

Provisions of the

PUBLIC PRESCRIPTION DRUG INSURANCE PLAN



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This brochure contains information mostly about the Public Prescription Drug Insurance Plan. If you are covered by a private plan, ask your insurer or your employer about the terms and conditions of your contract.

The information in this brochure does not have force of law and is not applicable in all cases.

What plan must I join?

Since 1997, prescription drug insurance coverage has been compulsory for all Quebecers. Two types of insurance plans offer prescription drug coverage:

- private plans (group insurance or employee benefit plans);
- the public plan, administered by the Régie de l'assurance maladie du Québec.

If you are eligible for a private plan, you must join that plan and obtain coverage under it for your spouse and children, unless they are already covered by another private plan. When you join a private plan, you must terminate your public plan registration by calling the Régie.

There are two ways you can have access to a private plan:

- through your employment or profession (via your employer, union, or professional association or order);
- through your spouse or parents.

If you are not eligible for a private plan, you must register for the Public Prescription Drug Insurance Plan.

You cannot choose between a private plan and the public plan (except from age 65 onwards), nor may you decide not to have drug insurance at all, not even for a short period.

**Check your situation at
www.ramq.gouv.qc.ca
to avoid unpleasant surprises**

If you are registered for the public plan while being eligible for a private plan, you will have to reimburse the Régie for the amount it pays for any prescription drugs obtained during the period of non-eligibility for the public plan. Moreover, if you are not covered by prescription drug insurance, which is compulsory, you will have to pay Revenu Québec an amount equivalent to the public plan premium for every full month during which you had no coverage at all. The Régie, together with Revenu Québec, checks compliance on a regular basis.

About the public plan

Who is eligible?

1. adults age 18 to 64 who do not have access to a private plan on their own or through their spouse;
2. persons age 65 and over;
3. holders of a claim slip (carnet de réclamation) issued by the Ministère de l'Emploi et de la Solidarité sociale;
4. children of persons covered by the public plan, unless they have access to a private plan on their own.

The persons belonging to groups two and three are automatically registered for the public plan and therefore do not have to do anything to obtain coverage.

To be eligible for the Public Prescription Drug Insurance Plan, a person must reside in Québec within the meaning of the *Health Insurance Act* and be duly registered with the Régie.

Persons who turn 65 may continue to be covered by a private plan. If they maintain private coverage equivalent to that of the public plan, they must terminate their registration for the public plan by calling the Régie. If instead they opt for private supplemental insurance in addition to that provided by the public plan, they must remain registered with the public plan and therefore do not have to contact the Régie.

About spouses and children

Two persons (of the opposite sex or the same sex) are considered spouses if they:

- are married or have entered into a civil union;
- have been living together for 12 months (any separation of under 90 days does not interrupt the 12-month period);
- are living together (regardless of the length of time) and have had or have adopted a child together.

When do I register or deregister?

You must register for the public plan if you cease to be eligible for a private plan.

Some persons registered for the public plan may have to reregister for it if the Régie automatically terminates their coverage. This applies to persons who no longer hold a claim slip (carnet de réclamation), children who turn 18 and students who reach age 26.

Persons who become eligible for a private plan must immediately terminate their public plan registration.

How do I register or deregister?

You must call the Régie or go to one of the Régie's offices. Make sure you know:

- your Health Insurance Number or Social Insurance Number;
- the date you ceased to be eligible for a private plan (to register);
- the date you became eligible for a private plan (to deregister).

A person is considered a child if he or she:

- is under age 18;
- is between ages 18 and 25 inclusive, is a full-time student, does not have a spouse, and lives with his or her parents.

The parents of a child who turns 18 must ask their private insurer or the Régie to extend their child's coverage if he or she meets the above conditions.

What drugs are covered?

The public plan covers drugs dispensed on prescription in Québec and included among the more than 5 000 drugs appearing on the *List of Medications*, published by the Régie. To find out whether a drug is listed, consult the *List of Medications* on the Régie's website or ask your doctor or pharmacist.

Please note that the Régie does not reimburse the cost of drugs purchased outside Québec. If you travel outside Québec, you should consider taking out travel insurance.

About exception drugs

For some drugs covered by the public plan, reimbursements are authorized by the Régie under certain conditions only. These drugs are called exception drugs.

The prescriber is usually the person who sends the Régie a request for the cost of a drug to be reimbursed. If the authorization is granted, the insured person pays the same contribution at the pharmacy as he or she would pay for any other covered drug.

What must I pay?

The financial contribution of persons covered by the Public Prescription Drug Insurance Plan is set on July 1 of each year for one year.

To find out the amount of the premium, maximum contribution, deductible and co-insurance for the current year, go to www.ramq.gouv.qc.ca or refer to the pamphlet entitled *The Public Prescription Drug Insurance Plan, What It Costs You*, available in CLSCs, pharmacies, and local employment centres, as well as in the offices of Services Québec and MNAs.

The premium for the Public Prescription Drug Insurance Plan

As is the case with any insurance, you must pay a premium to be covered by the public plan, whether or not you purchase prescription drugs. The amount of the premium is determined annually and is in effect for 12 months, i.e. from July 1 to June 30. Revenu Québec collects the premium.

When you file your Québec income tax return, you must indicate what type of plan you were covered by during the year. Depending on your situation, you may or may not have to pay the public plan premium. For example:

- You do not pay the public plan premium if you were covered by a private plan for the entire year (your plan or that of your spouse or parents).
- You pay the public plan premium for each full month during which you were covered for that plan.



The amount of the premium is calculated on the basis of the insured person's personal or family income and situation. To calculate this amount, complete Schedule K of your Québec income tax return. In some situations, a person may not have to pay any premium. To find out what these situations are, consult page 447 of the guide to the income tax return.

Please remember that if you are not covered by prescription drug insurance, which is compulsory, you will have to pay Revenu Québec an amount equivalent to the public plan premium for every full month during which you had no coverage at all.

Misconceptions

Some persons mistakenly believe that by paying a premium through their income tax they are automatically registered for the public plan, or that they can terminate their public plan registration simply by indicating on their income tax return that they are covered by a private plan. In fact, the only way to register for or deregister from the public plan is to contact the Régie directly.

About tax credits

The total amount of your medical expenses may entitle you to a tax credit. You may include in your medical expenses the drug insurance premium and your contribution towards the purchase of covered drugs.

To apply for this tax credit, complete Schedule B of your Québec income tax return and enclose it with your return. These amounts may be considered medical expenses for federal income tax purposes as well.

The contribution payable when drugs are purchased

When you go to a pharmacy and purchase drugs covered by the public plan, you pay only a portion of the cost. This is called the *contribution*. The other portion is covered by the plan. At the time of purchase, tell the pharmacist you are registered for the public plan and present your valid Health Insurance Card or, where applicable, your claim slip (carnet de réclamation).

How is my contribution calculated?

The contribution is the amount of the monthly deductible plus the co-insurance. Each month, when you purchase covered drugs, you pay the first portion of their cost, i.e. the deductible. In most cases, you pay the deductible in full with your first prescription of the month. Once you have paid the deductible, you pay only a percentage of the cost of the covered drugs you purchase. This is referred to as the *co-insurance*.

What is the maximum contribution?

There is a maximum monthly amount that you may be required to pay when purchasing covered drugs. This is the maximum monthly contribution. This amount includes the deductible and the co-insurance. In most cases, once you have reached your maximum contribution, you do not pay anything for the covered drugs you obtain during the rest of the month.

In certain cases, an insured person may have to pay an excess amount corresponding to the difference between the price requested by the drug manufacturer and the maximum price paid by the Régie. This excess amount is not taken into account when calculating the maximum monthly contribution.

N.B. Revenu Québec uses the term *contribution* to refer to the premium.
For any questions you may have about collection of the premium or about tax credits, please contact the Revenu Québec office nearest you.

The Public prescription drug insurance plan

WHAT IT COSTS YOU

From July 1, 2008 to June 30, 2009



AT THE PHARMACY			
	Monthly deductible	Co-insurance	Maximum contribution
Age 18 to 64			
Not eligible for a private plan	\$14.30	31%	\$77.21/month \$927/year
Holders of a claim slip (issued by the Ministère de l'Emploi et de la Solidarité sociale)	\$0	0%	\$0
Age 65 or over			
No GIS ¹	\$14.30	31%	\$77.21/month \$927/year
1% to 93% of GIS	\$14.30	31%	\$48.99/month \$588/year
94% to 100% of GIS	\$0	0%	\$0
Free of charge for children insured under the public plan			
If they are under age 18			
If they are age 18 to 25, full-time students, without a spouse and live with their parents			

1. The Guaranteed Income Supplement (GIS) is paid by the federal government, which informs the Régie about the amount received by the beneficiary. For further information, please contact Human Resources and Social Development Canada.

WHEN FILING YOUR INCOME TAX RETURN	
Premium paid to Revenu Québec	Between \$0 and \$570 per year (depending on the net family income)

Explanations about your invoice

COST OF THE PRESCRIPTION:

Amount including the cost of the drug and the pharmacist's professional fee.

MINUS

CONTRIBUTION BY THE INSURED PERSON:

Total of the monthly deductible and co-insurance.

EQUALS

AMOUNT PAID BY THE INSURER:

Cost of the prescription minus the contribution by the insured person. Under the public plan, this is the amount paid by the Régie.

Deductible:

Fixed amount (\$14.30) paid at the time of the first purchases of the month.

PLUS

Co-insurance:

Amount equal to 31% of the cost of the prescription minus the deductible, if applicable.

Contribution paid to date:

Contribution paid by the insured person since the beginning of the month, including the day's purchase.

Remainder:

Amount of the maximum monthly contribution minus the contribution paid to date.

Excess amount:

Additional amount paid by the insured person, which corresponds to the difference between the price requested by the drug manufacturer and the maximum price payable by the Régie. This amount is not taken into account when calculating the maximum monthly contribution.

If you have your prescription refilled before the refill date...

You pay the contribution (deductible and co-insurance) as though you were purchasing your drugs on the refill date.

If you purchase prescription drugs for more than one month...

You must pay the deductible and co-insurance as many times as there are months covered by your purchase.

Changing plans

Persons in certain situations must change plans in the course of a year. They must then reregister for their new plan, without forgetting to deregister from their former plan. At the same time, these persons may also take steps to make sure they do not pay more than the maximum annual contribution required by law, whether under the public or a private plan.

As a general rule, insurers see to it that you do not exceed your maximum annual contribution. However, if you change plans, you must nevertheless take the following steps:

- 1** Within six months of changing plans, ask your original insurer to provide you with a statement of your contributions for the year. Some insurers, including the Régie, issue this document automatically, while others do so on request only.
- 2** Send the statement of your contributions to your new insurer, who will take your previous contributions into account in making sure you do not exceed your maximum annual contribution.

For further information

www.ramq.gouv.qc.ca

You may also obtain information by calling or by visiting one of our offices.


In Québec

1125, Grande Allée Ouest


 418 646-4636

In Montréal

425, boul. De Maisonneuve Ouest, 3^e étage

 514 864-3411

Elsewhere in Québec

 1 800 561-9749

By TDD

(telecommunication device for the deaf)

 418 682-3939 (in Québec)

 1 800 361-3939 (elsewhere in Québec)

Opening hours

Monday, Tuesday,

Thursday and Friday: 8:30 a.m. to 4:30 p.m.

Wednesday: 10:00 a.m. to 4:30 p.m.

Outside our opening hours, our office phone numbers connect you to an automated information system.

*La présente brochure
est aussi disponible en français.*

Direction des communications
June 2008

**Régie de
l'assurance maladie**

Québec



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With the participation of Revenu Québec