RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

Prescription Drug Insurance

Important Information About the Public Plan

from July 1, 2007 to June 30, 2008

Québec

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This pamphlet contains information 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 coverage.

The information in this pamphlet is neither exhaustive nor applicable in all cases, and does not have force of law.

La présente brochure est aussi disponible en français.

Introduction

Since 1997, prescription drug insurance coverage has been compulsory for all Quebecers. As a result, everyone, regardless of their financial situation, can obtain the prescription drugs they need because of their state of health. 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.

What plan must I be covered by?

If you have access to 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. There are various ways to have access to a private plan:

- within the scope of employment (through your employer or your union);
- within the scope of your profession or regular occupation (through a professional order or association);
- through your spouse or your parents.

If you are not eligible for a private plan, you are required to be registered for the Public Prescription Drug Insurance Plan.

In short, it is not possible to choose between a private plan and the public plan (except from age 65 onwards), nor may anyone decide not to have drug insurance at all, not even for a short period. Everyone is responsible for making sure they are covered by the right plan at all times.

Who is eligible?

- adults age 18 to 64 who do not have access to a private plan;
- persons age 65 and over;*
- employment assistance recipients and other holders of a claim slip (carnet de réclamation);*
- children of persons covered by the public plan, unless they have access to a private plan on their own.

* These persons are automatically registered for the public plan and therefore do not have to arrange for public plan coverage themselves.

At age 65

Persons who turn 65 may in some cases remain eligible for a private plan. If they retain private coverage that is **equivalent** to public plan coverage, they must cancel their public plan registration by contacting the Régie. If they opt for private coverage that **supplements** public plan coverage, they must remain registered for the public plan and therefore do not need to contact the Régie.

About children

Persons are considered **children** if they:

- are under age 18;
- are age 18 to 25 inclusive, are full-time students, do not have a spouse and are domiciled with their parents.

When children registered for the public plan turn 18, the Régie terminates their coverage. They must therefore obtain coverage on their own by joining a private plan, if they have access to one, or by re-registering for the public plan as an adult, if they do not have such access.

However, at age 18, children who are full-time students, do not have a spouse and are domiciled with their parents may retain their child status if their parents contact the Régie and request that their coverage as a child be extended. These children will then continue to obtain their insured drugs free of charge. If they later cease to be a full-time student, become a spouse or leave the family residence, they must contact the Régie.

When do I have to register or terminate my registration?

You must register for the public plan if you become ineligible for a private plan.

Some persons registered for the public plan may have to re-register for it if the Régie automatically terminates their coverage. This is true of persons who stop receiving employment assistance benefits or 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 terminate my registration?

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 (if you are registering);
- the date you became eligible for a private plan (if you are terminating your registration).

Definition of spouse

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

- are married or have entered into a civil union;
- have been living together for 12 months (separations of less than 90 days do not interrupt the 12-month period); or
- are living together (regardless of for how long) and together have had or have adopted a child.

What must I pay?

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 premium is collected by Revenu Québec.

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 have to pay the public plan premium. Here are the two most common situations:

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

The importance of being insured at all times and of being covered by the right plan

The Régie carries out regular verifications, notably in collaboration with Revenu Québec, to ensure that all persons registered for the public plan are indeed eligible for it and to collect any sums due. Persons registered for the public plan but who are not eligible for it may have to reimburse the Régie for any amounts the Régie paid for prescription drugs they obtained while ineligible.

Persons who, for one or more months of the year, were not registered for any plan pay a premium for all full months during which they had no coverage, even though they were not entitled to the public plan's benefits. Why? To be fair to everyone: these persons did not have the option of being uninsured. If they were eligible for a private plan, they should have joined that plan. If not, they should have registered for the public plan.

The amount of the premium is determined on the basis of personal or family income and situation. To calculate this amount, complete Attachment K of your Québec income tax return.

Persons in certain situations pay no premium and therefore do not have to complete Attachment K. To find out what these situations are, consult the guide to the Québec income tax return, line 447.

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.

Actually, the only way to register for the public plan or to terminate public plan registration is to contact the Régie directly.

Please note that pharmacists cannot register anyone for the public plan or terminate anyone's registration.

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 the contribution towards the purchase of insured drugs. To apply for this tax credit, complete Attachment 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.

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

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 your ***contribution***. The other portion is covered by the Régie.

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?

Each month, when you purchase insured drugs, you pay the first portion of their cost. This is called 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 part (a percentage) of the cost of the insured drugs you purchase. This is referred to as the ***co-insurance***.

There is a maximum monthly amount, called the ***maximum monthly contribution***, that you may be required to pay when purchasing insured drugs. 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 insured drugs you obtain during the rest of the month.

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

You pay the contribution as though you were purchasing your drugs on that date. If the refill date for your prescription occurs during the next month, you pay the deductible for that month, just as though you were making the purchase then. This is why it might seem like you are paying a second deductible for the same month, whereas in actual fact you are paying your deductible for the following month in advance.

If you will be travelling outside Québec for more than one month...

The pharmacist may agree to provide you with more than a one-month supply, because this is an exceptional situation. However, you must pay the deductible and the co-insurance for each month the refill covers.

How much do I pay?

A table showing the costs

Amounts in effect as of July 1, 2007	At the pharmacy			When filing your income tax return
Insured persons	**MONTHLY deductible**	**MONTHLY co-insurance**	**Maximum contribution**	**ANNUAL premium (per person)**
Adults age 18 to 64				
Not eligible for a private plan	$14.10	30%	$75.33/month $904/year	$0 to $557
Persons age 65 and over				
No GIS (0%)	$14.10	30%	$75.33/month $904/year	$0 to $557
Partial GIS (1% to 93%)	$14.10	30%	$48.27/month $579/year	$0 to $557
Near-maximum GIS (94% to 99%)	$0	0%	$0	$0
Maximum GIS (100%)	$0	0%	$0	$0
Employment assistance recipients and other holders of a claim slip (carnet de réclamation)				
Without severe employment constraints	$0	0%	$0	$0
With severe employment constraints	$0	0%	$0	$0
Children of insured persons				
Under age 18	$0	0%	$0	$0
Age 18 to 25, full-time students, without a spouse and domiciled with their parents	$0	0%	$0	$0

About the GIS

The Guaranteed Income Supplement (GIS) is an amount added to the Old Age Security Pension and paid at the same time as that pension to certain persons age 65 and over. A person may receive the maximum GIS (100%), a partial GIS or no GIS (0%).

The amount of the GIS depends on the person's income. The federal government informs the Régie of the amounts received by persons age 65 and over.

For any questions you may have about the GIS, please contact Human Resources and Social Development Canada.

An example of a bill

First prescription of the month

Ms. Smith, who is 45, is covered by the public plan in the adult category. Each month her deductible is $14.10, her co-insurance is 30%, and her maximum contribution is $75.33.

She goes to the pharmacy for the first time with a refillable prescription for a 10-day treatment costing $60.00. Here are a few explanations about her bill:

PHARMACIST
In your neighbourhood

OFFICIAL RECEIPT
Date: 2007-07-01

QUANTITY RX NUMBER DIN	NAME OF DRUG PRESCRIBER REFERENCE NO.	COST OF PRESCRIPTION	INSURER	INSURED PERSON'S CONTRIBUTION		
			AMOUNT PAID	DEDUCTIBLE	CO-INSURANCE	PAYABLE
20 #304573 2238829	Drug XYZ Dr. F. Tremblay 296008679/008462	$60.00	$32.13	$14.10	$13.77	$27.87

Contribution paid to date: $27.87
Remainder: $47.46

Contribution paid to date

This is the total amount paid by Ms. Smith since the beginning of the month, including the day's purchase.

Remainder

This is the amount that Ms. Smith may still have to pay if she obtains other insured drugs during the same month, until she reaches her maximum contribution of $75.33. Because she has paid $27.87 since the beginning of the month, the remainder is $47.46 ($75.33 – $27.87).

Deductible

The deductible is the first portion of the cost of insured drugs purchased during the month. Since this is the first prescription filled for Ms. Smith during the month, she pays her deductible of $14.10.

Co-insurance

The co-insurance is a percentage of the prescription cost that Ms. Smith must pay once she has paid her deductible. In this case, the co-insurance is calculated on $45.90 (prescription costing $60.00, minus the deductible of $14.10), and comes to $13.77 (30% of $45.90).

Payable

The amount payable by Ms. Smith is the deductible plus the co-insurance ($14.10 + $13.77 = $27.87).

Amount paid by insurer

The amount paid by the insurer is the portion of the bill paid by the Régie, and consists of the prescription cost minus the amount payable by Ms. Smith ($60.00 – $27.87 = $32.13).

Second prescription of the month

Ten days later, Ms. Smith returns to the pharmacy to have her prescription refilled, but this time she pays a different amount. Why? Because she paid her deductible at the beginning of the month, the co-insurance now applies to the total amount of her prescription. Thus, for the same drug, she now pays a co-insurance of $18.00 (30% of $60.00).

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

Changing Plans

Persons in certain situations must change plans in the course of a year. When registering for their new plan, they must make a point of terminating their registration for their former plan. These persons may also take steps to make sure they do not pay more than the maximum annual contribution.

What is the maximum annual contribution?

There is a **maximum amount** that you may be required to pay **per year** to obtain insured drugs. This amount, which includes the deductible and the co-insurance, has been set at $904 for most insured persons in Québec. Please note that the maximum contribution is lower for certain clienteles covered by the public 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 your statement to your new insurer, which 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 can also obtain information by telephone or at one of our offices.

Québec
1125, Grande Allée Ouest
☎ 418 646-4636

Montréal
425, boul. De Maisonneuve Ouest, 3rd floor
☎ 514 864-3411

Elsewhere in Québec
☎ 1 800 561-9749

By TDD
(telecommunication device for the deaf)
☎ 418 682-3939 (Québec)
☎ 1 800 361-3939 (elsewhere in Québec)

Our office hours

Monday, Tuesday, Thursday and Friday
from 8:30 a.m. to 4:30 p.m.

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

Outside these hours, the telephone numbers of our offices give you access to our automated telephone information system.

Direction des communications
June 2007 D-9109-1

Régie de l'assurance maladie
Québec

With the participation of Revenu Québec