

## **SPECIAL COVERAGES**

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### **A) SENIORS' DRUG PLAN**

Saskatchewan residents who are 65 years of age and older with a reported income (Line 236) that is \$66,226 or less for 2015 will be eligible for the income tested Seniors' Drug Plan for the 2017 calendar year. The individual income threshold that determines eligibility for the Seniors' Drug Plan is based on the provincial age credit. Individuals must submit a complete application form to be approved for benefits. As of June 1, 2016, this program ensures that Saskatchewan seniors pay \$25\* per prescription for drugs listed in the Saskatchewan Formulary or approved under Exception Drug Status.

The Seniors' Drug Plan does not include seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs Canada.

Seniors with Guaranteed Income Supplement (G.I.S.) or Seniors' Income Plan (S.I.P.) will continue to have a \$200 or \$100 semi-annual deductible, after which they pay 35%. Individual prescriptions under these two programs will be the lesser of the 35% copayment or \$25.

Seniors with both Special Support and Seniors' Drug Plan coverage will pay the lesser of the Special Support co-payment or \$25.

Patients with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care
- Seniors receiving S.I.P. and residing in a long term care facility

#### ***Which prescriptions are benefits?***

Prescription drugs listed on the Saskatchewan Formulary and approved under Exception Drug Status.

#### ***How does someone apply?***

Application forms are available:

- online at <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/seniors-drug-plan#2-apply-for-coverage>; at your pharmacy; or,
- by contacting the Drug Plan and Extended Benefits Branch toll-free at 1-800-667-7581 or in Regina at 787-3317

#### **Form A – CRA Application/Consent One-Time Application Form**

To apply for the Seniors' Drug Plan program, each eligible senior must complete and sign an application and consent form. By using Form A, he/she gives the Drug Plan and Extended Benefits Branch permission to update coverage annually.

#### **Form B – Annual Application**

To apply for the Seniors' Drug Plan, this form can be completed and submitted with income information each year.

## **B) SPECIAL SUPPORT PROGRAM - INCOME BASED DRUG BENEFITS**

As of July 1, 2002, individuals or families pay the full cost of their prescriptions unless they apply to the income-based Special Support Program. As of July 1, 2008, coverage under the Special Support program is effective the date a completed application is received by the Drug Plan and Extended Benefits Branch.

### ***What is Special Support?***

The Special Support Program is designed to assist **those whose benefit drug costs are high in relation to their income.** Based on income information provided on the application form, income tax documentation and Drug Plan records, the Drug Plan calculates a family threshold (deductible) and a consumer co-payment that may reduce the consumer's share of drug costs. The threshold is based on 3.4% of the total family income (adjusted for number of dependents) and the co-payment is calculated using total family income and actual benefit drug costs.

### ***How does a person apply?***

Residents can call the Drug Plan at 306-787-3317 (in Regina) or toll-free at 1-800-667-7581 and request an application form be sent to them or they may pick up a form at their community pharmacy. The benefit period is January 1 to December 31.

There are two application forms available on the health website: <http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/special-support-program> under Special Support Program.

#### 1) CRA Application/Consent form:

- one time completion of application form
- must sign "CONSENT to Canada Revenue Agency" section
- must forward documentation of income initially; subsequent years the coverage will automatically be renewed as long as the applicant and spouse both file individual income tax to CRA

#### 2) Annual Application:

- must re-apply annually by October 1
- must sign "CONSENT and DECLARATION" section
- must forward document of income each year, such as the Notice of Assessment or pages 1 and 2 of their income tax forms.

If family income or medication costs change during the coverage period, the applicant or spouse may contact the Drug Plan for a reassessment of coverage. They must:

1. request a review of the assessment in writing; and
2. provide supporting documentation of income changes.

A pharmacist may contact the Drug Plan to request the coverage be reviewed due to new drug costs.

## **C) INCOME SUPPLEMENT RECIPIENTS**

### ***Who receives income supplements?***

**Adults** in families receiving Family Health Benefits, and seniors receiving the Seniors' Income Plan supplement (S.I.P.) or receiving the federal Guaranteed Income Supplement (G.I.S.) and residing in a special care home will pay a \$100 semi-annual deductible.

Seniors receiving S.I.P. and residing in a nursing home may be nominated for coverage under Supplementary Health and would pay no cost for formulary and approved Exception Drugs and would be eligible for other extended health benefits. The special-care home

completes a Health Coverage Advice form and Seniors' Income Plan completes the nomination.

Seniors receiving G.I.S. (ie. living in the community) have a \$200 semi-annual deductible.

Seniors who have high drug costs in relation to their income may apply for Special Support. They will have their drug coverage based on income and drug costs.

The Seniors' Drug Plan will ensure that no senior will pay more than \$25\* per prescription.

**Other Health Benefits:**

All seniors who receive S.I.P. are eligible for the following:

- Vision exams (through the Medical Services Branch)
- Chiropractic treatments (will no longer be a benefit as of July 1, 2017)

All seniors are eligible for Emergency Ambulance Coverage. The senior would pay the first \$250 and the Senior Citizens Ambulance Assistance Program (SCAP) covers the remaining cost.

All seniors are eligible for coverage of Oxygen if they meet certain medical criteria.

**1) Family Health Benefits**

A range of health benefits are available for low-income working families who meet the standards of an income test or are receiving the Saskatchewan Rental Housing Supplement or the Saskatchewan Employment Supplement.

Family Health Benefits help low-income families pay for their children's optical, dental, drug and other health expenses. To be eligible, families must include at least one child under the age of 18, living with parents or guardians in Saskatchewan. They must have a valid Saskatchewan Health Services Card.

Eligibility is established through the Ministry of Social Services, in co-operation with Revenue Canada, based on the family income for the previous year and the number of children in the family.

**Children** under 18 years of age of families receiving Family Health Benefits are eligible for the same benefits as Supplementary Health beneficiaries with Plan Two coverage (see page 274). This means all covered drugs will be provided at no charge\*. Also certain dental services, medical supplies and appliances, optical services, chiropractic services\*\* and emergency medical transportation costs will be covered.

\*\*Chiropractic services will no longer be a benefit as of July 1, 2017.

**Adults** receiving Family Health Benefits are also eligible for chiropractic services (will no longer be a benefit as of July 1, 2017) and an eye examination every two years.

Inquiries regarding benefits, contact the Supplementary Health Program:

**Regina: 787-3124      Toll-free: 1-800-266-0695**

Inquiries regarding prescription drugs should be directed to the Drug Plan:

**Regina: 787-3317      Toll-free: 1-800-667-7581**

**SUMMARY OF FAMILY HEALTH BENEFITS**

<b>HEALTH BENEFITS</b>	<b>CHILDREN</b>	<b>PARENTS OR GUARDIANS</b>
<b>Dental Coverage</b>	Covers the majority of the cost of most services	Coverage not provided
<b>Optometric Services</b>	Eye examinations once a year  Basic Eyeglasses	Eye examinations covered once every two years
<b>Emergency Ambulance</b>	Covered	Coverage not provided
<b>Medical Supplies</b>	Basic coverage, some items require prior approval	Coverage not provided
<b>Chiropractic Services</b>	Covered (no longer a benefit as of July 1, 2017)	Covered (no longer a benefit as of July 1, 2017)
<b>Drug Coverage</b>	No charge for Formulary drugs*	\$100 semi-annual family deductible; 35% consumer co-payment there after  Drug Plan Special Support Program available if provides better coverage (Consumer must apply)

**D) SUPPLEMENTARY HEALTH (SOCIAL ASSISTANCE) BENEFICIARIES**

**1) Plan One Drug Coverage**

Beneficiaries with Supplementary Health cards designated as "Plan One" may obtain prescriptions for Formulary drugs and approved Exception Drug Status drugs for \$2.00\* per prescription. In addition, they may obtain the following prescribed drugs without charge:

insulin, oral hypoglycemics, injectable Vitamin B<sub>12</sub>, oral contraceptives, allergenic extracts, and products used in megavitamin therapy.

Beneficiaries under the age of 18 may obtain Formulary drugs or approved Exception Drug Status drugs without charge\*.

The Supplementary Health Program covers the cost of allergenic extracts and products used in megavitamin therapy. All of the other products listed above are covered and prescription claims are processed through the Drug Plan network.

\*MAC & LCA policies apply.

## **2) Plan Two Drug Coverage**

Beneficiaries requiring five or more Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two coverage may be initiated by contacting the Drug Plan at 787-8744 or (toll-free) 1-800-667-7581. A patient or a health professional (ie. physician, social worker) may submit the request.

Individuals with Supplementary Health cards designated as "Plan Two" may obtain the products available under "Plan One" together with any Formulary drugs or approved Exception Drug Status drugs, without charge\*.

## **3) Plan Three Drug Coverage**

Beneficiaries with Supplementary Health cards designated as "Plan Three" may obtain, in addition to drugs available under the Drug Plan, select prescribed over-the-counter (OTC) products and drugs at no charge\*. The Supplementary Health Program covers the cost of these select products. The prescription claims are processed through the Drug Plan network.

Pharmacies may contact the Drug Plan at 787-3317 (Regina) or (toll-free) 1-800-667-7581 with inquiries regarding Plan Three drug coverage.

## **E) EMERGENCY ASSISTANCE**

### ***What is Emergency Assistance?***

Residents who require immediate treatment with covered prescription drugs and are unable to cover their share of the cost, may access Emergency Assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. Generally, this is a one-time assistance for no more than a month's supply. The level of assistance provided will be in accordance with the consumer's ability to pay. A Special Support Application **must be** completed for future assistance.

### ***How do I request Emergency Assistance?***

**During regular office hours**, the patient's pharmacy may call the Drug Plan at 787-3317 (Regina) or toll-free at 1-800-667-7581 to provide the information needed to support the request, as follows:

- Patient identification (health services number)
- Pharmacy identification (name, number)
- Name and cost of the drug(s) required immediately
- Reason for the request, including evidence that other sources of credit or assistance have been explored and are not available.

Following approval by the Drug Plan, the claims may be submitted via the online system. The patient may obtain up to a one-month supply of covered drug product(s) included in the request. For future assistance, complete and submit a "Special Support" form.

**Outside regular office hours**, the pharmacy may provide up to a **four-day** supply of benefit drug products in an emergency situation. The paper claim will be honoured by the Drug Plan at the rate of payment specified by the pharmacist. A completed "Request for Special Support" form must be submitted for future assistance.

## **F) EXCEPTION DRUG STATUS PROGRAM**

Please refer to Appendix A for detailed information and criteria for coverage of medications under the Exception Drug Status Program. For general information regarding Exception Drug Status, see "Notes Concerning the Formulary".

## **G) PALLIATIVE CARE COVERAGE**

### ***Definition of Palliative Care***

Patients who are in the late stages of a terminal illness, where life expectancy is measured in months, and for whom treatment aimed at cure or prolongation of life is no longer deemed appropriate, but for whom care is aimed at improving or maintaining the quality of remaining life (e.g. management of symptoms such as pain, nausea and stress), will be eligible for Drug Plan Palliative Care drug benefits. The patient's physician must submit a completed Drug Plan "Request for Palliative Care Coverage" form to the Drug Plan in order to register a patient for this program.

### ***Drug Benefits under Palliative Care***

A palliative care patient who is registered with the Drug Plan is entitled to receive prescription drugs listed in the Saskatchewan Formulary at no charge\* to them. The patient's pharmacy will bill the Drug Plan for 100% of the cost of benefit medications. Coverage is also provided for some commonly used laxatives, on prescription request, to patients registered under this program.

### ***Exception Drug Status Drugs for Palliative Care Patients***

Drugs listed under the Exception Drug Status program still require a separate physician request on behalf of the patient. To be eligible for approval of Exception Drug Status drugs, palliative care patients must meet the criteria as outlined in Appendix A of the current Saskatchewan Formulary. The Drug Plan must be provided with all relevant information to determine if the patient meets the criteria for the Exception Drug Status drug being requested on the patient's behalf.

### ***Notification of Physician and Patient***

Upon receipt of a signed Palliative Care form, notification letters are generated by the Drug Plan, to the patient and the requesting physician.

### ***Backdating of Palliative Care Coverage***

Palliative Care coverage is routinely backdated **30 days** from the date the form is received by the Drug Plan. In certain cases where a patient is eligible for coverage but application is inadvertently not made, the Drug Plan will consider backdating at the physician's request, beyond this period.

### ***Palliative Care Benefits under Health Regions***

Patients, pharmacists or physicians should contact the home care office in their health region to inquire about coverage provided by the region for dietary supplements and other basic supplies.

## **H) "NO SUB" PRESCRIPTION DRUG COVERAGE**

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the prescriber may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable or maximum allowable cost category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

The request may be submitted in writing or by telephone (787-8744 or toll-free 1-800-667-2549) and must provide sufficient details to permit thorough, objective assessment.

\*MAC & LCA policies apply.

**I) S.A.I.L. COVERAGE (SASKATCHEWAN AIDS TO INDEPENDENT LIVING)**

Saskatchewan Aids to Independent Living (S.A.I.L) provides coverage for Formulary and non-Formulary disease-related drugs for persons registered on the Cystic Fibrosis, End Stage Renal and Paraplegic Programs. SAIL also provides assistance for other items such as nutritional products. For general inquiries regarding this program, telephone (306) 787-7121. For drug inquiries, telephone (306) 787-3317 or 1-800-667-7581 (press #1).

**J) SASKATCHEWAN CANCER AGENCY**

Prescriptions for drugs covered by the Saskatchewan Cancer Agency are provided free of charge to registered cancer patients by either the Allan Blair Cancer Centre Pharmacy in Regina (**telephone: 306-766-2816**) or the Saskatoon Cancer Centre Pharmacy (**telephone: 306-655-2680**). These drugs may be provided when prescribed by an oncologist or a physician working in association with the Cancer Agency. **These drugs are not covered by the Drug Plan** for cancer indications.

**K) SASKATCHEWAN INSULIN PUMP PROGRAM**

Effective January 1, 2012 type 1 diabetic young adults and children who are 25 years of age and under are eligible for the Saskatchewan Insulin Pump Program if they meet certain medical criteria. Those who are approved under the program will receive the following benefits:

- Insulin pumps for individuals who are 25 years of age or under are provided under the Saskatchewan Aids to Independent Living (SAIL) to a maximum of \$6300.
- Insulin pump supplies are a benefit under the Drug Plan for those who meet the criteria for an insulin pump. The cost of the supplies will be subject to coverage, deductible and/or co-payment.

**L) CHILDREN'S DRUG PLAN**

Saskatchewan residents 14 years of age and under qualify automatically for the Children's Drug Plan. As of June 1, 2016, this program ensures that Saskatchewan children pay \$25\* per prescription for drugs listed in the Saskatchewan Formulary or those approved under Exception Drug Status. No application is required--children 14 years of age and under whose drugs costs are not covered by other government programs are automatically eligible for coverage.

Children who have coverage under their family's Special Support coverage will pay the lesser of the Special Support co-payment or the \$25 per prescription.

Children with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Supplementary Health Benefits
- Family Health Benefits
- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care