over the Trillium program year. Prorated deductibles are calculated when a family enters the program midway through the year.

For more information, please call: 1-800-268-1154 or contact Trillium at: 1-800-575-5386 or via e-mail at: trillium@resolve.com

2. Ministry of Health and Long Term Care Special Drugs Program

- a. As a way for the Ministry to ensure that the appropriate treatments for specific diseases and conditions are prescribed, special facilities, (usually at hospitals) have been designated to distribute these treatments. In some cases, special review committees have been established to ensure that the clinical criteria are met.
- b. Individuals are to speak with their doctor about the program, whether they be covered by it and the nearest treatment locations.
- c. The Special Drugs Program does not have any deductibles or co-payments. If an individual meets conditions for coverage, they will not have to pay for any portion of the treatments.
- d. Through this program, the Ministry of Health & Long Term Care covers the full cost of certain out patient drugs used in the treatment of specific conditions. The program covers:
 - ✓ many drugs for the treatment of cystic fibrosis and thalassaemia
 - ✓ AZT, ddl, ddC and pentamidine for people who are HIV positive
 - ✓ Erythropoietin (EPO) for people with end stage renal disease
 - ✓ Cyclosporin for people who have had a solid organ or bone marrow transplant
 - ✓ Human growth hormone for children with growth failure
 - ✓ Clozapine for treatment of schizophrenia
 - ✓ Alglucerase for people with Gaucher's Disease

For more information, please call: 1-800-268-1154

3. Health and Welfare Canada

- a. It is important that the individual has informed both his/her “home” province/territory of their new address and new province when they have relocated.
- b. Residents moving from one province to another continue to be covered by their “home” province during any minimum waiting period, not to exceed three months, imposed by the new province of residence. After the waiting period, the new province of residence assumes health care coverage.
- c. The portability criterion of the federal health insurance legislation (Canada Health Act) requires that the provinces/ territories extend medically necessary hospital and physician coverage to their eligible residents during temporary absences from the province or territory. This allows individuals to travel or be absent from their home province and yet retain their health insurance coverage. Individuals should seek prior approval for out- of- province health care services from their home province insurance plan for non-emergency health care services.
- d. Within Canada, the portability provisions are generally implemented through a series of bilateral reciprocal inter-provincial billing agreements for hospital and physician services. The rates prescribed within these agreements are host-province rates, and the agreements are meant to ensure that Canadian residents, for the most part, will not face point of service charges for medically required hospital and physician services when they travel in Canada.
- e. Reciprocal billing is a convenient administrative arrangement. Patients may also be required to pay “up front” and seek reimbursement from their home province. Access to a medically necessary insured service is not to be denied due to the patient’s inability to pay.
- f. The provision of prescription drug benefits outside hospitals falls within the range of “additional benefits” that provinces may include under their respective health insurance plans, on their own terms and conditions and are generally not portable outside one’s home province.

For further information, please call: 1- 613-957-2991