
Canadians' Access to Insurance for Prescription Medicines

Volume 1 Range and Extent of Coverage

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DISCLAIMER

The descriptions of federal, provincial and territorial drug plans and related data contained in the study have been taken from information provided by governments. The conclusions are the views of the consultants and do not necessarily reflect government policies.

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EXECUTIVE SUMMARY

MANDATE

Most Canadians have insurance coverage for prescription drugs from one source or another. They receive drug coverage from government programs, private plans through their employers and individual plans. Between provinces and territories and across different types of private plans, there are differences in plan design, eligibility rules and out-of-pocket costs.

The Health Transition Fund of Health Canada funded this comprehensive review of Canadians' coverage for prescription drugs, and analysis of the Un-Insured and Under-Insured.

The study is in two volumes. This volume (Volume 1) describes the design features of public and private plans, including issues of eligibility, financial arrangements, co-payments and deductibles. As well, this volume describes the benefits, eligibility and costs of various types of coverage and discusses the particular circumstances of individuals and families depending on their province of residence, socio-economic circumstances, and drug needs.

A companion volume (Volume 2) presents an analysis of the Un-Insured and Under-Insured.

METHODOLOGY & DATA SOURCES

The data sources used in this volume include:

- C A survey of all provincial, territorial and federal government plans and programs offering insurance or other forms of coverage for prescription drug therapy
- C A plan database of 40,850 employers with less than 1,000 employees representing a total of 1.1 million employees
- C A proprietary database, maintained by Applied Management, of 295 large employers representing two million employees
- C Interviews with national organizations representing people with serious illnesses or conditions often associated with high drug costs.

RANGE & EXTENT OF COVERAGE

Access to insurance for prescription drugs is available in a number of ways including private employer-sponsored group plans and public government programs.

Private Plans	Government Plans
<ul style="list-style-type: none">C Employment benefit plansC Individual insurance policiesC Affinity-related group plans (e.g., university students, professional associations)	<ul style="list-style-type: none">C Registered Indians, eligible Inuit and InnuC VeteransC Most seniorsC Social assistance recipientsC Institutionalized populations (health related and corrections)C Universal programs available to all residents

British Columbia, Saskatchewan and Manitoba provide coverage for all residents.

In Québec, the Régie de l'assurance-maladie du Québec (RAMQ) provides coverage for all residents who do not have an employer-sponsored drug plan.

Ontario's Trillium Program is an income-tested program that provides coverage for all residents with high drug costs relative to income.

While not technically a universal program, residents of Alberta without any other coverage can purchase insurance from the government program. Although coverage is optional, its availability on demand regardless of pre-existing conditions (subject to a three month waiting period) does provide a certain element of universal protection to residents.

The Atlantic provinces provide coverage for most seniors and social assistance recipients. All provinces provide programs for individuals with certain high cost diseases.

Most employees have an employer-sponsored drug plan for themselves and their dependents.

Registered Indians and eligible Inuit and Innu receive coverage from the federal Non-Insured Health Benefits (NIHB) program for drug needs not covered by a provincial or territorial government plan. Eligible veterans are entitled to coverage from Veterans' Affairs Canada for drug benefits related to a pensioned condition. For treatments unrelated to a pensioned condition, veterans are required to access provincial programs that are available to them.

PLAN DESIGN

While premiums are the main way private plans finance their plans, only two provinces, Québec and Nova Scotia, charge premiums to residents for coverage in the provincial plan. New Brunswick and Alberta have arrangements for private plan coverage for individuals who do not qualify for a provincial plan. These individuals pay premiums ranging from less than \$200 to nearly \$700 per year.

Just under half (45 percent) of private plans require no contribution from employees, while the balance require employees to pay a part of the plan costs.

Deductibles represent an amount that individuals are required to pay before being eligible for reimbursement of drug expenses. Government plans in British Columbia, Saskatchewan, Manitoba and Ontario have high levels of annual deductibles for most residents. Provinces generally mitigate the level of deductible for seniors' plans and plans for social assistance recipients by reducing deductibles or basing them on income.

Approximately 80 percent of private plans have individual deductibles less than \$50. Over half (52 percent) have no deductibles.

Co-payment or coinsurance is the proportion of total cost of an individual prescription which is paid by the insured individual after the deductible is reached. Most provincial government plans require a co-payment, except in specific situations, such as prescriptions for children covered by social assistance. None of the federal programs requires a co-payment.

Approximately 29 percent of private plans do not require a co-payment. For plans with a co-payment, the most common arrangement is 20 percent paid by the employee, 80 percent by the employer.

Some provincial and territorial government plans have maximum contribution levels which limit the total amount of out-of-pocket expenditures. This is not a common feature in private plans, except in Québec, where there is a legislated out-of-pocket limit.

Government plans generally provide plan beneficiaries with drug cards entitling them to receive their drugs at the pharmacy and pay only the co-payment or the deductible amount.

More private plans are adopting drug cards. In 1998, just under 40 percent of private plans provided their beneficiary with drug cards.

There is limited portability of benefits. Individuals covered by a provincial plan generally lose their coverage if they change provinces, and face a three-month wait to be eligible in the new province. Members of private plans generally lose coverage when their employment terminates, and may be required to fulfill a waiting period with their new employer, or may be without benefits if they become unemployed.

FORMULARY DESIGN AND DEFINITION OF BENEFITS

Once a drug has received approval for sale in Canada from the Therapeutic Products Programme (TPP) of Health Canada, it can be prescribed by physicians and dispensed by pharmacists. Provincial, territorial or federal government drug plans may decide to pay for the drug, pay for it under certain conditions, or not pay for it. Each jurisdiction has developed criteria for listing and there is considerable variation from province to province in which drugs they will pay for.

While the majority of private plans do not have a defined list of drugs they will pay for, an increasing number of employers are adopting a “managed formulary” and paying only for a defined list of products. Just under 20 percent of private plans have adopted this approach.

OUT -OF- POCKET COSTS

The report analyses the situation of a variety of different socio-economic groups and how much they pay out-of-pocket for a defined basket of drugs.

There are considerable regional differences in the amount of reimbursement an individual receives depending on residence and socio-economic circumstances. For example, a senior couple with no income support and drug costs of approximately \$2,000 per year receives anywhere from full reimbursement to no reimbursement for their drug cost, depending on where they live.

FINANCIAL IMPACTS ON INDIVIDUALS WITH HIGH DRUG EXPENSES

Canadians with certain types of diseases or conditions face high drug expenses. Examples are individuals with diabetes, end stage renal disease, multiple sclerosis and schizophrenia. Based on discussions with associations representing several disease groups, and analysis of cost and coverage, it is apparent that those least likely to have adequate coverage include:

- Young adults, especially women
- Those people with illnesses that have a negative impact on employability, such as multiple sclerosis and HIV/AIDS
- Those people with diseases that historically have had limited treatment options but where new, and often costly, drug therapies are now available.

For many of these disease areas, provincial governments have developed specific programs to deal with their particular circumstances. However, eligibility and the benefits available vary from province to province.

Whether these individuals have private drug plans or are eligible for government assistance, co-payments and deductibles can represent a significant out-of-pocket expense. As well, when private plans have annual or lifetime maximums, insured individuals may delay initiation of treatment so as not to exceed the limits.

Summary

- A large variety of programs provide Canadians with drug expense insurance. Government programs are generally targeted to population segments with greater need based on their age, income or medical condition. Employer sponsored plans exist to provide competitive compensation.
- Private plans generally provide coverage with lower deductibles and co-payments than government plans.
- Government plans are more likely to limit the total amount of co-payments than private plans thereby providing more financial protection for individuals with high levels of drug expense.
- There are substantial regional differences in who is eligible for government drug coverage. In Atlantic Canada, for example, relatively fewer residents are eligible for plan coverage than other regions.
- For those who are eligible, the level of government plan benefits varies substantially by province or territory.
- Government plans have invested substantial effort in cost management mechanisms such as negotiated prices, electronic payment systems and formularies. Private plans are increasingly adopting many of the same strategies.
- There are few mechanisms to ensure continuity of coverage as changes in individuals' circumstances affect their plan eligibility, especially for those individuals who rely on employer sponsored plans, or who move between provinces and territories.
- Most individuals, and seniors, in particular, are protected relatively well from high risk drug expenses by government drug plans. Non seniors in provinces and territories without universal government programs can face a major financial burden unless they secure and maintain employment-based coverage. However, maintaining employment is often not practical for those with serious illness.

1. INTRODUCTION

Most Canadians have insurance coverage for prescription drugs from one source or another. They receive drug coverage from government programs, private plans through their employers and individual plans. Among provinces and territories and across different types of private plans, there is wide variation in plan design, eligibility rules and out-of-pocket costs.

This report describes the benefits, eligibility and costs of various types of coverage, and discusses the particular circumstances of individuals and families with high cost drug needs.

1.1 Data Sources

The data used in this report relating to plan design and plan coverage come from several sources. Collectively, we refer to the set of data supporting this report as the Project Research Files. Provincial and territorial data are current as of June, 1999. Nunavut became a territory on April 1, 1999, but did not have a separate plan as of June 1999. As private plan data come from multiple sources, dates vary, but generally the data reflects the situation as of December 31, 1998.

Public Plans

The Project Database of Public Drug Plans (Appendix 1) contains information about provincial, territorial and federal drug plans. The source of this information is survey responses completed by provincial, territorial and federal government representatives.

Private Plans

The Employer Plan Statistical File (Appendix 2) is a database compiled from drug plan information on 3.1 million employees covered under approximately 41,000 employer-sponsored group plans. The plan data comes from two sources:

- Data supplied by eight insurance companies
- Applied Management's proprietary database of large employer plans

1.2 Description of Terms Used in the Report

This section defines some of the key terms that are used throughout this report.

Aboriginal Canadians means First Nations peoples registered under the Indian Act, First Nations peoples not registered under the Indian Act, Métis people, Inuit and Innu.

Beneficiary means a person who has a right to receive benefits from a plan in specific circumstances. The term is not restricted to those who have received benefits. We use it synonymously with the concept of membership or coverage.

Co-payment or Co-pay refers to cost-sharing arrangements in effect after any initial deductible is satisfied for drugs included in insurance coverage. We further define co-payment as an amount that the insured must pay in normal circumstances as a result of intrinsic plan design excluding amounts associated with other Cost Containment Features (see below).

Cost Containment Features refer to plan provisions other than explicit deductibles and co-payments that may result in plan members not receiving full reimbursement but where the primary purpose is to control provider behavior or to encourage certain consumer behavior. Some examples include:

- reimbursing at the cost of the lowest cost generic equivalent of a brand name drug (lowest cost alternative pricing)
- reimbursing at the cost of the lowest cost drug in a therapeutic class (therapeutic reference pricing)
- limiting drug ingredient costs by defining the cost that will be reimbursed
- "preferred provider" arrangements where disincentives apply when a provider outside the designated provider network is used
- requiring that certain drugs be pre-authorized prior to prescribing, dispensing or reimbursement
- excluding certain classes of drugs
- ensuring appropriate drug utilization.

Cost-sharing applies when a beneficiary pays some portion of the cost of benefits. A plan with no cost-sharing means the full cost is paid by the plan sponsor.

Coverage - Individuals have coverage if they have purchased insurance, if their employer provides it or it is provided by government with no premium, or the government requires them to purchase it (as in Québec).

Deductible refers to amounts that must be paid in full by the plan member during a benefit period (usually a calendar year) before any reimbursement for drugs included in insurance coverage is available from a plan.

Dispensing Fees or Pharmacist Fees are professional fees charged by pharmacists for filling a prescription. In some provinces and territories, the government sets dispensing fees. Other jurisdictions and some insurers negotiate the dispensing fees charged to their plan beneficiaries.

Drug Card is a card issued to a public or private plan beneficiary which allows for on-line adjudication of a claim. When the beneficiary uses a drug card, the only costs payable are co-pays or deductibles, according to the rules of the plan.

Drugs means prescription medications approved for use in Canada by Health Canada, available normally by prescription only and dispensed by hospital or community pharmacists. Where the context requires, drugs may also include insulin and vaccines.

First-dollar Coverage means a deductible of zero.

Formulary is a list of drugs, defined by an insurer or government drug plan, describing what drugs are covered, and under what conditions.

Government Drug Plans include federal, provincial or territorial government insurance programs that cover drug expense for certain individuals or that absorb the expense of providing drugs to individuals in nursing homes or long term care facilities. The term excludes employee benefit plans created by governments in their role as employers. It also excludes the cost of drugs provided in hospital.

Guaranteed Income Supplement (GIS) is a federal income-tested support program for low-income seniors.

Ingredient Cost means the price of a drug from the manufacturer before wholesale or retail markup.

Mark-up is the amount a pharmacy charges for drugs over and above the ingredient cost. Mark-up does not include dispensing fees.

Maximums refer to thresholds of annual or lifetime costs for a family or an individual, beyond which a plan will no longer pay benefits.

Non-Insured Health Benefits (NIHB) Program is a Federal program to provide registered Indians and eligible Inuit and Innu with certain health benefits.

Nursing Home Resident is a person living in a nursing home either privately or publicly funded.

Out-of-Pocket means the amount the insured person pays from his own resources after receiving reimbursement, if any, from a drug insurance plan.

Out-of-Pocket Limit defines an amount for combinations of co-pays and deductibles after which a beneficiary is no longer required to contribute to the cost of drugs.

Pay Direct Plans are public or private plans that have arrangements to pay pharmacists directly for the cost of drugs rather than the insured paying in full and receiving reimbursement.

Plan Sponsor is an employer, a group of employers or a union that offers plan benefits to a defined group of beneficiaries.

Premium is an amount paid by an individual or family to be eligible for insurance coverage.

Private Drug Plans refer most often to employment related group benefit plans but also include group insurance arrangements sponsored by membership groups and individual insurance policies sold to the general public.

Reimbursement Plans are plans that require a beneficiary to pay the cost of the drug in full and submit a claim to the insurer for reimbursement.

Seniors are individuals aged 65 and over.

Social Assistance is used as a generic term for provincial means tested programs designed to provide the minimum necessities of life for those without other income resources.

Universal is the term used to describe provincial and territorial government plans which cover either all residents or all residents not already covered under other more targeted provincial, territorial or federal plans such as seniors or social assistance.

Wholesale Mark-up is the amount a wholesaler charges for drugs over and above the ingredient cost.

2. PLAN BENEFICIARIES

2.1 Government Drug Plans

2.1.1 UNIVERSAL PROGRAMS

Six provinces have universal programs:

- Manitoba, Saskatchewan and British Columbia provide coverage for all residents.
- Québec - The Régie de l'assurance-maladie du Québec (RAMQ) provides coverage for all residents who do not have an employer-sponsored drug plan.
- Ontario's Trillium Program is an income-tested program that provides coverage for all residents with high drug costs relative to income.
- While not technically a universal program, residents of Alberta without any other coverage can purchase insurance from the government program. Although coverage is optional, its availability on demand regardless of pre-existing conditions (subject to a three month waiting period) does provide a certain element of universal protection to residents.

There is no universal coverage in Atlantic Canada or the territories.

2.1.2 SENIORS

All provincial governments operate drug plans for seniors. Where there are universal programs, seniors generally receive some level of financial assistance over and above coverage available to all residents.

All seniors in Prince Edward Island are eligible for the provincial seniors' program. Newfoundland & Labrador and New Brunswick provide coverage only for low income seniors on federal Guaranteed Income Supplements (GIS) or who qualify through another assessment of income. New Brunswick facilitates access to private insurance coverage for other seniors.

Nova Scotia offers coverage for all seniors. The premiums are waived for those with low income. Higher income seniors can, at their option, participate by paying a premium.

Table 1 summarizes the provincial and territorial coverage available to seniors.

Table 1 - Provincial Government Drug Plan Coverage for Seniors

Province	Eligible Seniors
Newfoundland & Labrador	Seniors receiving GIS
Prince Edward Island	All seniors
Nova Scotia	All seniors who pay the required premium
New Brunswick	Those who receive GIS or qualify via income test are eligible for the seniors' program
Québec	All seniors except those who choose to maintain group coverage
Ontario	All seniors
Manitoba	All seniors
Saskatchewan	All seniors
Alberta	All seniors & dependents
British Columbia	All seniors
Yukon	All seniors
Northwest Territories	Everyone age 60 and over plus their spouses
Source: Federal and Provincial Drug Plan Description File	

2.1.3 SOCIAL ASSISTANCE RECIPIENTS

Social assistance recipients make up approximately 10 percent (2.9 million) of the Canadian population. All individuals and families who receive social assistance have drug coverage from their provincial or territorial governments (see Table 2).

Table 2 - Provincial Government Coverage of Social Assistance Recipients

Province	Eligible for Drug Coverage
Newfoundland & Labrador	Social service recipients
Prince Edward Island	Welfare recipients
Nova Scotia	Family benefits & income assistance recipients
New Brunswick	Human Resources Development - NB clients
Québec	Income security recipients and other holders of a claim booklet
Ontario	Family benefits and general welfare recipients
Manitoba	Social service recipients
Saskatchewan	Saskatchewan assistance plan recipients
Alberta	Family and social service recipients
British Columbia	Social service recipients
Yukon	All social assistance recipients and children under age 19 in low income families
Northwest Territories	Income support recipients
Source: Federal and Provincial Drug Plan Description File	

2.1.4 REGISTERED INDIANS AND ELIGIBLE INUIT AND INNU

The federal government provides some health care services and benefits for Registered Indians and eligible Inuit and Innu. Eligible beneficiaries have drug coverage through the Non-Insured Health Benefits (NIHB) Program, Medical Services Branch, Health Canada. The program, which is designed as a payer of last resort, provides drug coverage when not available through other private, provincial or territorial programs.

There are no federal or provincial programs specifically targeted to provide coverage for aboriginals other than those mentioned above. In the Northwest Territories, the Territorial Government offers eligible Métis the same coverage as Health Canada provides to eligible NIHB clients except there is a co-payment of 20%.

2.1.5 VETERANS

Certain veterans are eligible for drug coverage from Veteran Affairs Canada (VAC). VAC reimburses the full cost of drugs for any service-related disability. Veterans are eligible for coverage to "top up" their provincial plan or provide benefits if they do not have any access to provincial or territorial programs.

2.1.6 CANADIANS IN INSTITUTIONS

Approximately 300,000 Canadians live in nursing homes or long-term care facilities and receive financial assistance for drug benefits either directly through provincial government drug plans or indirectly through funding for nursing home or long term care.

The degree of financial assistance varies provincially, ranging from no special funding to reduced or waived cost-sharing for drugs (see Table 3).

Table 3 - Provincial Government Coverage for Nursing Home Residents

Province	Comments
Newfoundland & Labrador	No special funding
Prince Edward Island	No special funding
Nova Scotia	No special funding
New Brunswick	C Adult beneficiaries of Health and Community Services in residential facilities - cost-sharing is co-payment of \$4.00 per prescription to a maximum of \$250 per year C Residents of registered nursing homes - no cost
Québec	<ul style="list-style-type: none"> Resident of private nursing home - no special funding Resident of public nursing home - no cost
Ontario	C Home care - prescription co-payment is up to \$2.00 per prescription C Homes for special care - prescription co-payment is up to \$2.00 per prescription C Long term care - prescription co-payment is up to \$2.00 per prescription
Manitoba	Nursing home residents - no cost
Saskatchewan	Seniors receiving GIS - reduced deductible Seniors receiving SIP - no cost

Province	Comments
Alberta	No special funding
British Columbia	Nursing home residents - no cost
Yukon	No special funding
Northwest Territories	Nursing home residents - no cost
Source: Federal and Provincial Drug Plan Description File	

2.1.7 OTHER GROUPS

Members of the military receive drugs directly from dispensaries on military bases and do not require insurance coverage. The federal government provides benefits for their families in a similar fashion to benefits provided by private plan sponsors.

Individuals incarcerated in correctional facilities receive drugs directly from the institution. Responsibility for drug cost depends on whether the institution is federal or provincial.

2.2 Private Plans

2.2.1 EMPLOYEES (AND THEIR DEPENDENTS)

Almost all large employers offer group benefit plans covering drug expense. These plans are very common even among the smallest employers. Insurance companies market group policies to employers with as few as three employees. Even one-employee businesses can acquire coverage through multiple-employer plans sponsored by a trade association or Chamber of Commerce.

Employers set the rules for which classes of employees are eligible for group benefits or negotiate them in a unionized environment. Full time, permanent employees are those most commonly offered coverage. Some firms extend coverage to part time employees. In Saskatchewan, provincial law requires coverage for part-time employees under certain conditions.

Some industries, such as construction, where employees work briefly for a number of employers, provide coverage through a multi-employer union welfare plan set up through collective bargaining. In these plans, eligibility is usually determined by total hours worked for all employers in the scheme.

Employees commonly serve a brief waiting period after starting their employment before drug benefits become effective. Three months is the most common waiting period. Table 4 shows typical waiting periods for group plans in Canada.

Table 4 - Length of Waiting Period for Drug Plan Eligibility

Waiting Period from date of Hiring	Percent of Employees
None	16 %
One Month	3 %
Three Months	69 %
Six Months	7 %
All Other	5 %
Source: Employer Plan Statistical File	
Notes: Based on 12,248 employers and 320,116 employees Data from three insurance companies only All employers under 1,000 employees See Appendix 2 for development of Employer Plan Statistical File	

Employee benefit plans, whether sponsored by a single employer or a multiple employer arrangement, usually cover the dependents of covered employees. Most commonly, dependents include spouse or common-law spouse and unmarried children under the age of 18 or under the age of 25 if attending university. Same-sex spouses are recognized by some plans. In Québec, provincial law requires coverage for spouses, and children under 18, and children 18 to 25 who are full-time students.

Many larger employers and a few small ones also provide drug plan coverage to retirees and their dependents. Some of the largest employers in the country have more retirees than active employees in their plans.

2.2.2 INDIVIDUAL POLICY OWNERS

Individual policies provide coverage for the self-employed or those employed but not eligible for group coverage and for seniors who wish to extend the coverage offered by their provincial seniors program. These policies normally allow the policyholder to add coverage for other family members. Usually, each covered person must provide evidence of insurability in the form of a medical questionnaire. However, in some provinces and territories, individual policies are sold without health evidence although waiting periods, restricted benefits and pre-existing conditions limitations may apply.

In Québec, individual insurance policies are only permitted to supplement coverage by RAMQ.

A number of insurance companies market individual health policies covering drug expense to the general population. Historically, these policies were only sold by Blue Cross and other not-for-profit health insurers but the number of vendors has expanded in recent years.

Some group plans, particularly those with Blue Cross or Green Shield, provide a "conversion privilege" guaranteeing employees who leave the group plan the right to acquire an individual policy without providing evidence of insurability.

2.2.3 AFFINITY GROUP MEMBERS

Certain organizations sponsor group insurance plans that cover drug expenses for their members. Associations of professionals or self-employed individuals are the most common sponsors of such plans.

These plans are small in number compared to employer sponsored plans but often the membership base is relatively large. For instance, most university student associations sponsor a drug plan which is financed by student activity fees.

In general terms, these plans seek to replicate the common features of employer sponsored programs. However, unlike employer sponsored plan, applicants for coverage under affinity plans must normally provide evidence of good health.

2.3 Summary

Eligibility for some form of drug coverage in Canada is commonly associated with one or more of the following conditions:

- having full-time employment
- receiving social assistance
- being a senior
- being a resident in a province with universal coverage
- being a person with a specific disease.

The absence of coverage is thus often associated with:

- individuals (and their dependents) employed part-time or seasonally
- individuals (and their dependents) in transition between jobs
- individuals (and their dependents) who are self-employed or who work for employers without a drug plan.

3. PLAN DESIGN FEATURES

This chapter discusses some of the key features in plan design in both government and private plans.

3.1 Premiums

3.1.1 GOVERNMENT PLANS

Provinces and territories finance their drug programs with premiums, taxes, or a combination of the two.

Eight provinces and both territories finance their drug benefits for seniors and social assistance recipients from tax revenues, and do not charge premiums:

- Newfoundland & Labrador
- Prince Edward Island
- New Brunswick
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Yukon
- Northwest Territories.

In Nova Scotia, there is an annual premium of \$215 for seniors who want to participate in Seniors' Pharmacare. Lower income seniors pay a lower annual premium which could be zero. Seniors who do not join at age 65 may be required to pay higher premiums.

All residents of Québec without access to prescription drug coverage through a group plan pay an annual premium of up to \$175 per adult. The premium is reduced for individuals with lower income levels. No premium is required for children.

In Alberta, non seniors who want to purchase drug coverage from the provincial plan pay a monthly premium, which is the annual equivalent of \$172.20 to \$492.00, depending on income and single or family status.

In New Brunswick, seniors not eligible for the prescription drug program who want to purchase coverage through Blue Cross of Atlantic Canada pay a monthly premium which is the annual equivalent of \$696.

There are no premiums for federal government drug plans for eligible NIHB clients or veterans.

3.1.2 PRIVATE PLANS

Plan sponsors pay premiums to an insurer or contributions to a trust fund for self-insured plans. Employees normally contribute a portion of the cost through payroll deductions although some employers pay the full cost.

Approximately half of all employees contribute to the cost of group benefit plans through payroll deductions but there are significant regional variations. Employees in Atlantic Canada are most likely to have required contributions while those in British Columbia are least likely. (Table 5)

**Table 5 - Percentage of Employees
Making Contributions to their Drug Plan**

Region	Employee Contributions	
	Required	Not Required
Atlantic	83%	18%
PQ	66%	34%
ON	53%	47%
MB	72%	28%
SK	41%	59%
AB	72%	28%
BC	21%	79%
Canada	55%	45%
Source: Employer Plan Statistical File		
Notes: Based on 12,540 employers and 2,302,541 employees See Appendix 2 for development of Employer Plan Statistical File		

Many group plans which require employee contributions do not permit employees to opt out. Group benefit plans and the associated payroll deductions are often a condition of employment or are required as a result of collective bargaining. In Québec, individuals with access to a group plan are required to obtain coverage for themselves and, as applicable, for their spouses and dependents.

3.1.3 SUMMARY

- In six provinces and two territories, beneficiaries in the public plan pay no premiums
- Four provinces require at least some of their beneficiaries to pay premiums for their coverage
- 55 percent of beneficiaries in private plans pay premiums.

3.2 Deductibles

3.2.1 GOVERNMENT PLANS

Deductibles represent the "flip side" of premiums in a government plan, as shown in Table 6. Provinces which charge premiums tend not to have a deductible; those who fund the programs from tax revenues require the beneficiaries to pay a portion of the cost through deductibles.

There are no deductibles on prescription drug plans in Atlantic Canada, whereas the universal programs in Manitoba, Saskatchewan, British Columbia and the Ontario Trillium program have deductibles. (Table 6)

There are no deductibles in federal government drug plans.

Table 6 - Deductibles in Government Drug Plans

Province (Program)	Group of Beneficiaries	Deductible
Newfoundland & Labrador	All programs	None
Prince Edward Island	All programs	None
Nova Scotia	All programs	None
New Brunswick	All programs	None
Québec	All programs	\$8.33 / month
Ontario	Single senior with income > \$16,018 Senior couple with income > \$24,175	\$100 per person annually

Table 6 - Deductibles in Government Drug Plans

Province (Program)	Group of Beneficiaries	Deductible
Ontario (contd.)	Trillium Program	Approximately 4% of family income. Dependent on income and family size, approximately 4%, and can be as low as \$150.
Manitoba	All residents	2% of family income up to \$15,000 and 3% of family income more than \$15,000 - reduced by \$3,000 for spouse and each child under 18
	Personal Care Program	None
	Social Allowance Health Services	None
Saskatchewan	Seniors - Saskatchewan Income Plan	\$100 semiannually
	Seniors - GIS recipients in community	\$200 semiannually
	Seniors - GIS recipients in nursing home	\$100 semiannually
	Family health benefits	\$100 semiannually per adult
	Social assistance recipients	None
	All other residents	\$850 semiannually
Alberta	All	None
British Columbia	Residents with less than \$20,000 income	\$600 annually
	All other residents except seniors, nursing home residents, social assistance, medically dependent children and mental health patients	\$800 annually
Yukon	Seniors	None
	Children of low income families	Maximum of \$250 per child \$500 per family
	Persons with chronic diseases and disabilities	Maximum of \$250 per child \$500 per family
	Social assistance recipients	None

Table 6 - Deductibles in Government Drug Plans

Province (Program)	Group of Beneficiaries	Deductible
Northwest Territories	All programs	None
NIHB	Registered Indians and eligible Inuit and Innu	None
Veterans	Beneficiaries of the program administered by Veterans Affairs Canada	None
Source: Federal and Provincial Drug Plan Description File		

3.2.2 PRIVATE PLANS

The majority of employees have plans with no deductibles as shown in Table 7. In those that do, deductibles are generally quite modest, rarely exceeding \$75 per year. There is some variation by region. It is important to note that the federal government, the largest employer in the country has a deductible of \$60 per year for individuals, accounting for the majority of the “all others” category.

**Table 7 - Distribution of Common Deductible Values by Region
(Percentage of Employees)**

	\$0	\$10	\$25	\$50	\$100	\$500	All Others
Atlantic	82%	1%	12%	1%	2%	<1%	1%
PQ	34%	4%	36%	13%	1%	0%	12%
ON	47%	6%	12%	4%	<1%	<1%	31%
MN	65%	4%	24%	5%	<1%	0%	2%
SK	70%	1%	23%	6%	1%	<1%	<1%
AB	70%	1%	15%	2%	<1%	0%	13%
BC	72%	1%	24%	2%	<1%	0%	1%
Canada	52%	5%	19%	5%	1%	<1%	19%
Source: Employer Plan Statistical File							
Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File							

Table 8 below shows the cumulative distribution of employees by firm size and amount of deductible, for employees in large plans (more than 1,000 employees) versus all other employees. For all plans combined, 99 percent of employees have deductibles of \$100 or less. Ninety-nine percent of employees in smaller plans have deductibles of \$50 or less.

**Table 8 - Cumulative Distribution of Deductibles by Firm Size
(Percentage of Employees)**

Individual Annual Deductible	Employer Size (number of employees)		
	Under 1000	1,000 and over	All Employers
Zero	58.6%	48.2%	51.7%
\$25 or less	93.1%	69.9%	78.1%
\$50 or less	99.1%	76.1%	84.3%
\$100 or less	99.8%	99.2%	99.4%
\$500 or less	100.0%	99.9%	99.9%
Source: Employer Plan Statistical File			
Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File			

A few plans, generally sponsored by larger employers, have annual deductibles of \$500 or greater. In many of these cases, though not necessarily all, the high deductible plan is an option in a "flexible plan" arrangement. In these plans, employees have the right to select a lower deductible or they can establish a "Health Spending Account". This could be used to offset the deductible or to pay for other benefits of the employee's choice.

In most plans, drug coverage is a component of the "Extended Health Care" benefit. For 99 percent of covered employees, the annual deductible applies not just to drugs but to other elements of their plan as well, such as paramedical or private duty nursing.

For a similar percentage of plans with deductibles, there is a family deductible provision limiting all deductible amounts paid by one family to a fixed limit. Most commonly, the family deductible is twice the individual amount but often a lower figure applies. In some plans, the family deductible is three or four times the individual deductible, although this is rare.

Individual plans are similar in having no or very low deductibles. Some carriers do offer individuals a deductible as high as \$500.

Direct data on affinity plans is not available but it is understood they have similar patterns to group and individual plans.

3.2.3 SUMMARY

- Private plans have relatively small deductibles, usually less than \$50, while government plan deductibles, where applicable, are generally much higher
- Over half of the employees in private plans have no deductible at all
- High deductibles are extremely rare in private plans
- There are no deductibles in federal government plans for eligible NIHB clients or veterans.

3.3 Co-Payments

3.3.1 GOVERNMENT PLANS

Co-payments are a feature of most provincial plans. Generally speaking, the co-payments are lower for seniors and low income beneficiaries. In some cases, co-payments are fixed dollar amounts; in others they are a percentage of the total prescription cost. Most provinces and territories limit the out-of-pocket impact with out-of-pocket limits, after which the co-payment is waived. Co-payments are generally reduced or waived for residents of long term care facilities and nursing homes in provinces and territories where these individuals are beneficiaries of public drug plans.

None of the federal government drug plans requires a co-payment.

Table 9 shows the type and amount of co-payment in government plans.

Table 9 - Co-Payments in Government Drug Plans

Province (Program)	Group of Beneficiaries	Co-Payment
Newfoundland & Labrador	Seniors who receive federal GIS supplement	Dispensing fee
	Social assistance recipients	None
Prince Edward Island	Seniors	\$7.00 plus pharmacist fee of \$7.85
	Social assistance recipients	None
	Residents of health system or private subsidized nursing home facilities	None
Nova Scotia	Seniors	20% of the prescription cost (minimum of \$3.00 per prescription) to annual maximum of \$200
	Family benefit recipients	20% of the prescription cost (minimum of \$3.00 per prescription) to annual maximum of \$150
	Income assistance recipients	\$3.00 per prescription
New Brunswick	Seniors who receive GIS	\$9.05 per prescription to annual maximum of \$250
	Human Resources Development - NB clients (plan F)	Adult: \$4.00 per prescription Child: \$2.00 per prescription to family annual maximum of \$250
	Adult beneficiaries in residential facilities who receive financial assistance (plan E)	\$4.00 per prescription to annual maximum of \$250
	Children in care of Minister (plan G)	None
	Residents of registered nursing homes	None
	Seniors with private Blue Cross coverage	\$9.05 per prescription
	Special disease plans	20% of prescription cost to maximum of \$20 per prescription
Québec	All	25% of the prescription cost

Table 9 - Co-Payments in Government Drug Plans

Province (Program)	Group of Beneficiaries	Co-Payment
Ontario	Seniors	Up to \$6.11 per prescription
	Low income Seniors Home care Long term care All residents (Trillium) Family benefits General welfare	Up to \$2.00 per prescription
Manitoba	All residents	None
Saskatchewan	Seniors receiving GIS in nursing homes	35%
	Saskatchewan income plan recipients in nursing homes	None
	Saskatchewan Assistance plan recipients	Adults: \$2.00 per prescription Children: None
	Family health benefits recipients	Adults: 35% Children: none
	All other residents	35% (may be reduced for special support beneficiaries)
Alberta	Seniors Widow's pension Residents < 65	30% to a maximum of \$25 / prescription
	Social service recipients	\$2.00 per prescription for first 3 prescriptions / month
British Columbia	Seniors	Pharmacist fee to annual maximum of \$200
	Nursing home residents Social service recipients Residents with premium assistance Medically dependent children Mental health patients All other residents	None
		30%

Table 9 - Co-Payments in Government Drug Plans

Province (Program)	Group of Beneficiaries	Co-Payment
Yukon	Seniors	None
	Children in low income families	None
	Persons with chronic diseases and disabilities	None
	Social assistance recipients	None
Northwest Territories	Seniors	None
	Income support recipients	None
	Registered Métis	20%
NIHB	Registered Indians and eligible Inuit and Innu	None
Veterans	Veterans	None
Source: Federal and Provincial Drug Plan Description File		

3.3.2 PRIVATE PLANS

Co-payments are common in group plans, usually a fixed percentage of the total prescription cost. However, a quarter of covered employees have no co-payments.

The most common co-payment arrangement is 20 percent (Table 10). Table 11 shows the regional variations in co-payment arrangements.

Table 10 - Distribution of Co-Payment Arrangements in Private Plans

Co-Payment	Percent of Employees
No Co-Payment	29%
Per Script	
Dispensing Fee	3%
Per Script<\$1	2%
Per Script=\$1	2%

Table 10 - Distribution of Co-Payment Arrangements in Private Plans

Co-Payment	Percent of Employees
Per Script \$1.01 to 1.99	0%
Per Script=\$2	2%
Per Script \$2.01 to 4.99	<1%
Per Script=\$5	2%
Per Script over \$5	1%
Percentage	
Co-insurance=5%	0%
Co-insurance=10%	9%
Co-insurance=15%	1%
Co-insurance=20%	46%
Co-insurance=25%	1%
Co-insurance=30%	1%
Co-insurance=35%	0%
Co-insurance=40%	0%
Co-insurance=45%	0%
Co-insurance=50%	<1%
Co-insurance=Over 50%	0%
Other and combinations	2%
Total	100%
Source: Employer Plan Statistical File	
Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File	

**Table 11 - Co-Payment Arrangements by Region in Private Plans
(Percentage of Employees)**

Region	Co-Payment Arrangements			
	No Co-Payment	Fixed Amount per Script	Percentage Amount	Combination
Atlantic	20%	47%	34%	<1%
PQ	28%	3%	68%	1%
ON	28%	13%	51%	2%
MN	28%	5%	66%	1%
SK	55%	1%	44%	<1%
AB	29%	4%	66%	1%
BC	28%	1%	70%	1%
Canada	29%	12%	58%	2%
Source: Employer Plan Statistical File Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File				

Employers, other than the very large employers, show a high level of consistency in co-payment arrangements (Table 12).

Small and medium size employers are somewhat less likely to have co-payments compared to large and very large employers.

The very largest employers in the country, which are predominantly public sector employers (the Employer Plan Statistical File includes the federal government and six provincial governments) are much more likely to have co-payments as part of their design features. The benefit plan for the federal civil service for example, has a co-payment of 20%.

**Table 12 - Co-Payment Arrangements in Private Plans by Employer Size
(Percentage of Employees)**

Co-Payment Amount	Size of Employer (employees)			
	Under 50	50-999	1,000-9,999	Over 10,000
Zero	47%	47%	35%	10%
20%	35%	28%	33%	66%
All Others	19%	26%	32%	25%
Total	100%	100%	100%	100%
Source: Employer Plan Statistical File				
Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File				

3.3.3 SUMMARY

- Co-payments are a feature of both public and private plans, although over a quarter of private plan members pay no co-payment at all and a portion of government plan beneficiaries pay no co-payment.

3.4 Annual Maximum Out-of-Pocket Limits on Expenditures

3.4.1 GOVERNMENT PLANS

Provincial government drug plans use a combination of premiums, deductibles and co-payments to share the cost of drug benefits with beneficiaries. Some provinces limit the beneficiaries' exposure through annual out-of-pocket limits for some or all plan beneficiaries.

Annual out-of-pocket limits are presented in Table 13.

Table 13 - Maximum Out-of-Pocket Limits on Provincial Plans

Province	Out-of-Pocket Limits
Nova Scotia	seniors - \$415 annually (including premiums) low income seniors - \$200 annually
	family benefits - \$150 annually
New Brunswick	seniors who receive GIS: \$250 annually per person
	human resources development, NB clients - \$250 annually per family
	adult beneficiaries of residential facilities receiving income assistance - \$250 annually per person
	special disease plans - \$500 per family per year
Québec	persons <65 without access to a group plan - \$62.49 per month plus the annual premium of up to \$175
	seniors without income assistance - \$62.49 per month plus the annual premium of up to \$175
	seniors receiving partial GIS supplement - \$41.66 per month plus the annual premium of up to \$175
	seniors receiving full GIS supplement - \$16.66 per month
	income security recipients - \$16.66 per month
Manitoba	3% of adjusted family income
Saskatchewan	all residents with high drug cost relative to income - 3.4% of adjusted family income
Alberta	Palliative care program - \$1,000 lifetime
British Columbia	seniors - \$200 per year
	all residents receiving medical premium assistance - \$600 per year
	all other residents - \$2,000 per year
Yukon	children of low income families - \$250 per year per person
	chronic disease program - \$250 per year per family \$500 per year per family
<i>Provinces not on list do not have out-of-pocket limits</i> Source: Federal and Provincial Drug Plan Description File	

3.4.2 PRIVATE PLANS

Out-of-pocket limits are very uncommon in group plans other than in Québec where a \$750 annual limit has been legislated. Less than one percent of employees outside Québec have out-of-pocket limits. The limits range from \$400 to \$2,000.

However, 13 percent of employees outside Québec have plans that do not require deductibles or co-payments so they have, in effect, an out-of-pocket limit of zero.

Another 15 percent have a deductible but no co-payment so they have an implicit out-of-pocket limit equal to their deductible.

3.4.3 SUMMARY

- C Out-of-pocket limits are more common in public plans than in private plans
- C Approximately 50 percent of individuals in private plans do not have out-of-pocket limits and face potentially costly exposure in the event of serious illness.

3.5 Annual Maximums

Annual maximums restrict the total amount that a plan will pay for an individual in a given 12 month period, typically a calendar year.

3.5.1 GOVERNMENT PLANS

Annual maximums are not used by provincial, territorial or federal government plans. The exception is Alberta which has an annual maximum of \$25,000 that may be reviewed and increased on an individual basis.

3.5.2 PRIVATE PLANS

Annual maximums are unusual in group plans and probably affect less than 5 percent of covered employees. We only have comprehensive data on this issue for employers with less than 1,000 employees.

The evidence we do have, however, suggests that large employers follow the pattern of small and mid size employers shown in Table 14.

**Table 14 - Annual Maximum Values in Private Plans by Amount
(Employers of under 1,000 employees)**

Annual Maximum	Percent of Employees
Under 1,000	#0.4%
\$1,000 to 4,999	#0.3%
\$5,000 to 9,999	#0.2%
\$10,000 to 24,999	2%
\$25,000 or more	#0.1%
Unlimited	97%
Total	100%
Source: Employer Plan Statistical File Notes: Based on 40,848 employers and 1,123,434 employees Employers with less than 1,000 employees only. See Appendix 2 for development of Employer Plan Statistical File	

There is some regional variation as seen in Table 15. In Québec, annual maximums are not permitted under provincial law. In Saskatchewan and to a lesser extent in Manitoba and British Columbia, relatively low annual maximums have been explicitly introduced into group plans to match the deductibles under the provincial universal plans.

**Table 15 - Annual Maximum Values In Private Plans by Region
(Percent of Employees)**

Region	Annual Maximums	
	Yes	No
Atlantic	2%	98%
Québec	0%	100%
Ontario	2%	98%
Manitoba	8%	92%
Saskatchewan	22%	78%
Alberta	4%	96%
British Columbia	9%	91%

**Table 15 - Annual Maximum Values In Private Plans by Region
(Percent of Employees)**

Region	Annual Maximums	
	Yes	No
Canada	3%	70%
Source: Employer Plan Statistical File Notes: Based on 40,848 employers and 1,123,434 employees Employers with less than 1,000 employees only See Appendix 2 for development of Employer Plan Statistical File		

Plans which cover retirees over age 65 (who are normally covered by a provincial seniors' program) are more likely to have annual maximums than plans for active employees.

Individual Policies

Annual maximums are a common feature of individual policies but practice varies widely among carriers. Some carriers have no annual maximums while others have annual maximums of a few hundred dollars.

Since regional carriers dominate the market for individual policies there is substantial variation in available coverage by province.

In the provinces and territories with universal programs for the general population, private individual plans often have annual maximums equal to the annual deductibles of the provincial plans.

3.5.3 SUMMARY

Annual maximums are used infrequently in government and group plans and are most common in individual insurance policies and in group programs designed to supplement provincial seniors coverage for employees and retirees over age 65.

3.6 Lifetime Maximums

Lifetime maximums define the cumulative amount that a plan will pay for an individual over a lifetime.

3.6.1 GOVERNMENT PLANS

Lifetime maximums are not used by provincial or federal government plans.

3.6.2 GROUP PLANS

Less than 3 percent of employees have lifetime maximums on their coverage. Most group plans have no lifetime limits. Those which have limits most often set them well above anticipated claim levels (e.g., \$1 million or more). Limits set at a level that might actually affect reimbursement (e.g., under \$50,000) seem to apply to less than 2 percent of covered employees (We only have comprehensive data on this point for employers with less than 1,000 employees). The pattern of small and mid size employers is shown in Table 16.

Plans which cover retirees (who normally are also covered by a provincial seniors' program) are more likely to have lifetime maximums than plans for active employees.

**Table 16 - Lifetime Maximums in Group Plans by Amount
(Employers with less than 1,000 employees)**

Lifetime Maximum	Percent of Employees
Under \$10,000	0.3%
\$10,000 to \$24,999	0.3%
\$25,000 to \$49,999	0.2%
\$50,000 to \$99,999	0.0%
\$100,000 to \$999,999	0.1%
\$1,000,000 and over (including no limit)	99.1%
Total	100.0%
Source: Employer Plan Statistical File	
Notes: Based on 40,848 employers and 1,123,434 employees Employers with less than 1,000 employees only See Appendix 2 for development of Employer Plan Statistical File	

There is very little variation by region. In Québec, lifetime maximums are not permitted under provincial law.

**Table 17 - Lifetime Maximums in Group Plans by Region
(Percentage of Employees)**

Region	Lifetime Maximums	
	\$50,000 or Less	Over \$50,000
Atlantic	2%	98%
Québec	Not applicable	Not applicable
Ontario	1%	99%
Manitoba	3%	97%
Saskatchewan	#0.4%	100%
Alberta	#0.4%	100%
British Columbia	3%	98%
Canada	1%	99%
Source: Employer Plan Statistical File		
Notes: Based on 40,848 employers and 1,123,434 employees Employers with less than 1,000 employees only See Appendix 2 for development of Employer Plan Statistical File		

3.6.3 SUMMARY

Lifetime maximums are not a feature of government plans and affect a very small number of persons covered by private plans.

3.7 Payment Procedures

3.7.1 GOVERNMENT PROGRAMS

Government programs typically provide the insured with an identification card to present to the pharmacist. The claim is adjudicated via an electronic network and the pharmacist receives information on any co-payment required from the beneficiary. The pharmacy collects the co-payment and bills the government program for the balance. Seniors represent over half of all claims in Canada, and virtually all of these are paid with a drug card.

3.7.2 PRIVATE PLANS

The traditional and still dominant process is that the insured person pays the full amount of the prescription to the pharmacist then submits receipts for reimbursement by the group plan insurer or administrator.

However, there is a strong trend among group plans sponsors to adopt "pay-direct" arrangements similar to those used by government plans. Nearly 40 percent of employees now use this method (Table 18).

There is a wide variation by region. This due to the fact that the development of pay direct methods in the private sector were strongly influenced by the practices of provincial drug plans and provincial pharmacists' associations.

**Table 18 - Distribution of Group Plan Payment Methods by Region
(Percent of Employees)**

Region	Pay Direct	Reimbursement
Atlantic	82%	18%
Québec	23%	77%
Ontario	34%	66%
Manitoba	17%	83%
Saskatchewan	22%	78%
Alberta	45%	55%
British Columbia	53%	47%
Canada	38%	62%
Source: Employer Plan Statistical File		
Notes: Based on 41,145 employers and 3,108,538 employees Employers with less than 1,000 employees only See Appendix 2 for development of Employer Plan Statical File		

The reimbursement process has the potential to create financial hardship for those with high drug expenses relative to income, and who must finance the claim cost while waiting for reimbursement.

3.7.3 SUMMARY

- The drug card is becoming increasingly common as a means for claims processing and payment. Currently, about two-thirds of all claims are processed with a drug card.
- People covered by reimbursement plans may face the financial burden of paying out-of-pocket for the full costs of their drugs and must wait until their claims are processed. Those covered by public plans have their claims adjudicated directly and pay only the required co-payments out-of-pocket.
- The implementation of card technology enables insurers to implement formularies and other cost containment measures.

3.8 Taxation of Drug Plans

This section discusses briefly the treatment of drug insurance arrangements under:

- federal and provincial income tax
- federal GST
- provincial sales tax
- provincial premium tax.

The value of any insurance arrangement can be determined at least notionally for taxation purposes either by reference to the benefits received from the plan or by the actual or imputed premiums required to “purchase” the insurance.

No tax regime in Canada imposes tax on the benefits received by drug plan beneficiaries.

3.8.1 GOVERNMENT PLANS

In general, the value of government resources directed to drug insurance programs (social assistance, seniors, etc) does not create a tax liability for those covered by the plan.

However, a few government sponsored programs require premiums:

- Nova Scotia - seniors

- New Brunswick - seniors purchasing optional coverage through Atlantic Blue Cross
- Québec - residents not covered by a group plan
- Alberta Non-Group Program for residents <65

and these premiums are paid with after tax dollars. However, neither GST nor provincial sales tax apply to these premiums.

3.8.2 PRIVATE PLANS

Employer sponsored drug plans are normally part of employment compensation. Employer contributions to such plans are fully deductible from corporate income tax as a business expense. However, while employee benefits generally constitute taxable income to employees, an explicit provision in the federal Income Tax Act allows the value of health plan contributions to be tax free to employees. All provinces and territories other than Québec follow the federal rule. In Québec, employees are taxed on the value of employer contributions to plans, but the premiums paid by individuals are tax deductible medical expenses.

While employer contributions to drug plans are deductible expenses for the employer and not taxable to the employee (other than for Québec income tax), employee contributions are made with after tax dollars.

As a consequence, private plan designers who wish to maximize tax efficiency would shift employer funds from cash compensation to benefit plan contributions. In fact, some sophisticated flexible plan arrangements do allow employees to reduce salary in exchange for benefit plan credits.

In 1998, the federal budget announced changes to the *Income Tax Act* to allow unincorporated self-employed individuals to claim the cost of drug plan premiums as a business expense on the same basis as larger businesses. Previously, this had not been allowed.

Individuals who are not self-employed and purchase individual contracts of drug insurance pay premiums with after tax dollars.

GST does not apply to private plan premiums but provincial sales tax is applied to premiums for group insurance and to employer contributions to self-funded plans in some provinces and territories.

All provinces and territories levy premium tax on insurance companies and on self funded employer plans. Insurance companies incorporate the cost of this tax into their premiums.

4. FORMULARY DESIGN AND DEFINITION OF DRUG BENEFITS

4.1 The Federal Drug Regulatory Process

Health Canada is responsible for the review and approval of all new drug products sold in Canada. It is the role of the Therapeutics Products Programme (TPP) to ensure that the drugs, medical devices and other therapeutic products available in Canada are safe, effective and of high quality.

The process begins after the pharmaceutical manufacturer completes preliminary screening of a new active substance including pre-clinical testing and safety screening in animals. The manufacturer files an Investigational New Drug Application (IND) with the TPP prior to initiating clinical studies in humans.

Upon approval of the IND, clinical trials begin to determine the safety and efficacy of the new active substance. Phase I trials begin with the first administration of a new drug to humans. These studies provide estimates of the initial safety and tolerability of the drug in humans. Phase II trials explore the therapeutic efficacy of the drug in patients while Phase III trials aim to confirm therapeutic benefits in a large numbers of patients. TPP currently reviews and approves clinical trials in each stage of development.

If the outcome of the clinical trials proves favourable, the manufacturer may choose to file a New Drug Submission (NDS) with the TPP. The TPP conducts an extensive review of the data received in the submission. This includes a review of:

- available evidence from pre-clinical and clinical trials provided in support of the safety and efficacy of the drug
- the chemical or biological processes used to synthesize the drug
- the manufacturing processes used to produce the final drug in the dosage form.

At the end of a satisfactory review process, Health Canada issues a Notice of Compliance (NOC). The NOC provides the manufacturer with the authority to sell the drug product in Canada.

In 1998, 30 new active substances were approved by the TPP with approval taking, on average, 18 months.

In addition, the Patented Medicine Prices Review Board (PMPRB) reviews the prices of patented medicines in order to ensure they are not excessive.

4.2 Establishing a Government Formulary

Once the TPP approves a new drug product, physicians can prescribe it for use by patients, and pharmacists can dispense it.

Each provincial and territorial government and the Non-Insured Health Benefits Program (NIHB) begins a process to determine if they will list the new drug product on the formulary and reimburse it through the government drug plan.

The manufacturer of the new drug product must make a Provincial Formulary Submission (PFS) to each province and territory. In all cases, the submission must include information on the safety, efficacy and price of the drug. For most provinces and territories, the submission must also include information on the efficacy and effectiveness compared to alternative products. A key component, in most jurisdictions, of the PFS, is a pharmaco-economic or health economic analysis to demonstrate the costs and impact of the new drug product compared to alternatives, and the impact of the new product on the provincial drug budget and health care budget.

The PFS is reviewed and listing recommendation made by one or more provincial review committees - a therapeutics review committee and, in many provinces and territories, an economic review committee. The decision to approve, approve with limitations or reject the request for listing is made either by a senior staff member, the Minister of Health or, in some provinces and territories, by Cabinet.

The number of new products approved, and the time required for the review process, varies among provinces and territories.

4.3 Government Definition of Drug Benefits

All provincial and territorial governments and NIHB list approved drugs in a government formulary.

One province updates the formulary continuously through regular bulletins, others update at regular intervals (every three or six months) and others update intermittently.

If a new drug receives full listing, the product is available to all plan beneficiaries when prescribed by a physician or other authorized health professional and dispensed by a pharmacist.

Governments may also approve new drug products for limited or restricted listing and reimbursement. This may be called “limited use”, “exception drug status” or “special authorization”. These products are available only to beneficiaries who meet the requirements. Where there are such limitations, most provinces and territories require an application from the physician for each patient. However, the complexity of the application processes varies across the provinces and territories.

Provincial governments may also provide special drug programs for designated diseases and conditions. The designated diseases and conditions vary but normally include rare conditions with a substantial need for high cost drug therapy. In provinces and territories where special drug programs exist, they normally cover all residents with the designated condition.

Provincial governments may use drug cost policies to determine the reimbursement of specific drugs or specific classes of drug products. “Best available price”, “best available cost”, “maximum allowable cost”, “maximum allowable price”, “drug benefit price”, “lowest cost alternative” or “reference drug product” are different forms of referring to these policies. Regardless of the name, these guidelines:

- define the level of reimbursement available for specific products
- define which of a group of chemically interchangeable drugs will be reimbursed
- define which of a group of therapeutically interchangeable drugs will be reimbursed.

These guidelines may mean that some drugs are unavailable unless patients pay the full cost. Some provinces and territories limit the reimbursement to the lowest cost product and the patient pays the difference.

4.4 Private Payer Definition of Drug Benefits

Most private drug plans do not use a defined list of drugs. Normally, all new drug products when approved by TPP become benefits of the private drug plan.

Traditionally, private plans cover either "prescribed" or "prescription" drugs.

A prescribed definition is the most generous. It covers all drugs prescribed by a physician regardless of whether a prescription is legally necessary. More common is the prescription definition which covers all drugs that legally require a physician prescription. Insulin and diabetic supplies are normally included in both. (Table 19)

Both types of definition may incorporate specific exclusions. The most common exclusions are smoking cessation products and fertility drugs.

An increasing number of employers are adopting “managed formularies” which define the drugs available and may set guidelines for use. Currently, 18 percent of employees have this type of plan.

Insurers are investing more effort in creating formularies that are appropriate for working populations.

Private plan insurers that maintain listed formularies follow a process similar to the government. However, the information requirements are fewer and the time to approval substantially shorter. In some cases, employers may follow the provincial government decision. In Québec, private insurers are required to cover any drug listed on the provincial formulary.

Table 19 - Percent of Group Plan Beneficiaries Covered by Formulary Type

Formulary Type	Percent of Employees
Prescribed definitions	21%
Prescription definitions	61%
Managed formulary	18%
Source: Employer Plan Statistical File	
Notes: Based on 41,145 employers and 3,108,538 employees See Appendix 2 for development of Employer Plan Statistical File	

5. FINANCIAL IMPACT OF INSURANCE COVERAGE FOR DRUGS

5.1 Introduction

This section provides several examples to show the financial impact of insurance plans on individuals and families in different economic circumstances and different locations.

The details of the methodology appear in Appendix 3.

The approach used in each of the tables in this section is to start with a “Basket of Drugs” and determine how much an individual or family pays for that basket of drugs after netting out contributions from a private or public drug plan.

In each table in this section, the “proportion of prescription costs reimbursed” is the ratio of the amount the drug plan pays on behalf of the beneficiary to total prescription costs.

The value of a Basket of Drugs is based on the manufacturer’s price. A basket with a value of \$500 is a quantity of drugs which would cost \$500 before the application of fees or mark-ups. Because these vary by province, the amount consumers pay for this Basket of Drugs depends on the mark-ups charged to their pharmacy by the wholesaler and the fees and retail mark-up charged by the pharmacy.

Thus, the retail price for a \$500 Basket of Drugs after application of fees and mark-ups at the wholesale and retail level will be approximately 30 percent higher than the basket value. The table below shows the approximate retail value of some of the Baskets of Drugs used in this section of the report.

Table 20 - Relationship between Basket of Drug Value and Retail Value

Basket of Drugs Value	Approximate Retail Value (depending on Province)
\$500	\$650-700
\$1,000	\$1,250-\$1,350
\$3,000	\$3,700-\$4,000

In order to make provinces comparable, several assumptions were necessary:

- The cost to the consumer includes the maximum allowable mark-up permitted by the provincial drug plan (See Appendix 1)
- Consumption of drugs occurs evenly throughout the year, so monthly or semi-annual deductibles and co-payments are comparable to annual deductibles

- Seniors do not have any private coverage that supplements the government plan. In the case of Québec, we assumed that the senior purchases coverage through the RAMQ plan. Where seniors are not eligible for provincial coverage, they will purchase voluntary coverage where it is available.
- In Alberta, co-payment is 30 percent to a maximum per prescription of \$25.00. In all of the following examples, the co-payment on every prescription is less than the maximum amount. If the patient's actual drug costs per prescription were over \$83.33 at retail prices, the Alberta plan would pay a greater proportion than shown in these examples.
- In Saskatchewan, individuals apply for and receive support benefits. This means the maximum deductible is 3.4 percent of adjusted family income, distributed evenly throughout monthly co-payments.

Groups that typically participate in public plans include:

- Seniors
- Social Assistance recipients
- Registered Indians and eligible Inuit and Innu
- Families and individuals covered by provincial plans providing coverage for all residents

Those who typically have private group insurance include:

- Families and individuals in employer-sponsored plans.

Those who typically have no coverage or private arrangements include:

- Low income Canadians not covered by social assistance
- Professionals or the self-employed.

5.2 Seniors

Most seniors have drug coverage from a provincial plan. Some have supplemental coverage from a group retiree plan that complements the government plan. Some higher income seniors in Atlantic Canada have no provincial plan coverage.

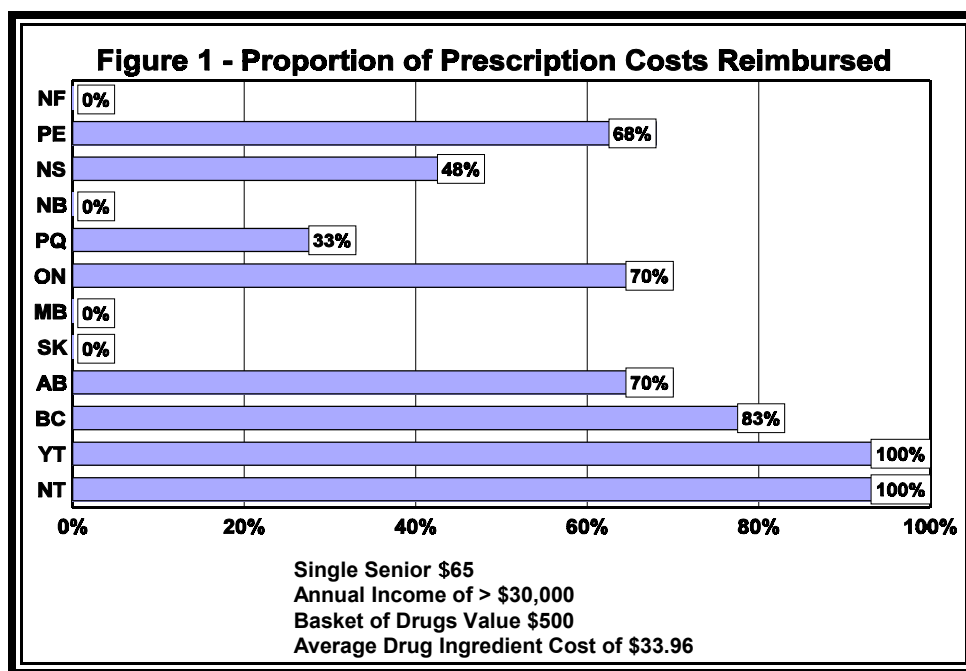
As a result of different approaches and plan designs in each province, the amount actually paid by the provincial plan depends on the drug expenditures and province of residence. The situation varies from province to province. In some cases, seniors with provincial coverage still pay a substantial portion of the cost of prescription drugs. This may represent a large portion of income in some cases.

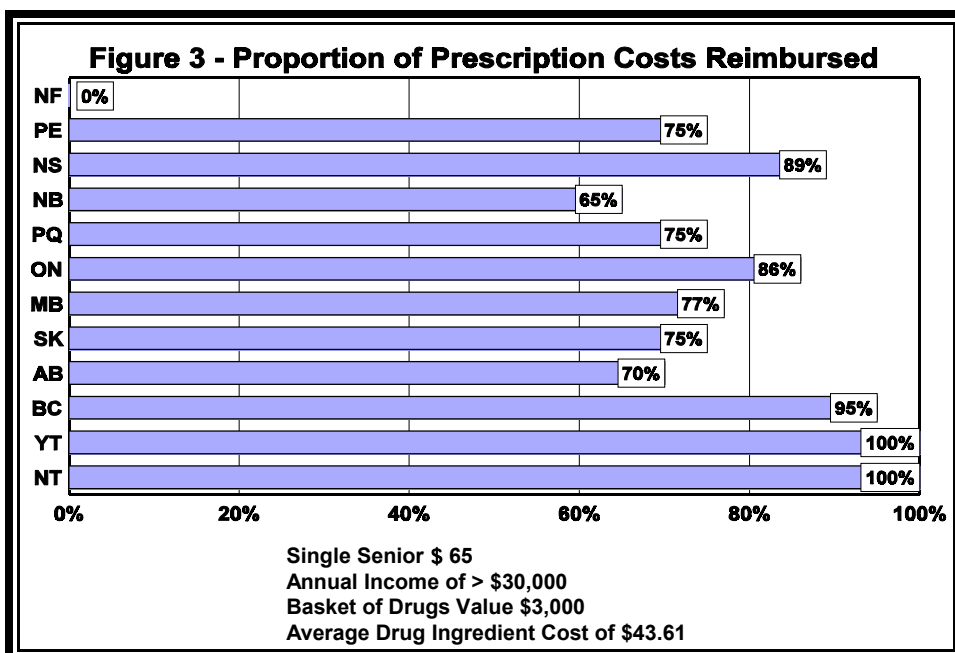
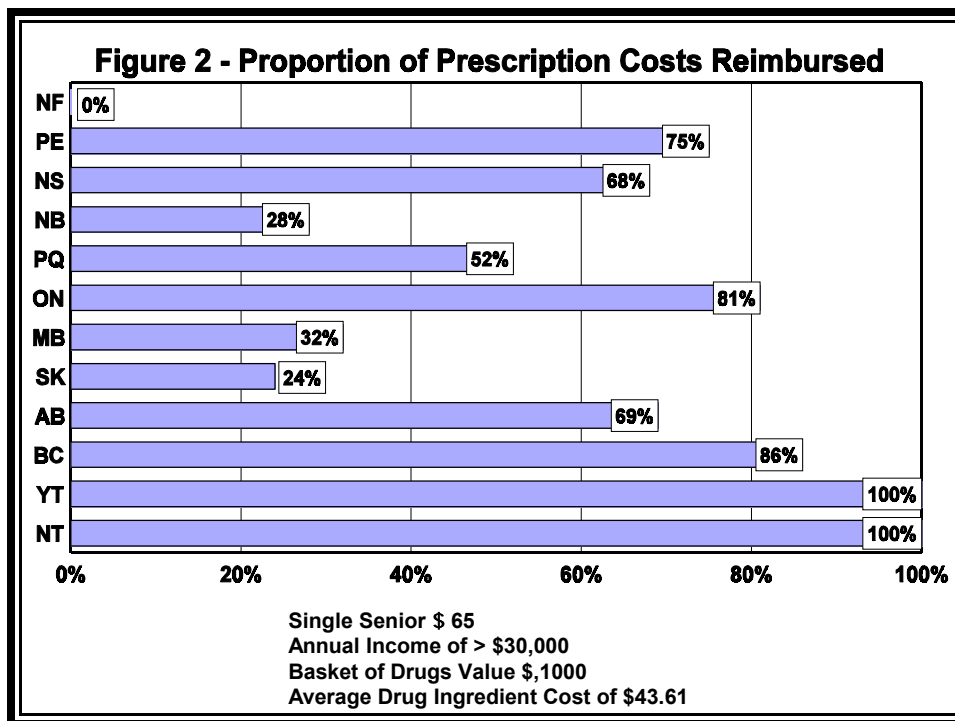
The following sections show the financial impact of drug expenses on seniors in the following circumstances:

- Single Senior With No Income Support
- Single Senior Receiving GIS
- Married Senior With No Income Support
- Married Senior Receiving GIS.

5.2.1 SINGLE SENIOR - NO INCOME SUPPORT

Single seniors who do not receive any supplemental benefits (annual incomes over \$28,000) may have as much as 100 percent and as little as zero percent of prescription costs reimbursed, depending on where they live and their drug needs. Figures 1, 2 and 3 show the reimbursement situation for increasing levels of costs. For an annual Basket of Drugs of \$500, they receive no reimbursement in four provinces and full reimbursement in the Territories. In other locations, reimbursement varies between 33 and 83 percent.





As drug needs increase, the proportion of total prescription costs paid by provincial and territorial government plans increases in all provinces except Newfoundland & Labrador.

For higher-income seniors with high drug costs (\$3,000 Basket of Drugs), provincial and territorial governments reimburse between 65 and 100 percent, except in Newfoundland & Labrador, where there is no coverage for these seniors.

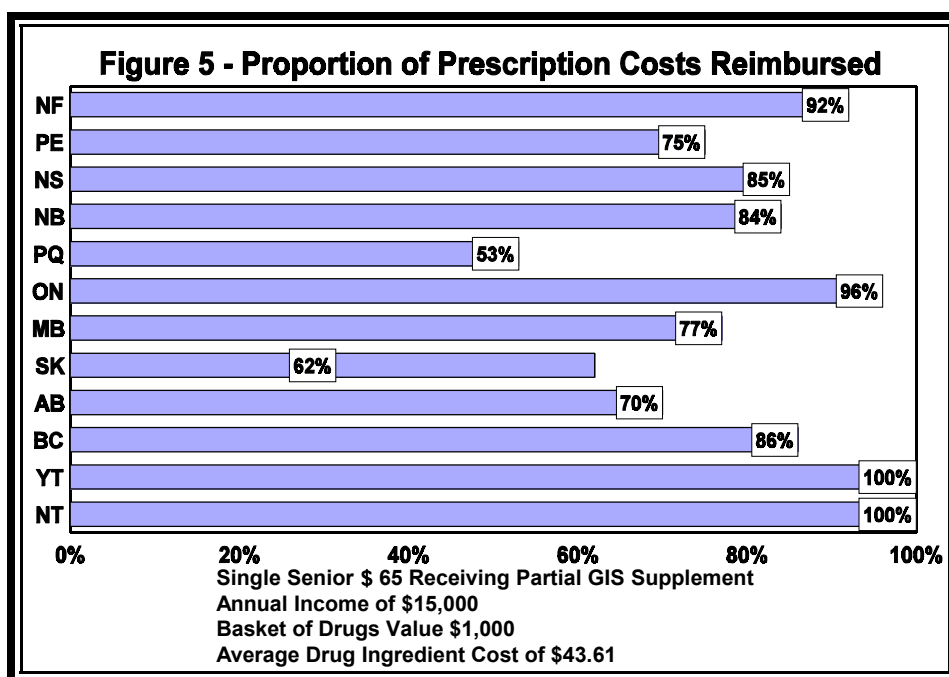
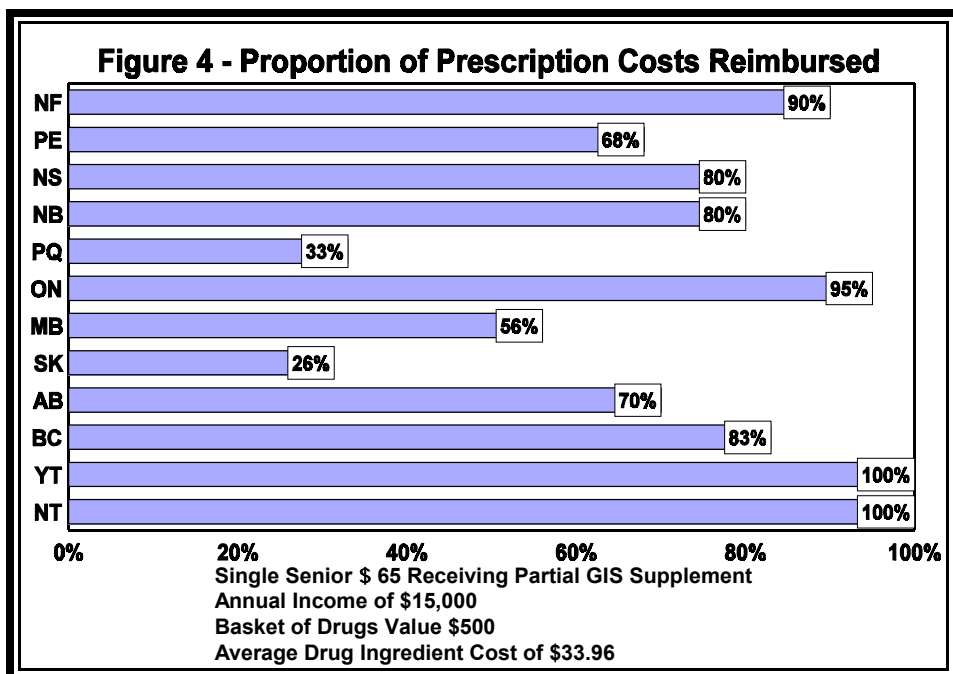
While seniors tend to pay a high proportion of the costs when consumption is low, almost all provinces and territories provide fairly good coverage for those with high costs.

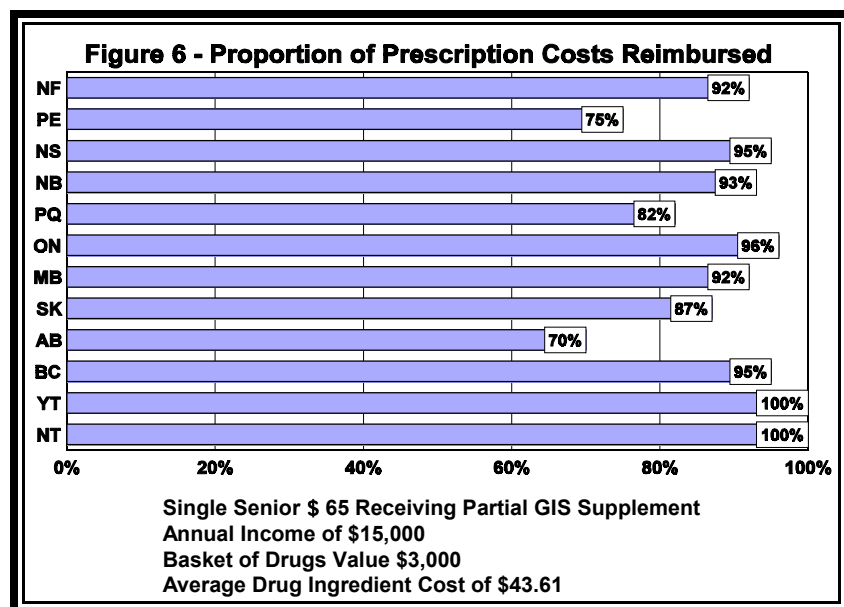
5.2.2 Single Senior Receiving GIS Support

Seniors who have little or no private income receive a Guaranteed Income Supplement (GIS) based on income and marital status. These seniors are the poorest in the country.

A single senior with yearly income (excluding OAS and GIS) of less than \$11,736 is eligible for some GIS supplement.

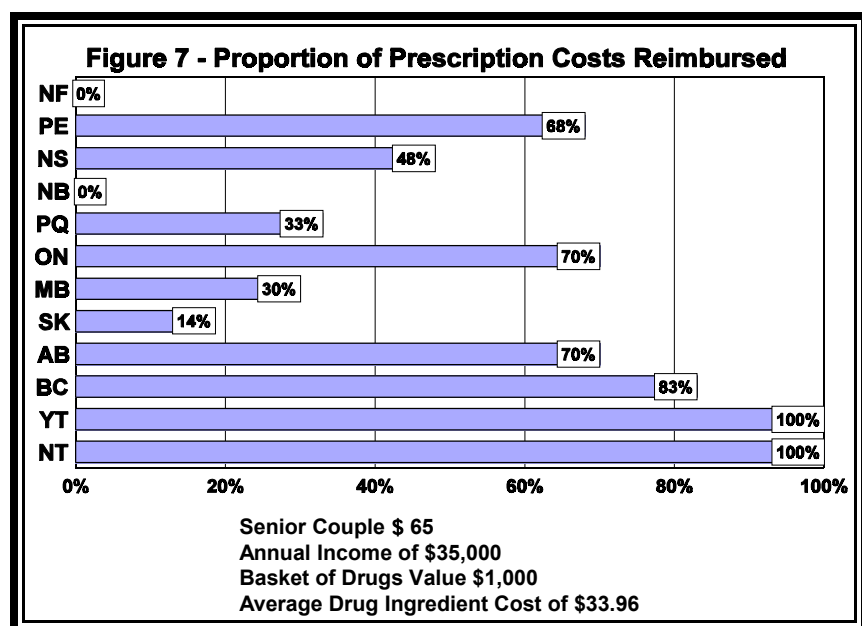
Figures 4 - 6 show the proportion of prescription costs reimbursed in each province. All provinces and territories provide coverage for this group of seniors. As in the case of higher income seniors, the amount of reimbursement increases as the senior's needs increase. At a relatively low annual consumption of a \$500 Basket of Drugs, provincial government plans will reimburse between 26 and 95 percent of prescription costs. However, these seniors are very well covered as their consumption increases. At a level of consumption of \$3,000, most provinces and territories pay a substantial portion of the cost. The lowest any province pays is 70 percent of the cost. Seniors on full GIS would pay less in Québec, Manitoba and Saskatchewan.



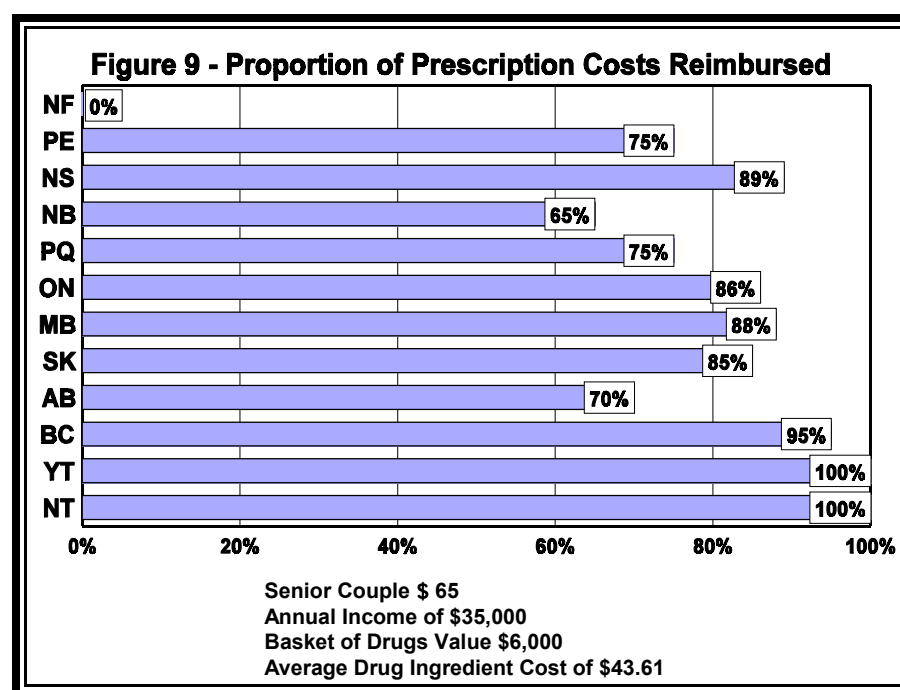
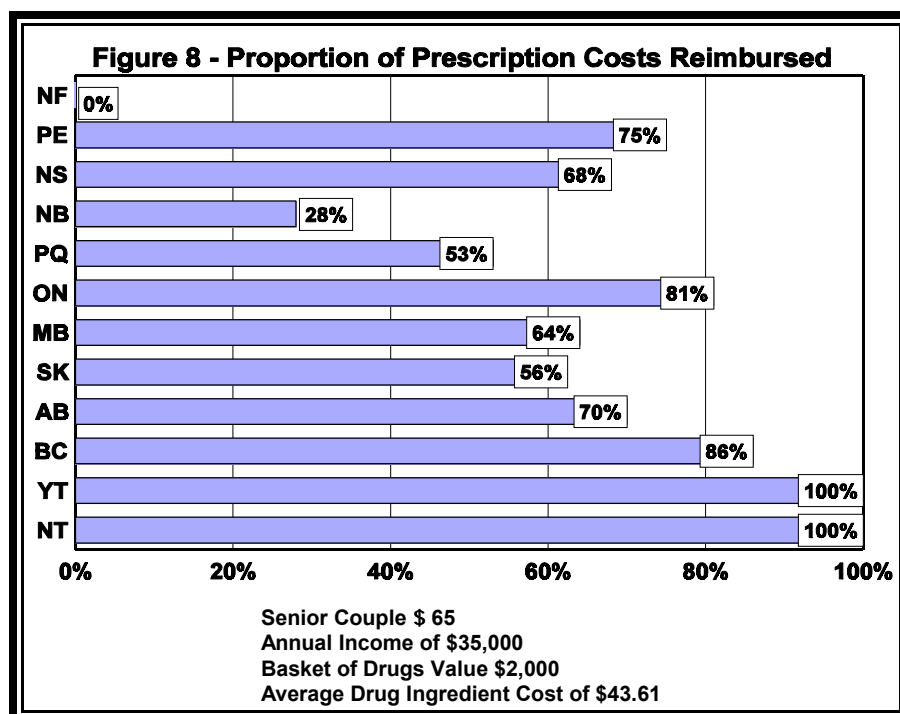


Most single seniors with GIS supplements have very little financial burden due to drug costs.

5.2.3 SENIOR COUPLE WITHOUT INCOME SUPPORT



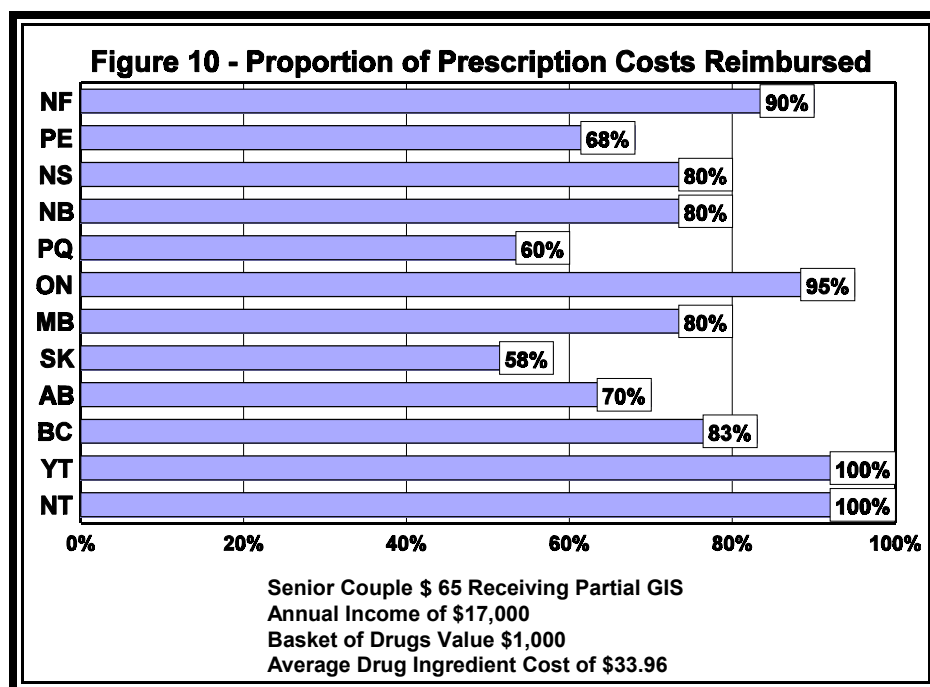
The situation for senior couples is similar to single seniors. Figures 7 to 9 show how government programs assume more of the total cost as the drug costs increase.

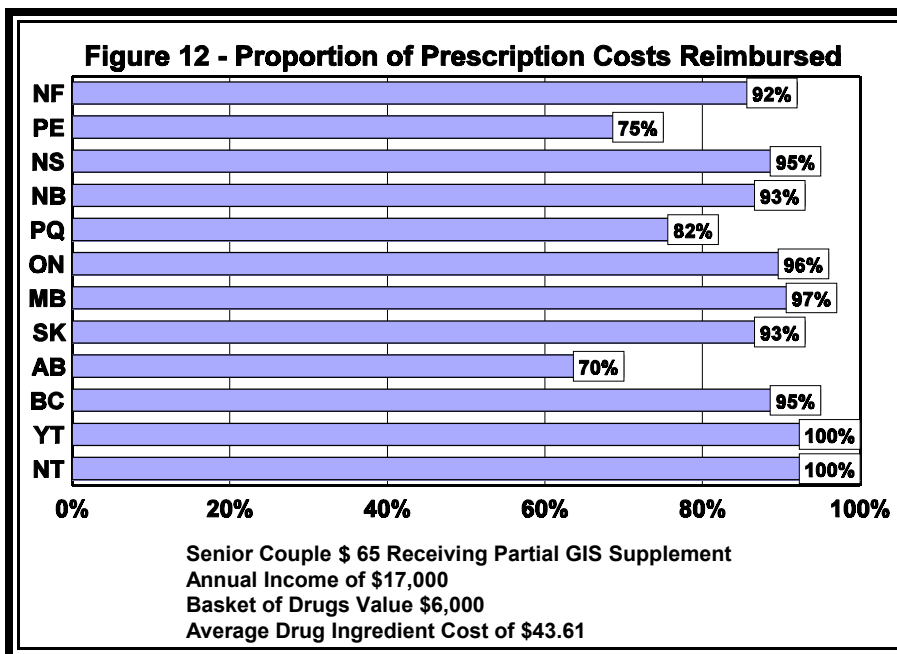
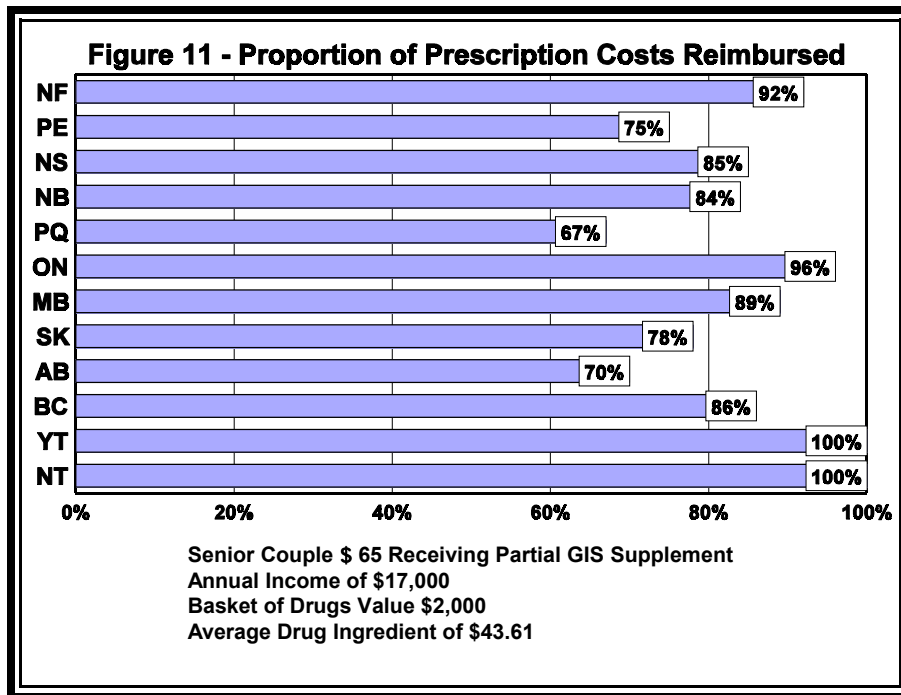


For a high annual Basket of Drugs (\$6,000), seven provinces and territories reimburse 80 percent or more of the cost, and nine reimburse 65 percent or more. Newfoundland & Labrador and New Brunswick are the only provinces that do not provide any coverage for this group.

5.2.4 SENIOR COUPLE RECEIVING GIS SUPPORT

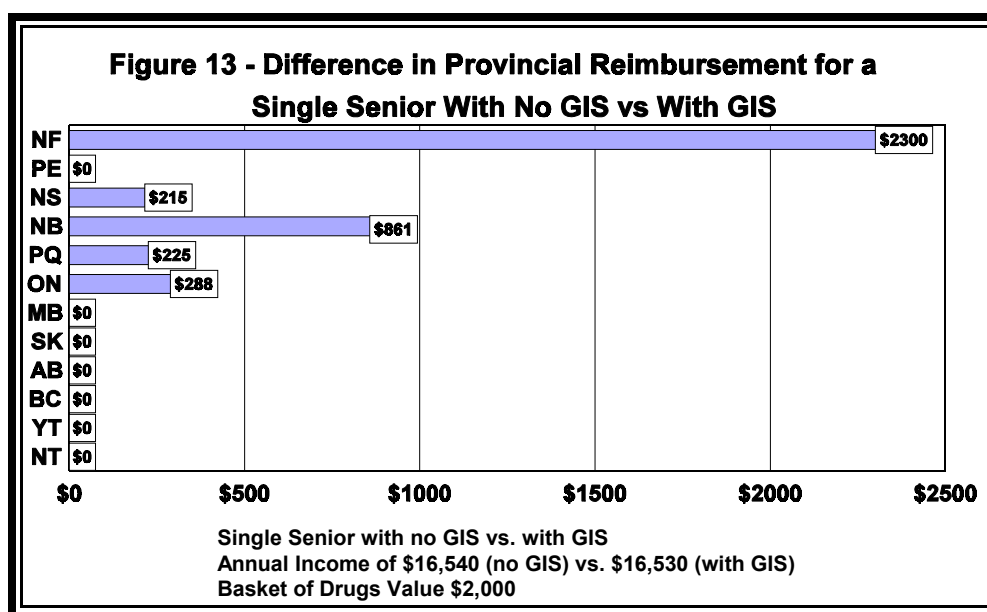
A senior couple receiving GIS has most drug needs paid for. At a high annual consumption level of \$6,000 per couple, seven provinces and two territories reimburse more than 90 percent of total costs. (Figures 10, 11, & 12).



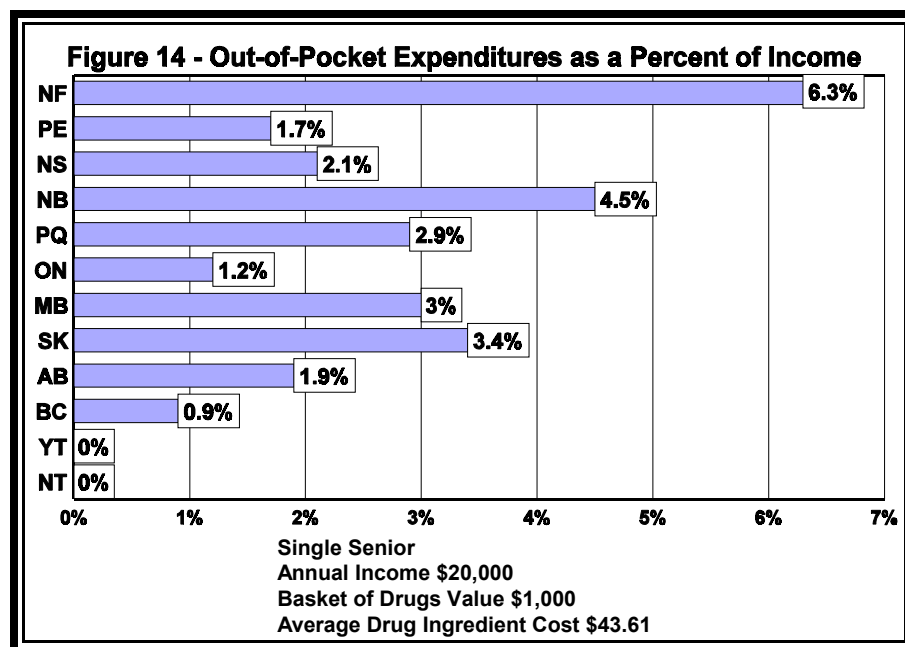


5.2.5 SUMMARY - SENIORS

There are two key issues for seniors. The first is the difference in circumstances faced by recipients of the GIS supplement and those without this social benefit in provinces that use GIS to define eligibility. As little as two dollars of income can determine eligibility for GIS, but the financial impact of the accompanying drug benefit can be substantial. While benefits are generally fairly good for seniors, those who have low incomes (but too high to qualify for GIS) and high drug costs face a much greater financial burden than a counterpart with a few dollars less in income, but eligible for drug coverage because of GIS status. Figure 13 shows that seniors with GIS support and a \$2,000 basket of drugs receive a benefit of as much as \$2,300 per year compared to a senior without this support. (In New Brunswick, this single senior may qualify for prescription drug benefits through an income test. If so, there would be no difference between the GIS and non-GIS recipient).



A second issue is how much assistance the senior will receive depending on province of residence. Figure 14 shows the percentage of income paid out for drugs for a senior with fairly modest Basket of Drugs consumption.



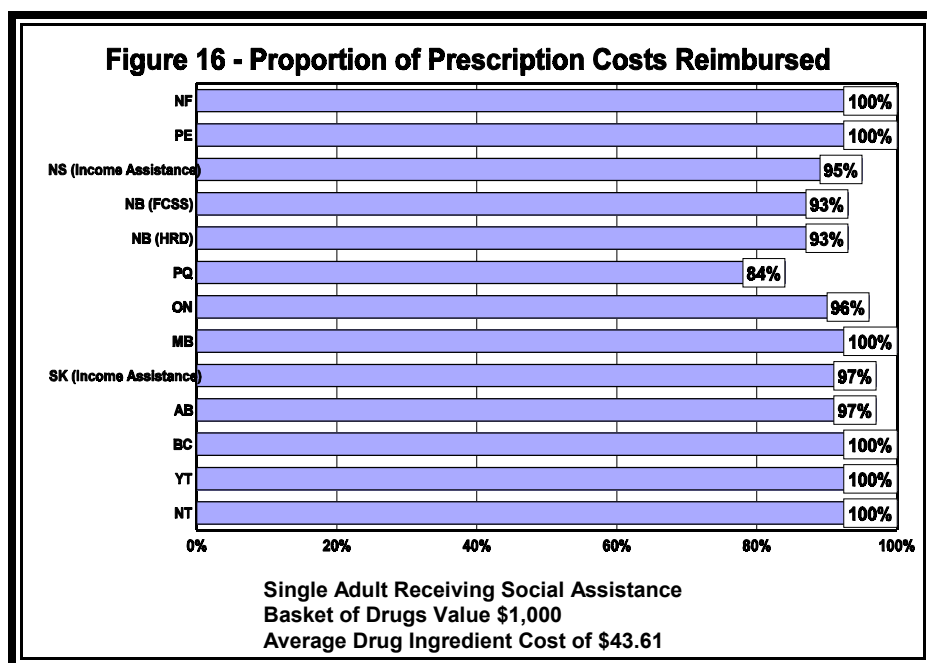
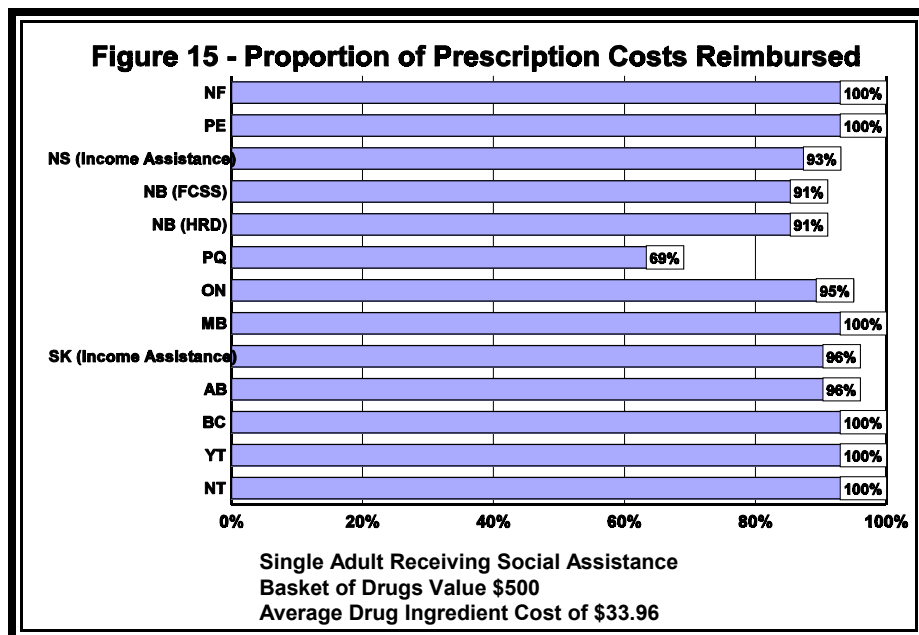
A single senior with an annual income of \$20,000 and annual Basket of Drug costs of \$1,000 will spend between 0.9% and 6.3% percent of income to meet the cost-sharing portion of their prescription drug costs depending on where they live.

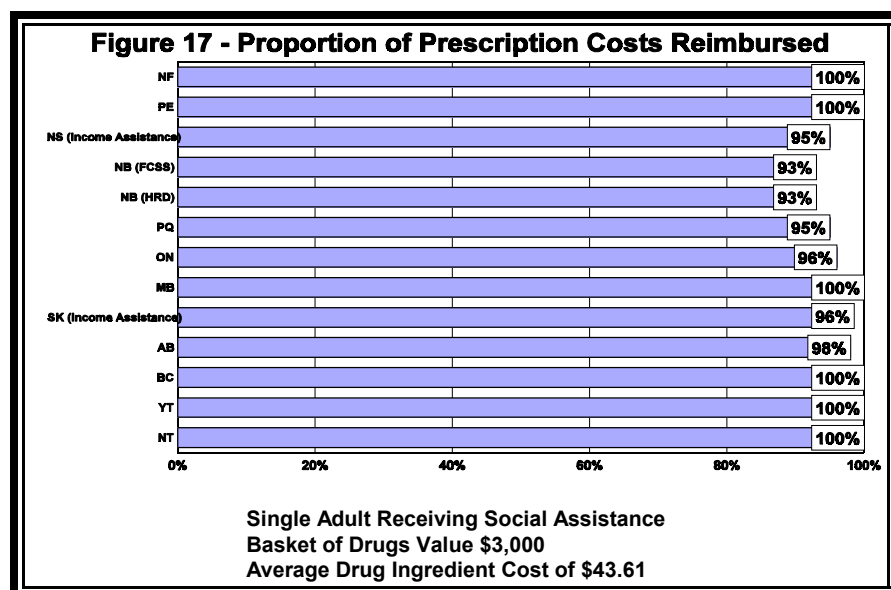
5.3 Social Assistance Recipients

Provincial and territorial governments provide drug coverage for social assistance recipients. Beneficiaries in some provinces and territories pay co-payments. Provincial and territorial governments pay between 70 percent and 100 percent of costs.

5.3.1 ADULTS RECEIVING SOCIAL ASSISTANCE

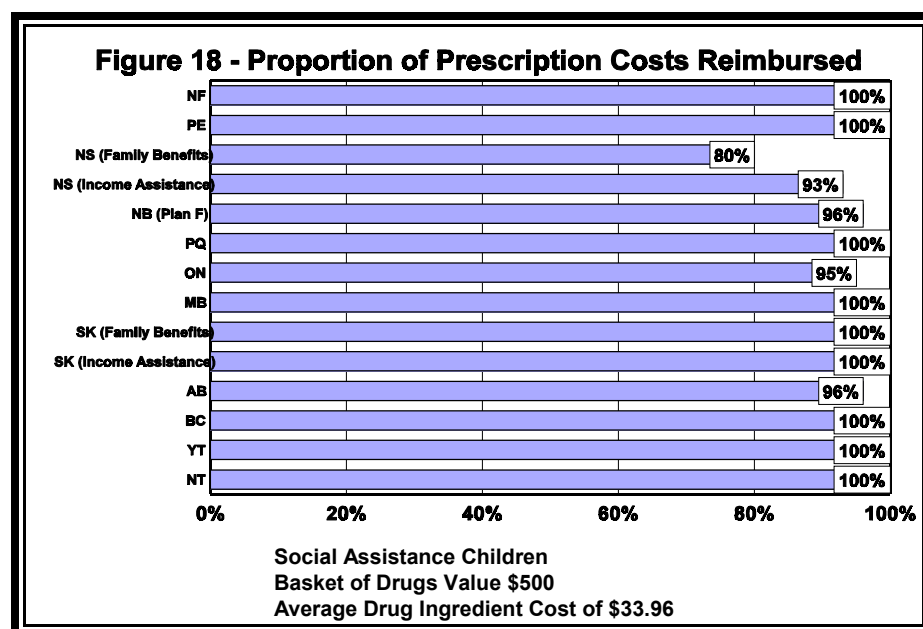
Figures 15, 16 and 17 show that the portion of drug costs reimbursed by the provincial plan increases as prescription costs increase. While adults in Québec receive a reimbursement of 69 percent of the costs for a \$500 Basket of Drugs, this increases to 84 percent at the \$3,000 level. For most social assistance recipients, a high percentage of the cost is covered.

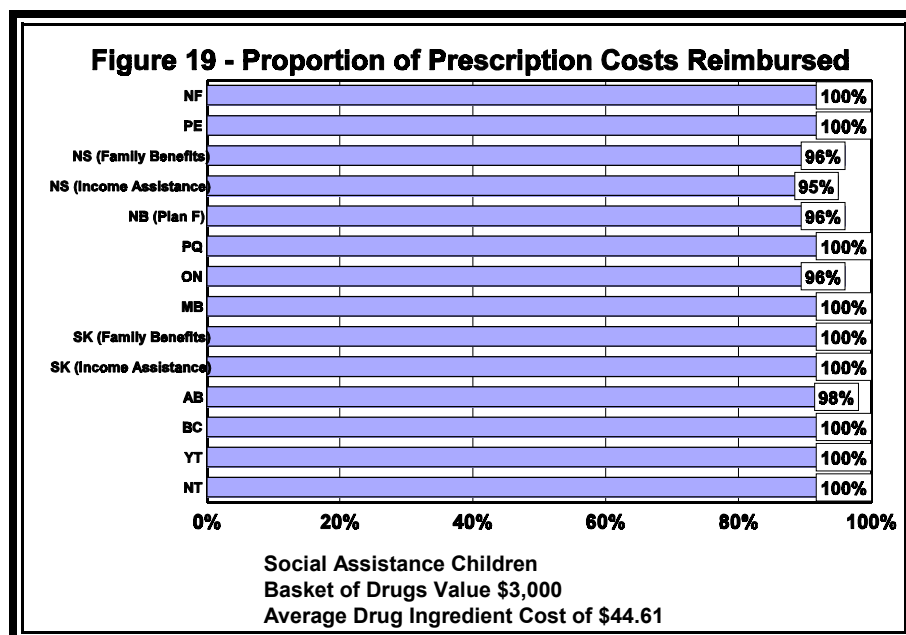




5.3.2 SOCIAL ASSISTANCE CHILDREN

Provinces and territories pay virtually all costs for children on social assistance, regardless of consumption level. As shown in Figures 18 and 19, no province pays less than 80 percent, and only one pays less than 90 percent.





As the drug needs increase, the proportion the government pays increases to between 95 and 100 percent of the total prescription costs depending on the province of residence.

5.4 Registered Indians and Eligible Inuit and Innu

The NIHB program ensures that 100 percent of the cost for registered Indians and eligible Inuit or Innu, single or family is covered, regardless of drug therapy needs or province of residence.

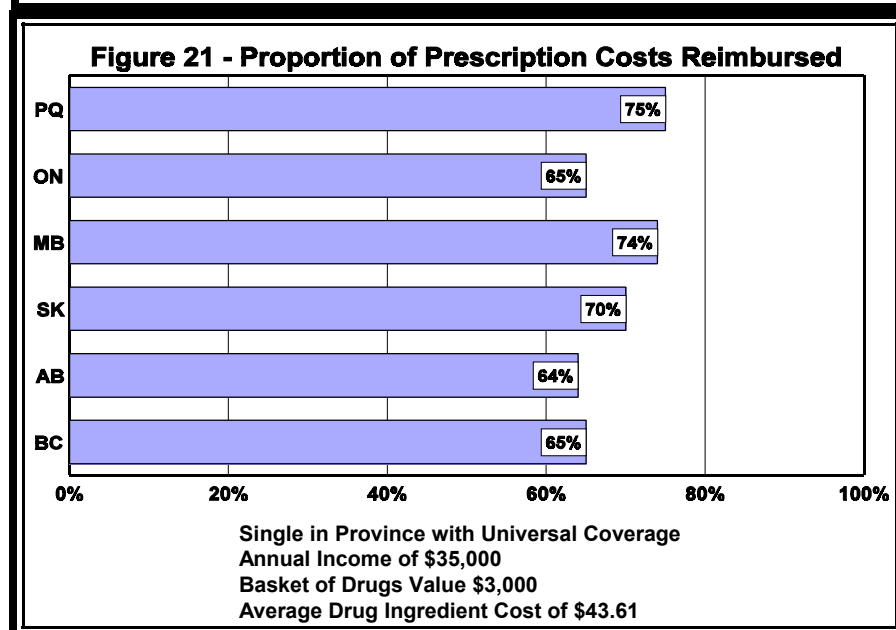
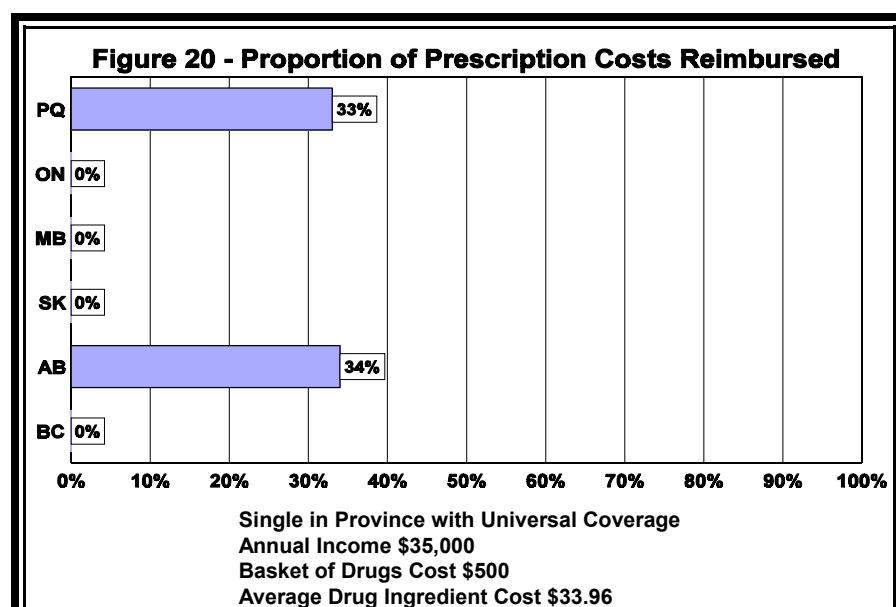
5.5 All Residents Covered by a Universal Provincial Government Drug Plan

All residents of Québec, Ontario (Trillium program), Manitoba, Saskatchewan, Alberta and British Columbia have access to drug plan coverage. Coverage for all residents is not available in Atlantic Canada.

Universal programs make a big impact on individuals with very high drug costs. While they have high deductibles they cover a large share of the cost once the deductible is fulfilled.

5.5.1 SINGLE RESIDENT UNDER 65 IN PROVINCES WITH UNIVERSAL PROVINCIAL DRUG PLAN COVERAGE

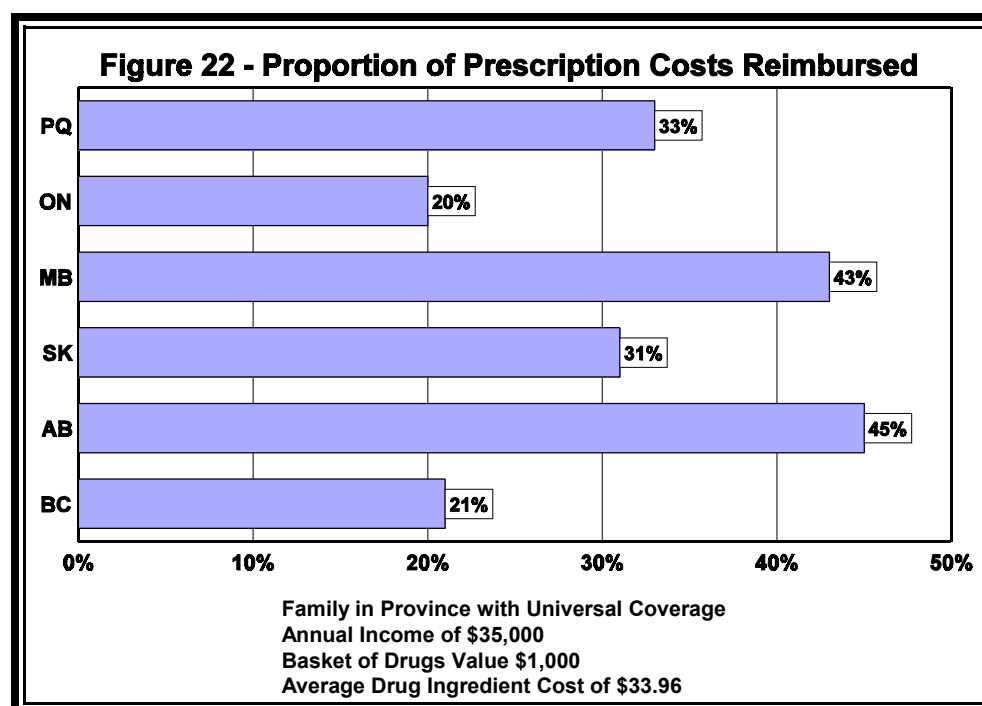
Figures 20 and 21 show that reimbursement provided to a single person through universal provincial government drug plans depends on income, province and drug needs. For high incomes and low drug costs, provinces do not generally cover a large share of the cost. As drug costs increase, provinces pay a greater share.

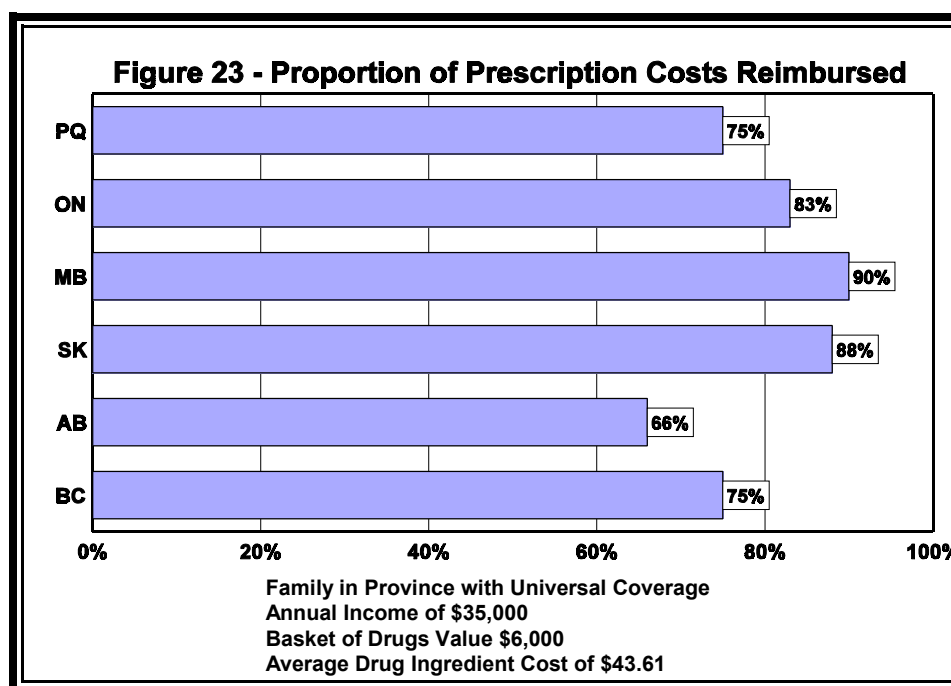


Although the reimbursement of the first dollar of consumption varies widely by province, the provinces in this group all offer very similar amounts of protection with high individuals drug costs.

5.5.2 FAMILY UNDER 65 IN PROVINCES WITH UNIVERSAL PROVINCIAL DRUG PLAN COVERAGE

Figures 22 and 23 show that the family coverage situation is very similar to that of individuals.





5.6 Individuals Covered by Employer Sponsored Drug Plan

Prescription drug benefits are available to most employed Canadians. As shown in the previous section, there are wide variations in cost-sharing through deductibles and co-payments. Four cost-sharing combinations apply to approximately 80 percent of private group plans:

- No deductible, no co-payment
- No deductible, 20 percent co-payment
- No deductible, \$2.00 per prescription co-payment
- Deductible of \$50 single, \$100 family, 20 percent co-payment

5.7 Low Income Earners

Low income earners (the working poor) in Canada face a particularly high financial burden from drug costs. These individuals and their families earn too much income to qualify for social assistance, but generally work in part-time or seasonal jobs which do not offer extended health plans.

Table 20 shows the average out-of-pocket costs for a low income family with high drug costs (annual basket of \$2,000). The figure shows that living in a province with a universal plan, or having a job with a drug plan makes a large impact on a low income family's out-of-pocket costs.

Table 21 - Average Out-of-Pocket Costs for a Low Income Family (\$15,000 Annual Income) and a \$2,000 Basket of Drugs

	Average Out-of-Pocket Costs
No Private or Universal Plan	\$2,620
With Access to Universal Plan	\$1,087
With Private Coverage (20% co-pay)	\$525
Eligible for Social Assistance	\$130
Source: Figures above and Appendix 4	

This table is based on the situation in all plans across Canada, and is not intended to reflect the situation in any particular province or territory.

5.8 Summary

The circumstances of different groups analyzed in this section are summarized in Table 22. The table shows that reimbursement levels vary widely depending on an individual's province of residence and economic circumstances.

Table 22 - Range of Out-of-Pocket Costs for Families by Type of Plan Coverage

Drug Basket Cost	\$1,000	\$6,000
Senior couple without GIS	\$0 - \$1,300	\$0 - \$7,500
Senior couple with GIS	\$0 - \$510	\$0 - \$2,330
Family receiving social assistance	\$0 - \$400	\$0 - \$415
Registered Indian, eligible Inuit or Innu family	\$0	\$0
Families in provinces with universal plans	\$750 - \$1,020	\$780 - \$2,671
Members of typical private plans	\$0 - \$380	\$0 - \$1,900
Individuals with no coverage	\$1,300 - \$1,380	\$7,460 - \$8,000
Source: see charts above and Appendix 4 Appendix 4 provides detailed calculations for all the examples in this section.		

6. FINANCIAL IMPACT ON INDIVIDUALS WITH HIGH DRUG EXPENSE

Canadians with certain types of diseases or conditions face high drug expenses. The particular situation of individuals in this category is the subject of a separate analysis (see Appendix 5). The appendix describes the costs and particular drug access issues for people within the following categories:

- Diabetes
- End Stage Renal Disease
- Hepatitis C
- HIV/AIDS
- Multiple Sclerosis
- Arthritis
- Osteoporosis
- Hypertension
- Schizophrenia
- Depression
- Cancer
- Cardiovascular Disease.

It is important to note that the disease groups presented here are not the only ones with high costs. The selected groups do, however, provide useful illustrations of the impact of drug costs on certain Canadians.

The conclusions from the appendix are summarized as follows:

- Several specific characteristics tend to be indicators of lack of adequate private and public insurance for these individuals. These characteristics include:
 - Diseases affecting primarily young adults and more specifically, young adult women
 - Diseases for which the treatment options in the past were limited and only recently have new drug therapies become available (eg. schizophrenia, multiple sclerosis)
 - Diseases that may be challenging to diagnose without specialized testing (multiple sclerosis)

- Diseases that are more likely to result in disability than death (multiple sclerosis, osteoporosis, hepatitis C)
 - Diseases with a significant lag time between onset and disability (eg. multiple sclerosis, osteoporosis)
 - Diseases that have a negative impact on employability and result in part time or intermittent employment (eg. multiple sclerosis, arthritis, HIV/AIDS).
- Generally senior citizens who suffer from these diseases have relatively good coverage.
 - Employed Canadians have good coverage for prescription drugs for most diseases through employer-sponsored drug plans. In some cases, the required deductible or co-payment may reduce the quality of coverage for some persons with high drug costs and lower levels of income. Also of concern are annual or lifetime maximums on coverage particularly when the cost of therapy is high and the condition is chronic. For example, employees with multiple sclerosis or hepatitis C may delay the initiation of treatment to maintain a portion of their lifetime maximum.
 - A bigger issue for individuals with private coverage is that they may become unable to continue working because of their condition and then lose their eligibility.
 - Some provinces have specific programs targeted to residents with specific diseases. However, individuals who may have high drug costs for other diseases may face financial difficulties.

7. DISCUSSION AND ANALYSIS OF KEY ISSUES

7.1 Public Versus Private Plans

The summary of plans highlights several key differences between public and private plans:

- The beneficiaries' contribution through co-payments and deductibles is typically much higher for public plans than for private plans
- Public plans all use formularies to define benefits. Only about 20 percent of private plans use this method
- All private plans require the payment of premiums, although in 40 percent of the cases, none of the premium is the responsibility of the insured person. In the case of public plans, it is a policy decision on which combination of taxes, premiums, co-payments or deductibles is used to finance the benefits and manage expenditures. This is reflected in the fact that provinces with relatively high deductibles generally have no premiums; in contrast, provinces with premiums tend to have low or no deductibles
- Public plans make extensive use of pay-direct cards, whereas only about 40 percent of those with a private plan have cards
- Public plans, to a much greater extent than private plans, actively manage the reimbursement of ingredient costs, wholesale and pharmacy mark-up and pharmacist fees.

The main reason for the differences is that governments and plan sponsors have different objectives for their drug benefit plans. In the case of private plan sponsors, the drug plan is part of the firm's human resources strategy. Benefit plans are one component of total employee compensation, along with salary, working conditions and other benefits. Employers often use the drug plan as part of their strategic positioning in their industry when they compete for employees. As well, the tax system provides a financial incentive for employers to provide this form of compensation because health benefits are subject to less tax than cash compensation.

Public plans aim to provide relief from the potential burden of high drug costs, particularly for seniors and individuals with low-incomes and individuals with high drug costs.

7.1.1 AREAS OF DIVERGENCE

Increasingly, there is a trend away from first-dollar coverage in public plans and more attention to meeting serious needs. For example, the use of large deductibles and relatively high co-payments mean that beneficiaries pay a significant portion of the first five hundred dollars or so, and a high share of lower cost prescriptions. However, for serious cases, the government pays a much larger share, often capping the individual's exposure to high drug expenses.

Private plans tend to favour low percentage co-pays, even on the first dollar. This type of plan is popular with employees, but those with high-cost needs may have large out-of-pocket expenditures as costs rise.

7.1.2 AREAS OF CONVERGENCE

Many private plan sponsors have adopted managed formularies in response to cost pressure. Most pharmacies now have the technology to process claims electronically and insurers have developed private plans featuring formularies. National insurance companies all market some type of managed care drug plan. The study database suggests that 38 percent of plans feature some form of managed care.

7.2 Regional Variation in Public Plans

There are variations in public plans across the country particularly with respect to eligibility and plan design.

Some families with high costs due to drugs for certain illnesses face substantially different out-of-pocket costs depending on their province of residence.

The philosophical or policy differences between provinces and territories also have an impact on plan design. Public plans in Eastern Canada tend to feature low deductibles, with financing based on premiums and maximum limits on costs. Generally, in the west, public plans feature no premiums, and tend to have higher deductibles, and co-pays. The Trillium program in Ontario has a substantial deductible based on income but buffers families against costs for catastrophic illnesses. Québec is the only province to blend public and private plans and to require all residents to have drug insurance which meets minimum standards of coverage.

7.3 Overlaps and Gaps

Insurance for drug expense in Canada involves a multiplicity of programs and program sponsors. Inevitably, this leads to overlaps and gaps.

7.3.1 OVERLAPS

Overlaps in eligibility are common. The following groups are frequently covered by more than one plan:

- Registered Indians and eligible Inuit and Innu
- income
- age over 65
- veterans
- residents of provinces with universal program
- retiree
- a spouse or child of an employee or retiree
- member of an affinity group
- owner of an individual policy.

The private insurance industry has "Co-ordination of Benefit" rules which limit recovery to 100 percent of expenses and determine the order in which overlapping private plans assume responsibility for a claim.

Some public programs have coordination of benefits as well. For example, NIHB's plan is designed to be a payer of last resort. It provides coverage for drug needs for NIHB eligible individuals which are not available through the provincial plan.

Between public and private programs, the general practice is that the public programs pay first and the deductible and co-payments are subject to reimbursement by the private plan. But in some provinces and territories, individuals with access to private coverage are not eligible for the government program.

In some instances, individuals with two sources of coverage may see their protection degraded rather than enhanced as the two sources of coverage engage in a reverse tug-of-war, each insisting that the other should provide primary coverage.

An example is the overlap of coverage for eligible clients of NIHB and provincial and territorial government programs. Some provinces and territories have statutory language that specifically excludes those covered by federal programs from eligibility in the provincial program. However, in other provinces, clients need to have claims rejected by the first plan before being eligible for the second plan.

The conflict exists as well between private plans, which uniformly exclude expenses eligible under government programs and certain provincial programs targeted at catastrophic expense.

7.3.2 GAPS

Gaps in coverage are a more complex issue. Some gaps exist because there is no coordination of eligibility across plans. Others occur because the population is not static. Individuals change from one status to another and even if there is an opportunity for coverage in both situations, there may be inadequate provision for transition, leaving individuals Un-Insured for a period of time.

For instance, there is a standard protocol under medicare that individuals moving from one province to another have a seamless transition from their old to their new medicare plan. There is no such universal protocol with respect to provincial drug plans. Individuals with high drug costs are particularly vulnerable to interprovincial gaps because of wide variances in how provinces and territories define benefits.

Many individuals change jobs each year. Employers issue more than seven million Records of Employment per year to document employment interruptions under the federal Employment Insurance program. Often, employment interruptions result in an interruption of group benefit coverage.

Even if an individual moves directly from one employer to another and is eligible for the group plan there, a waiting period normally applies.

Group benefit plans normally offer no "extension of benefits" on termination of employment and only a minority of group drug plan insurers offer guaranteed "conversion" to an individual policy regardless of health status.

Another gap results when individuals with high cost drug needs have to rely on more than one program to pay for their drugs. For instance, multiple drugs is a standard therapy for some patients. In some provinces and territories, funding for the drugs required for multiple therapy may come from different programs each with its own administrative requirements and co-payment features.

7.4 Low Income Families

Low-income families, particularly in jurisdictions that do not have income-based universal programs or who are not receiving social assistance are often in a difficult position. Although their income is too high to qualify for social assistance, they generally do not have regular employment and hence have no group insurance. The drug costs can place them in a financial situation in which their income after drug costs is less than the income of someone receiving social assistance. Some examples of individuals in this situation are Employment Insurance recipients and people on Canada Pension Plan disability. Low income seniors who are not eligible for GIS are in a similar situation in a few jurisdictions.

7.5 Special Needs Groups

Those with the greatest difficulty due to their specific disease are people suffering from:

- Diseases affecting primarily young adults, and more specifically, young adult women
- Diseases, such as schizophrenia and multiple sclerosis, for which the treatment options in the past were limited and only recently have new drug therapies sometimes with high costs, become available
- Diseases that may be challenging to diagnose without specialized testing (multiple sclerosis, osteoporosis)
- Diseases that are more likely to result in disability than death (multiple sclerosis, osteoporosis)
- Diseases with a significant lag time between onset and disability (eg. multiple sclerosis, osteoporosis).

The disparity in provincial plans results from variations in:

- definition of eligibility
- seeking and receiving authorization from special drug programs
- co-payments
- deductibles
- formulary restrictions
- delays in approving new drugs on formularies
- prescribing criteria or limitations on use.

While employer-sponsored plans generally offer good coverage to most employees for routine drug expenses, they are often not available to individuals with serious, long term illnesses. These illnesses often have a negative impact on employability. Many diseases involve chronic fatigue, chronic pain or fluctuate widely. An individual who is ill may only be able to engage in work on a part-time or intermittent basis. Some examples of unemployment levels for seriously ill individuals include:

- rheumatoid arthritis - (50 percent unemployment rate after 10 years)
- multiple sclerosis - (29 percent unemployment in mild group, 57 percent in severe)
- HIV/AIDS - (62 percent unemployment rate)
- end stage renal failure - (30 percent unemployment rate).

While physical impairment due to illness plays a major role in the limitation of employment prospects, observers cite workplace discrimination as adding to the burden. Some of this discrimination is linked to the insurance industry practice of experience ratings which increase the premium rates of employers whose employees have higher than average drug expenses.

Those private plan designs which involve co-payments, annual and lifetime maximums or require full payment to the pharmacist in advance of reimbursement may leave individuals with high cost drug needs exposed to serious financial difficulty.

8. CONCLUSIONS

- A large variety of programs provide Canadians with drug expense insurance. Government programs are generally targeted to population segments with greater need based on their age, income or medical condition. Employer sponsored plans exist to provide competitive compensation.
- Private plans generally provide coverage with lower deductibles and co-payments than government plans.
- Government plans are more likely to limit the total amount of co-payments than private plans thereby providing more financial protection for individuals with high levels of drug expense.
- There are substantial regional differences in who is eligible for government drug coverage. In Atlantic Canada, for example, relatively fewer residents are eligible for plan coverage than other regions.
- For those who are eligible, the level of government plan benefits varies substantially by province or territory.
- Government plans have invested substantial effort in cost management mechanisms such as negotiated prices, electronic payment systems and formularies. Private plans are increasingly adopting many of the same strategies.
- There are few mechanisms to ensure continuity of coverage as changes in individuals' circumstances affect their plan eligibility, especially for those individuals who rely on employer sponsored plans, or who move between provinces and territories.
- Most individuals and seniors, in particular, are protected relatively well from high risk drug expenses by government drug plans. Non seniors in provinces and territories without universal government programs can face a major financial burden unless they secure and maintain employment based coverage. However, maintaining employment is often not practical for those with serious illness.

Appendix 1

Summary of Beneficiaries, Premiums, Deductibles and Co-payments in Public Places

Project Database of Public Drug Plans - Summary of Beneficiaries, Premiums, Deductibles and Co-Payments

Newfoundland & Labrador									
Data current as of July 15, 1999									
Plan / Program	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
	All Residents		None						
	Seniors > 65		None						
Senior Citizens Drug Subsidy Program	Seniors >65 (low income - receive partial or full federal GIS supplement)	44,261	Drug Schedule and Interchangeable Drug Products Formulary	None	None	None	Marketplace dispensing fee (current \$ 4.42) + upcharge if added by the pharmacy	None	None
Social Services Drug Program	Social Services Drug Program	64,531	Drug Schedule and Interchangeable Drug Products Formulary	None	None	None	None	None	None
Specific Groups									
Nursing home residents	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			None					
Diabetics	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Syringes, blood glucose test strips, blood glucose monitors and other medical supplies are benefits. Insulin lispro is available through EDS; Acarbose is a benefit					
End Stage Renal Disease	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Erythropoietin supplied through hospitals without cost-sharing					
Hepatitis C	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Interferon-alfa is available through EDS.					
HIV / AIDS	Universal coverage			Zidovudine (AZT) only - supplied through hospitals at no charge; other HIV antivirals are not benefits. Pentamidine is a benefit if qualify for Senior Citizens or Social Services Drug Programs.					
Multiple sclerosis	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Interferon-beta and glatiramer are available through EDS.					
Arthritis	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.								
Osteoporosis	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Etidronate, Etidronate / Calcium are benefits; Alendronate is available through EDS.					
Hypertension	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.								
Schizophrenia	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.			Clozapine, Risperidone, Olanzapine and Quetiapine are benefits.					
Depression	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.								
Cancer	Universal coverage			Chemotherapy drugs when administered through cancer treatment centres are benefits without charge.					
Cardiovascular disease	If qualify for Senior Citizens Drug Subsidy Program or Social Services Drug Program. No special program.								
Organ transplant recipients	Universal coverage			Erythropoietin, Cyclosporin, Mycophenolate, Tacrolimus provided through hospitals at no charge					
Cystic fibrosis patients	Universal coverage	75	Disease specific enzymes and antibiotics if listed in the Drug Schedule and Interchangeable Products Formulary	Pancreatic enzymes, antibiotics and other disease related drugs provided through government dispensary at no charge.					

Prince Edward Island									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premium	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
	All residents		None						
Drug Cost Assistance Program for Seniors	Seniors >65	18,185	PEI Formulary		None	None	\$ 7.00 + professional fee = \$14.85	None	None
Welfare Assistance Program	Social service	12,700	PEI Formulary		None	None	None (health system pharmacy); \$ 2.00 at community pharmacy	None	None
	Nursing home residents	926	Only if health system facility or private subsidized facility		None	None	None	None	None
Specific Groups				Other Coverage / Approved Drug Benefits					
Nursing home residents	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								
Cystic Fibrosis	All residents with cystic fibrosis		Cystic Fibrosis Program		None	None	None	None	None
Diabetes	All diabetic residents		Diabetic Control Program	Oral hypoglycemics at no charge; Insulin at \$ 5.00 / vial; no coverage for syringes, needles, blood testing strips, other supplies, glucose monitors, etc.	None	None	\$ 5.00 / vial of insulin; None for oral hypoglycemics		
End Stage Renal Disease & Transplant Patients	All residents		Transplant Program	Erythropoietin, Mycophenolate, Tacrolimus and Cyclosporin are benefits	None	None	None	None	None
Hepatitis C	All residents		Hepatitis C Program	Interferon-alfa is a benefit	None	None	None	None	None
HIV / AIDS	All residents		AIDS Program	Antiretrovirals only at no charge; Delavirdine, Didanosine, Indinavir, Lamivudine, Nelfinavir, Ritonavir, Saquinavir (Invirase), Saquinavir (Fortovase), Stavudine, Zalcitabine, Zidovudine, Pentamidine, Rifabutin and Combivir are benefits	None	None	None	None	None
Multiple sclerosis	All residents		MS Drug Program	Interferon beta and glatiramer benefits	None	None	Income based - \$ 2.00+pharmacy fee up to 100%		
Arthritis	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								
Osteoporosis	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program			Etidronate and Etidronate/Calcium are benefits. Alendronate is not a benefit.					
Hypertension	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								
Schizophrenia	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program			Risperidone, Olanzapine and Clozapine are benefits. Quetiapine is not a benefit.					
Depression	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								
Cancer	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								
Cardiovascular disease	Only if eligible for Drug Cost Assistance Program for Seniors or Welfare Assistance Program								

Nova Scotia									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
		All residents	None						
Seniors Pharmacare	Seniors >65	108,000	Nova Scotia Formulary	None	\$ 215 / year (credit up to \$ 300 based on income)	None	20%, minimum \$ 3.00 / prescription; annual maximum of \$ 200	\$ 415 annually; low income with premium credit \$ 200	None
Pharmacare for Family Benefits	Low income families	54,285	Nova Scotia Formulary	None	None	None	20%, minimum \$ 3.00 / prescription; annual maximum of \$ 150	\$ 150 annually	None
Pharmacare for Income Assistance	Social service	28,069	Nova Scotia Formulary	None	None	None	\$ 3.00 / prescription	None	None
Specific Groups									
				Other Coverage / Approved Drug Benefits					
Publicly funded nursing home residents	Only if eligible for Seniors Pharmacare	4,750 (included in Seniors Pharmacare above)			\$ 215 / year (credit up to \$ 300 based on income)	None	20%, minimum \$ 3.00 / prescription; annual maximum of \$ 200	\$ 415 annually; low income with premium credit \$ 200	None
Cystic fibrosis	Diagnosis of CF	150	Drugs	Supplies	None	None	None	None	None
Diabetics	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits			Syringes, blood glucose test strips and formulary drugs.					
End Stage Renal Disease & Transplant Patients	All residents	1000 (includes transplant patients)		Erythropoietin, Cyclosporin, Mycophenolate and Tacrolimus available through high cost drug program	None	None	None	None	None
Hepatitis C	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits			Interferon-alfa is available through exception drug status					
HIV / AIDS	All residents	100		Antivirals provided through hospital based program.	None	None	\$ 8.65 / prescription	None	None
Multiple sclerosis	Diagnosis of MS and meets criteria	200	MS drug therapies	Interferon-beta and glatiramer are benefits.	None	None	\$ 8.65 / prescription	None	None
Arthritis	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits								
Osteoporosis	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits			Etidronate and Etidronate / Calcium are benefits; Alendronate is available through exception drug status					
Hypertension	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits								
Schizophrenia	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits			Risperidone and Olanzapine are available through exception drug status; Quetiapine and Clozapine are not benefits.					
Depression	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits								
Cancer	All residents dependent on income	300		Chemotherapy agents and palliative care drug products.	None	None	None	None	None
Cardiovascular disease	Only if eligible for Seniors or Income Assistance Pharmacare or Pharmacare for Family Benefits								
Growth hormone deficiency	All residents	33	Growth hormone		None	None	None	None	None
Diabetes Insipidus	All residents	63	Desmopressin acetate		None	None	None	None	None

New Brunswick									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
NB PDP (Plan A)	Seniors ≥65, (GIS supplement; single income ≤\$ 17,198; senior couple income ≤ \$ 26,955; senior with spouse under 65 income ≤ \$ 32,390)	48,462	New Brunswick Prescription Drug Program Formulary (Plan A)	None	None	None	\$ 9.05 / prescription to maximum of \$ 250 for GIS seniors	\$ 250 annually / person for GIS seniors only	None
NB PDP (Plan F)	Human Resources Development - NB clients	63,043	New Brunswick Prescription Drug Program Formulary (Plan F)	None	None	None	Adult: \$ 4 / prescription; Child: \$ 2 / prescription; annual maximum of \$ 250 / family	\$ 250 annually / family	None
Specific Groups									
NB PDP (Plan E)	Family and Community Social Services - residents of licensed facilities	2,650	New Brunswick Prescription Drug Program Formulary (Plan E)		None	None	\$ 4.00 / prescription; annual maximum of \$ 250 / person	\$ 250 annually / person	None
NB PDP (Plan G)	Children in care	1,548	New Brunswick Prescription Drug Program Formulary (Plan G)		None	None	None	None	None
NB PDP (Plan V)	Residents of registered nursing homes if eligible for NB PDP coverage	4,082	New Brunswick Prescription Drug Program Formulary (Plan V)		None	None	None	None	None
Blue Cross Private Coverage	Seniors ≥65	10,157	New Brunswick Prescription Drug Program Formulary (Plan A)		\$ 58 / month	None	\$ 9.05 / prescription	None	None
Cystic fibrosis (Plan B)	Persons with CF registered and deemed eligible by NB PDP	67	New Brunswick Prescription Drug Program Formulary (Plan B)		\$ 50 yearly registration fee	None	20% to maximum of \$ 20 / prescription	\$ 500 / family / year	None
Diabetic persons	If eligible for NB PDP program			Syringes, blood testing strips, blood glucose monitors and medical supplies are not benefits. Acarbose and Insulin lispro are available through special authorization.					
Cancer patients	If eligible for NB PDP program								
End stage renal disease	If eligible for NB PDP program			Erythropoietin is not a listed benefit.					
Organ transplant recipients (Plan R)	Organ transplant recipients registered and deemed eligible by NB PDP	159	New Brunswick Prescription Drug Program Formulary (Plan R)	Cyclosporin and Tacrolimus are benefits. Mycophenolate is not listed as a benefit but is available through special authorization.	\$ 50 yearly registration fee	None	20% to maximum of \$ 20 / prescription	\$ 500 / family / year	None
HIV / AIDS (Plan U)	HIV / AIDS patients registered and deemed eligible by NB PDP	232	New Brunswick Prescription Drug Program Formulary (Plan U)	Didanosine, Indinavir, Stavudine, Zalcitabine, Zidovudine are benefits. Lamivudine and Rifabutin available through special authorization. Other antivirals are not listed as benefits but available through special authorization.	\$ 50 yearly registration fee	None	20% to maximum of \$ 20 / prescription	\$ 500 / family / year	None
Hepatitis C	If eligible for NB PDP program			Interferon alfa is a benefit; some products require special authorization					
Multiple sclerosis	If eligible for NB PDP program			Interferon-beta (Avonex and Rebif) are benefits when prescribed by a neurologist; Interferon-beta (Betaseron) and glatiramer are not listed benefits but available under special authorization					
Arthritis	If eligible for NB PDP program								
Osteoporosis	If eligible for NB PDP program			Etidronate and Etidronate / Calcium are benefits; Alendronate is available through special authorization.					
Hypertension	If eligible for NB PDP program								
Schizophrenia	If eligible for NB PDP program			Clozapine, Risperidone, Olanzapine and Quetiapine are available through special authorization.					
Depression	If eligible for NB PDP program								
Cardiovascular disease	If eligible for NB PDP program								
Human growth hormone (Plan T)	Patients registered and deemed eligible by NB PDP	18	New Brunswick Prescription Drug Program Formulary (Plan T)		\$ 50 yearly registration fee	None	20% to maximum of \$ 20 / prescription	\$ 500 / family / year	None

Québec									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximums
General									
Private Insurers	All residents with access to an employer group plan		Drugs listed in Liste de médicaments du Québec	Employer benefits (minimum of RAMQ benefits)	Determined in negotiations with group plan	Determined in negotiations with group plan	Maximum of 25%	\$ 750 / year	
Régie de l'assurance maladie du Québec (RAMQ)	Seniors ≥ 65 without GIS	371,705	Drugs listed in Liste de médicaments du Québec	None	\$ 0 - 175 annually / adult; children none	\$8.33 / month	25%	\$ 62.49 / month	None
Régie de l'assurance maladie du Québec (RAMQ)	Seniors > 65, low income, partial GIS	62,928	Drugs listed in Liste de médicaments du Québec	None	\$ 0 - 175 annually / adult; children none	\$8.33 / month	25%	\$ 41.66 / month	None
Régie de l'assurance maladie du Québec (RAMQ)	Seniors > 65, low income, full GIS	421,595	Drugs listed in Liste de médicaments du Québec	None	None	\$8.33 / month	25%	\$ 16.66 / month	None
Régie de l'assurance maladie du Québec (RAMQ)	All residents <65 without access to a group plan	1,390,000	Drugs listed in Liste de médicaments du Québec	None	\$ 0 - 175 annually / adult; children none	\$8.33 / month	25%	\$ 62.49 / month	None
Régie de l'assurance maladie du Québec (RAMQ)	Social allowance	746,507	Drugs listed in Liste de médicaments du Québec	None	None	\$8.33 / month	25%	\$ 16.66 / month	None
Specific Groups									
Private nursing home residents	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Other Coverage / Approved Drug Benefits					
Public nursing home residents			As per hospitals through global funding						
Cystic fibrosis	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec		As per plan	As per plan	As per plan	As per plan	None
Diabetics	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Insulin lispro, Acarbose, syringes and blood glucose strips are benefit available through exception drug status	As per plan	As per plan	As per plan	As per plan	None
End Stage Renal Disease / Organ Transplant Recipients	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Erythropoietin, Cyclosporin, Mycophenolate, Tacrolimus are benefits	As per plan	As per plan	As per plan	As per plan	None
Hepatitis C	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Interferon-alfa is a benefit.	As per plan	As per plan	As per plan	As per plan	None
HIV / AIDS	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Antivirals, Rifabutin and Pentamidine are benefits	As per plan	As per plan	As per plan	As per plan	None
Multiple sclerosis	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Interferon-beta and glatiramer are available through EDS.	As per plan	As per plan	As per plan	As per plan	None
Arthritis	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec		As per plan	As per plan	As per plan	As per plan	None
Osteoporosis	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Etidronate / Calcium and Alendronate are benefits; Etidronate is available through exception drug status	As per plan	As per plan	As per plan	As per plan	None
Hypertension	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec		As per plan	As per plan	As per plan	As per plan	None
Schizophrenia	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Clozapine, Risperidone, Olanzapine and Quetiapine are benefits	As per plan	As per plan	As per plan	As per plan	None
Depression	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec		As per plan	As per plan	As per plan	As per plan	None
Cancer	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec	Some coverage for drugs may be provided by hospitals.	As per plan	As per plan	As per plan	As per plan	None
Cardiovascular disease	No specific program. Coverage is provided either through RAMQ or private insurer.		Drugs listed in Liste de médicaments du Québec		As per plan	As per plan	As per plan	As per plan	None

Ontario									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
Ontario Drug Benefit Plan (ODB)	Seniors >65	1,112,397	ODB Formulary	None	None	\$ 100 / person / year	Up to \$ 6.11 / prescription	None	None
Ontario Drug Benefit Plan (ODB)	Seniors >65, low income	452,444	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Ontario Drug Benefit Plan (ODB)	Family Benefits	589,262	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Ontario Drug Benefit Plan (ODB)	General Welfare	813,828	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Trillium	All residents with valid Ontario Health card (after paying deductible based on net income)	64,550	ODB Formulary	None	None	Dependent on income & family size - \$ 150 to 4,089 or more	Up to \$ 2.00 / prescription	None	None
Specific Groups				Other Coverage / Approved Drug Benefits					
Home care		111,579	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Nursing home	Homes for Special Care	2,184	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Nursing home	Long term care	109,093	ODB Formulary	None	None	None	Up to \$ 2.00 / prescription	None	None
Cystic fibrosis patients	Universal for disease related therapy / Other if eligible for ODB or Trillium	1,000	ODB Formulary	Pancreatic enzymes, antibiotics plus drugs as per Schedule 17 through special drugs program	None	None	None	None	None
Diabetics	If eligible for ODB or Trillium; no special program.		ODB Formulary	Insulin lispro and Acarbose are limited use benefits. Blood glucose test strips are benefits. Eligible Ontario residents may obtain funding for syringes, blood glucose monitors and medical supplies through the Assistive Devices Program.	As per plan	As per plan	As per plan	None	None
Cancer	If eligible for ODB or Trillium; no special program.		ODB Formulary		As per plan	As per plan	As per plan	None	None
End Stage Renal Disease	Universal program	4,000		Erythropoietin only through special drugs program	None	None	None	None	None
Transplant Recipients	Universal program	3,800		Cyclosporin only through special drugs program	None	None	None	None	None
Transplant Recipients	If eligible for ODB or Trillium; no special program.		ODB Formulary	Mycophenolate and Tacrolimus are limited use products	As per plan	As per plan	As per plan	None	None
HIV / AIDS	Universal program	4,000		Zidovudine, Didanosine, Zalcitabine, Pentamidine only through special drug program.	None	None	None	None	None
HIV / AIDS	If eligible for ODB or Trillium; no special program.		ODB Formulary	Other Antivirals and Rifabutin are limited use products	As per plan	As per plan	As per plan	None	None
Schizophrenia	Universal	700		Clozapine only through special drugs program.	None	None	None	None	None
Schizophrenia	If eligible for ODB or Trillium; no special program.		ODB Formulary	Risperidone and Olanzapine are benefits; Quetiapine available through limited use.	As per plan	As per plan	As per plan	None	None
Hepatitis C	If eligible for ODB or Trillium; no special program.		ODB Formulary	Interferon-alfa is not a benefit.	As per plan	As per plan	As per plan	None	None
Multiple sclerosis	If eligible for ODB or Trillium; no special program.		ODB Formulary	Interferon-beta and glatiramer are not benefits	As per plan	As per plan	As per plan	None	None
Arthritis	If eligible for ODB or Trillium; no special program.		ODB Formulary		As per plan	As per plan	As per plan	None	None
Osteoporosis	If eligible for ODB or Trillium; no special program.		ODB Formulary	Etidronate / Calcium is a benefit; Etidronate is a limited use product; Alendronate is not a benefit	As per plan	As per plan	As per plan	None	None
Hypertension	If eligible for ODB or Trillium; no special program.		ODB Formulary		As per plan	As per plan	As per plan	None	None
Depression	If eligible for ODB or Trillium; no special program.		ODB Formulary		As per plan	As per plan	As per plan	None	None
Cardiovascular disease	If eligible for ODB or Trillium; no special program.		ODB Formulary		As per plan	As per plan	As per plan	None	None

Manitoba									
Data current as of July 15, 1999									
General									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including)	Annual / Lifetime Maximum
Pharmacare	All residents	987,977	Manitoba Formulary	None	None	3% of adjusted family net income over \$15,000; 2% of adjusted net income under \$15,000; deduct \$ 3000 for spouse and dependent children	None	Calculated annual family deductible	None
Pharmacare	Seniors >65	155,391	Manitoba Formulary	None	None	3% of adjusted family net income over \$15,000; 2% of adjusted net income under \$15,000; deduct \$ 3000 for spouse and dependent children	None	None	None
Social Allowance Health Services (SAHS)	Social services recipients	38,712	Manitoba Social Allowance Health Services Formulary	None	None	None	None	None	None
Personal Care Home Drug Program	Nursing home	9,158	Manitoba Personal Care Home Program Formulary	None	None	Capitation per resident	None	None	None
Specific Groups				Other Coverage / Approved Drug Benefits					
Nursing home residents	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance	None	None	As per plan	None	None	None
Cystic fibrosis	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance	Digestive enzymes and food supplements are benefits	None	As per plan	None	None	None
Diabetics	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance Health Services Formulary	Insulin lispro is a benefit; Acarbose is available with conditions. Blood glucose test strips, syringes, needles, lancets are not	None	As per plan	None	None	None
End Stage Renal Disease / Transplant Recipients	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance Health Services Formulary	Erythropoietin, Cyclosporin, Mycophenolate and Tacrolimus are not	None	As per plan	None	None	None
HIV / AIDS	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance Health Services Formulary	All HIV specific antivirals are benefits. Rifabutin is a benefit. Pentamidine is not	None	As per plan	None	None	None
Hepatitis C	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance	Interferon-alpha and Rebetron is a benefit.	None	As per plan	None	None	None
Multiple sclerosis	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance Health Services Formulary	Interferon-beta and glatiramer are not regular benefits. (MS special)	None	As per plan	None	None	None
Arthritis	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance		None	As per plan	None	None	None
Osteoporosis	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance Health Services Formulary	Etidronate / Calcium is a benefit. Etidronate and Alendronate are available	None	As per plan	None	None	None
Hypertension	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance		None	As per plan	None	None	None
Schizophrenia	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance	Clozapine, Risperidone, Quetiapine and Olanzapine	None	As per plan	None	None	None
Depression	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance		None	As per plan	None	None	None
Cancer	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance		None	As per plan	None	None	None
Cardiovascular disease	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance		None	As per plan	None	None	None
Alzheimer's disease	If eligible for Pharmacare or SAHS		Manitoba Formulary / Manitoba Social Allowance	Donepezil HCl	None	As per plan	None	None	

Saskatchewan									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible Data	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum
General									
Prescription Drug Plan	All residents not listed below	629,889	Saskatchewan Formulary	None	None	\$ 850 semiannually	35%	None	None
Prescription Drug Plan	Seniors >65	63,105	Saskatchewan Formulary	None	None	\$ 850 semiannually	35%	None	None
Prescription Drug Plan	Seniors ≥ 65 Saskatchewan Income Plan	12,319	Saskatchewan Formulary	None	None	\$ 100 semiannually	35%	None	None
Prescription Drug Plan	Seniors >65 - GIS recipients in community	30,107	Saskatchewan Formulary	None	None	\$ 200 semiannually	35%	None	None
Prescription Drug Plan	Residents < 65: Family Health Benefits	30,047 adults, 42,286 children	Saskatchewan Formulary	None	None	Adults: \$ 100 semiannually; Children: None	Adults: 35%; Children: None	None	None
Saskatchewan Assistance Plan	Social Services	58,963	Saskatchewan Formulary	Supplementary health coverage for children	None	None	Adults: \$ 2.00 / prescription; Children: None	None	None
Special Support Beneficiaries	Special Support Beneficiaries (All residents with high drug costs relative to income are eligible)	53,227	Saskatchewan Formulary	None	None	None	Maximum out of pocket distributed over 6 months.	3.4% of adjusted family income (Income less \$3,500 per dependent under 18)	None
Specific Groups				Other Coverage / Approved Drug Benefits					
Nursing home residents	Seniors >65 - GIS recipients in nursing home	5,500	Saskatchewan Formulary	Non-Formulary benefit List	None	\$ 100 semiannually	35%	None	None
Nursing home residents	Seniors ≥ 65 Saskatchewan Income Plan	Included above	Saskatchewan Formulary	Non-Formulary benefit List	None	None	None	None	None
Nursing home residents	Residents < 65 or >65 not receiving GIS	2,700	Saskatchewan Formulary		None	\$ 850 semiannually	35%	None	None
Cystic fibrosis	Targeted program by nomination	102	Saskatchewan Formulary	Non-formulary disease related drugs including food supplements and digestants at no cost.	None	None	None	None	None
Diabetics	Regular drug plan coverage	N/A	Saskatchewan Formulary	Insulin lispro available through exception drug status; Social services, family health services and children have coverage for insulin, hypoglycemics, syringes, needles, swabs, lancets and blood glucose monitors at no charge.					
End Stage Renal Disease / Transplant Recipients	Targeted program by nomination	466	Saskatchewan Formulary	Erythropoietin, Cyclosporin, Mycophenolate and Tacrolimus available through exception drug status; Non-formulary disease related drugs at no cost.	None	None	None	None	None
HIV / AIDS	Regular drug plan coverage		Saskatchewan Formulary	Disease specific antivirals plus Rifabutin available through exception drug status. Pentamidine is not a benefit. Certain grandfathered drugs provided at no cost.	None	As per plan	35% (unless on special support)	None	None
Hepatitis C	Regular drug plan coverage		Saskatchewan Formulary	Interferon-alfa available through exception drug status.	None	As per plan	As per plan	None	None
Multiple sclerosis	Regular drug plan coverage		Saskatchewan Formulary	Interferon-beta and glatiramer available through exception drug status.	None	As per plan	As per plan	None	None
Arthritis	Regular drug plan coverage		Saskatchewan Formulary	Etidronate and Alendronate available through exception drug status.	None	As per plan	As per plan	None	None
Osteoporosis	Regular drug plan coverage		Saskatchewan Formulary		None	As per plan	As per plan	None	None
Hypertension	Regular drug plan coverage		Saskatchewan Formulary		None	As per plan	As per plan	None	None
Schizophrenia	Regular drug plan coverage		Saskatchewan Formulary	Risperidone is a benefit; Clozapine, Olanzapine and Quetiapine available through exception drug status.	None	As per plan	As per plan	None	None
Depression	Regular drug plan coverage		Saskatchewan Formulary		None	As per plan	As per plan	As per plan	As per plan
Cancer - Palliative Care Plan	Nominated by physician	2,200	Saskatchewan Formulary	Laxative at no charge; Cancer Foundation provides injectable and oral chemotherapy agents and radiation treatment at no charge	None	As per plan	As per plan	None	None
Cardiovascular disease	Regular drug plan coverage		Saskatchewan Formulary		None	As per plan	As per plan	As per plan	As per plan
Paraplegia	Targeted program by nomination	1,750	Saskatchewan Formulary	Non-formulary disease related drugs including incontinence management and dressing supplies, specialized equipment loaned at no charge	None	None	None	None	None

Alberta									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum
General									
Alberta Drug Benefit (ADB) - Alberta Blue Cross Group 66	Seniors >65 + dependents	316,744	Alberta Health Drug Benefit List	None	None	None	30% to maximum of \$ 25 / prescription + additional cost if a higher cost product is selected.	None	\$ 25,000 annually - may be increased following review
Alberta Drug Benefit - Alberta Blue Cross Group 66A	Recipients of AB widow's pension plan + dependents	2,876	Alberta Health Drug Benefit List	None	None	None	30% to maximum of \$ 25 / prescription + additional cost if a higher cost product is selected.	None	\$ 25,000 annually - may be increased following review
Alberta Drug Benefit - Alberta Blue Cross Group (1)	Other AB residents who purchase coverage	127,524	Alberta Health Drug Benefit List	None	Based on family income: Family income > \$ 12,620 - \$ 41.00 / month; < \$ 12,620 - \$ 28.70 / month; Single income > \$ 7,560 - \$ 20.50 / month; < \$ 7,560 - \$ 14.35 / month	None	30% to maximum of \$ 25 / prescription + additional cost if a higher cost product is selected.		\$ 25,000 annually - may be increased following review
Alberta Family and Social Services (AFSS)	Social allowance / child welfare recipients	68,993 households	Alberta Health Drug Benefit List and Social Services supplement	None	None	None	\$ 2.00 per prescription for first 3 prescriptions per month	None	None
Specific Groups				Other Coverage / Approved Drug Benefits					
Nursing home residents	Nursing home residents		As per Regional Health Authority		None	None	None	None	None
Cystic fibrosis	Adults if eligible for ADB or AFSS; Children universal program funded through Province Wide Services	102	Province wide services	Pancreatic enzymes and antibiotics, including Pulmozyme provided at no cost through hospital based programs for children	As per plan	As per plan	As per plan	As per plan	As per plan
Diabetics	If eligible for ADB or AFSS		Alberta Health Drug Benefit List	Syringes, blood glucose test strips, blood glucose monitors, medical supplies supported through Alberta Aids to Daily Living (AADL) and / or Alberta Monitoring for Health Program	As per plan	As per plan	As per plan AADL - 25%	AADL - maximum of \$ 500 / family / year	As per plan
Cancer	Universal program			Drugs for direct treatment of cancer provided through Alberta Cancer Board's Outpatient Cancer Drug Benefit Program as per Alberta Cancer Board Formulary.	None	None	None	None	None
End Stage Renal Disease	If eligible for ADB or AFSS		Alberta Health Drug Benefit List	Erythropoietin available through special authorization. Somatropin also available for children with chronic renal failure.	As per plan	As per plan	As per plan	As per plan	As per plan
Organ Transplant Recipients	Universal program funded through Province Wide Services			Cyclosporin, Mycophenolate, Tacrolimus, OKT-3, Lymphocyte immune globulin, Epoprostenol, Filgastrin, Ondansetron available through Calgary Regional Health Authority and Capital Health Authority.	None	None	None	None	None
HIV / AIDS	Universal program funded through Province Wide Services	826		All antivirals available through Calgary Regional Health Authority and Capital Health Authority.	None	None	None	None	None
Hepatitis C	If eligible for ADB or AFSS		Alberta Health Drug Benefit List	Interferon-alfa available through special authorization.	As per plan	As per plan	As per plan	As per plan	As per plan
Multiple sclerosis	Universal program (MS Drug Program)			Interferon beta and glatiramer available through special authorization					
Arthritis	If eligible for ADB or AFSS		Alberta Health Drug Benefit List		As per plan	As per plan	As per plan	As per plan	As per plan
Osteoporosis	If eligible for ADB or AFSS		Alberta Health Drug Benefit List	Alendronate available through special authorization	As per plan	As per plan	As per plan	As per plan	As per plan
Hypertension	If eligible for ADB or AFSS		Alberta Health Drug Benefit List		As per plan	As per plan	As per plan	As per plan	As per plan
Schizophrenia	If eligible for ADB or AFSS		Alberta Health Drug Benefit List		As per plan	As per plan	As per plan	As per plan	As per plan
Depression	If eligible for ADB or AFSS		Alberta Health Drug Benefit List		As per plan	As per plan	As per plan	As per plan	As per plan
Cardiovascular disease	If eligible for ADB or AFSS		Alberta Health Drug Benefit List		As per plan	As per plan	As per plan	As per plan	As per plan
Palliative care patients	Palliative patients		Alberta Health Drug Benefit List and Palliative Care Drug Benefit Supplement				30% to maximum of \$ 25 / prescription + additional cost if a higher cost product is selected.	\$ 1,000 lifetime maximum	

British Columbia									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum
General									
Pharmacare Plan A	Seniors >65	417,000	B.C. Formulary	None	None	None	100% of fee to maximum of \$ 200 / year	\$ 200 / year + additional cost if higher cost product selected	None
Pharmacare Plan C	Social service	229,000	B.C. Formulary	None	None	None	None	None + additional cost if higher cost product selected	None
Pharmacare Plan E	All residents not covered by other government program	3,105,206	B.C. Formulary	None	None	\$800	30%	\$ 2000 / year + additional cost if higher cost product selected	None
Pharmacare Plan E1	All residents not covered by other government program with medical premium assistance (Net income < \$19,000 annually)		B.C. Formulary	None	None	\$600	None	\$ 600 / year + additional cost if higher cost product selected	None
Specific Groups									
Pharmacare Plan F	Medically dependent children		B.C. Formulary	None	None	None	None	None + additional cost if higher cost product selected	None
Pharmacare Plan G	Mental health patients with net income < \$19,000		B.C. Formulary	None	None	None	None	None + additional cost if higher cost product selected	None
Pharmacare Plan B	Nursing home residents	25,000	B.C. Formulary	None	None	None	None	None + additional cost if higher cost product selected	None
Pharmacare Plan D	Cystic fibrosis		Specific digestive enzymes	Some nutritional supplements and vitamins under other plans.	None	None	None on specific digestive enzymes	None + additional cost if higher cost product selected	None
Diabetics	As per Pharmacare plan eligibility		B.C. Formulary	For insulin dependent diabetics - needles and syringes, infusion sets / kits, blood glucose monitoring strips with	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
End Stage Renal Disease & Transplant Recipients	As per Pharmacare plan eligibility		B.C. Formulary	Some medications are covered by B.C. Transplant Society and Leukemia/Bone Marrow Transplantation Program at	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Hepatitis C	As per Pharmacare plan eligibility		B.C. Formulary	Interferon- alfa available through special authorization.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
HIV / AIDS	As per Pharmacare plan eligibility		B.C. Formulary	Some medications are covered by B.C. Centre for Excellence in HIV / AIDS.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Multiple sclerosis	As per Pharmacare plan eligibility		B.C. Formulary	Interferon-beta available through special authorization as recommended by Multiple Sclerosis Clinic Expert Panel.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Arthritis	As per Pharmacare plan eligibility		B.C. Formulary		As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Osteoporosis	As per Pharmacare plan eligibility		B.C. Formulary	Alendronate available through special authorization.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Hypertension	As per Pharmacare plan eligibility		B.C. Formulary		As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Schizophrenia	As per Pharmacare plan eligibility		B.C. Formulary	Olanzapine, Quetiapine and Zuclopenthixol available through special authorization.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Depression	As per Pharmacare plan eligibility		B.C. Formulary	Bupropion available through special authorization.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Cancer	As per Pharmacare plan eligibility		B.C. Formulary	Some medications covered by the B.C. Cancer Agency.	As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None
Cardiovascular disease	As per Pharmacare plan eligibility		B.C. Formulary		As per plan	As per plan	As per plan	None + additional cost if higher cost product selected	None

Yukon Territories									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
	All Residents		None						
Pharmacare	Seniors ≥ 65 + spouses ≥ 60	1,363	All prescription drugs as per Pharmacare Formulary	Administration supplies	None	None	None	None	None
Children's Drug & Optical	Children <19 of low income families	184	All prescription drugs as per Children's Drug and Optical Formulary	Administration supplies	None	Maximum of \$250/person; \$500/family	None	\$250/person; \$500/family	None
Social assistance	Adults receiving social assistance	865 families	All prescription drugs as per Pharmacare Formulary	Administration supplies	None	None	None	None	None
Specific Groups				Other Coverage / Approved Drug Benefits					
First Nations and Inuit			None - covered under NIHB						
All residents with chronic disease		591							
Nursing home residents	All residents with chronic disease or eligible for Pharmacare who are not covered under any federal legislation or private insurance		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Cystic fibrosis patients	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Diabetics	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Insulin lispro is a benefit; Prandase is available through exception drug status; syringes, blood glucose test strips, medical supplies are benefits	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Cancer	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
HIV / AIDS	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Disease specific antivirals are benefits; Rifabutin available through exception drug status. Pentamidine not a benefit	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
End Stage Renal Disease / Transplant Recipients	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Erythropoietin available through exception drug status; Cyclosporin, Mycophenolate, Tacrolimus are benefits	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Hepatitis C	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Interferon-alfa is a benefit.	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Multiple sclerosis	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Interferon-beta and Glatiramer available through exception drug status.	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Arthritis	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Osteoporosis	Seniors eligible for Pharmacare		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Etidronate, Alendronate are available through exception drug status; Etidronate / Calcium is not a benefit	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Hypertension	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Schizophrenia	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary	Clozapine, Risperidone, Olanzapine, Quetiapine are available through exception drug status	None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Depression	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None
Cardiovascular disease	All residents with chronic disease		Disease related prescription drugs as per Yukon Chronic Disease Formulary		None	Maximum of \$250 / person or \$500/family	None	\$250/person; \$500/family	None

Northwest Territories									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum
General									
	All Residents		None						
Extended Health Benefits Program	Seniors + spouses > 60 (Non-native and Metis)	1,029	North West Territories Formulary	Extended health benefits	None	None	None	None	None
Indigent Health Benefits Program	Income support recipients		Non-Insured Health Benefits Formulary	Medical supplies and equipment	None	None	None	None	None
Metis Health Benefits Program	Registered Metis	1,100	Non-Insured Health Benefits Formulary	Medical supplies and equipment	None	None	20%	None	None
Specific Groups									
Extended Health Benefits Health Benefits Program		2,800		Other Coverage / Approved Drug Benefits					
Nursing home residents			North West Territories Formulary	Extended health benefits	None	None	None	None	None
Cystic fibrosis patients	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
Diabetics	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
Cancer	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
HIV / AIDS	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
End Stage Renal Disease / Organ Transplant Recipients	If eligible for general program								
Hepatitis C	If eligible for general program								
Multiple sclerosis	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
Arthritis	If eligible for general program								
Osteoporosis	If eligible for general program								
Hypertension	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None
Schizophrenia	If eligible for general program								
Depression	If eligible for general program								
Cardiovascular disease	All residents with chronic disease		North West Territories Formulary	Extended health benefits	None	None	None	None	None

Non-Insured Health Benefits - Registered Indians and Eligible Inuit and Innu									
Data current as of July 15, 1999									
Plan	Plan Beneficiaries	Number of Eligible Beneficiaries (March 31, 1999)	Drug Coverage	Other Coverage	Premiums	Deductible	Co-Payment	Maximum Out of Pocket (including Premiums)	Annual / Lifetime Maximum on Benefits
General									
Non-Insured Health Benefits Program (NIHB)	All registered Indians & eligible Inuit and Innu	672,176	NIHB Formulary + special approval	Medical supplies / equipment; Health premiums B.C. & AB	None	None	None	None	None
	BC	107,512							
	AB	80,981							
	SK	101,639							
	MN	101,319							
	ON	147,385							
	PQ	49,791							
	Atlantic	32,484							
	NWT	7,159							
	Yukon	43,906							
Special Groups									
Nursing home residents	If eligible for NIHB drug program		NIHB Formulary + special approval	Other Coverage / Approved Drug Benefits					
Diabetics	If eligible for NIHB drug program		NIHB Formulary + special approval						
End Stage Renal Disease	If eligible for NIHB drug program		NIHB Formulary + special approval	Erythropoietin is available through Exception drug status. Cyclosporin, Mycophenolate, Tacrolimus are benefits.					
Hepatitis C	If eligible for NIHB drug program		NIHB Formulary + special approval	Interferon-alfa is a benefit.					
HIV / AIDS	If eligible for NIHB drug program		NIHB Formulary + special approval	Disease specific antivirals are benefits; Pentamidine and Rifabutin are benefits					
Multiple sclerosis	If eligible for NIHB drug program		NIHB Formulary + special approval	Interferon-beta and Glatiramer are available through exception drug status.					
Arthritis	If eligible for NIHB drug program		NIHB Formulary + special approval						
Osteoporosis	If eligible for NIHB drug program		NIHB Formulary + special approval	Etidronate / Calcium and Etidronate are benefits; Alendronate is available through exception drug status.					
Hypertension	If eligible for NIHB drug program		NIHB Formulary + special approval						
Schizophrenia	If eligible for NIHB drug program		NIHB Formulary + special approval	Clozapine, Risperidone and Quetiapine are benefits; Olanzapine is available through exception drug status.					
Depression	If eligible for NIHB drug program		NIHB Formulary + special approval						
Cancer	If eligible for NIHB drug program		NIHB Formulary + special approval						
Cardiovascular disease	If eligible for NIHB drug program		NIHB Formulary + special approval						

APPENDIX 1B PROJECT DATABASE OF PUBLIC DRUG PLANS – PRESCRIPTION PRICING GUIDELINES

Provincial Government Drug Plans Prescription Pricing Guidelines

Province	Plan	Drug Cost Definition	Drug Cost Definition in the Health Canada Study	Wholesale Upcharge (Maximum)	Pharmacy Upcharge (Maximum)	Pharmacist Fee (Maximum)	Prescription Quantity Limitations
Newfoundland & Labrador	Senior Citizens Drug Subsidy Plan	BAC ¹ (Interchangeable Formulary)	Drug cost from manufacturer	15%	9% on BAC	Market fee, no maximum	
Newfoundland & Labrador	Senior Citizens Drug Subsidy Plan	Cost to wholesaler	Drug cost from manufacturer	15%	None	Market fee, no maximum	
Newfoundland & Labrador	Senior Citizens Drug Subsidy Plan	Direct list prices	Drug cost from manufacturer	N/A	None	Market fee, no maximum	
Newfoundland & Labrador	Senior Citizens Drug Subsidy Plan & Social Services Drug Program		Drug cost from manufacturer		33 1/3% (Diabetic supplies)	None	
Newfoundland & Labrador	Social Services Drug Program	Pharmacy ingredient cost (AAC ²)	Drug cost from manufacturer	15%	10% if drug cost over \$ 30.00	\$ 4.42 is the maximum reimbursed	
Prince Edward Island	Drug Cost Assistance Plan for Seniors	MAC ³ (Cost to wholesale for wholesale companies)	Drug cost from manufacturer	13%	7.5% if ingredient cost ≥ \$ 45.00	\$ 7.50	Maximum 30 day supply
Prince Edward Island	Drug Cost Assistance Plan for Seniors	MAC (Direct manufacturers)	Drug cost from manufacturer	None	7.5% if ingredient cost ≥ \$ 45.00	\$ 7.50	

¹ BAC – best available cost

² AAC – actual acquisition cost

³ MAC – maximum allowable cost

APPENDIX 1B PROJECT DATABASE OF PUBLIC DRUG PLANS – PRESCRIPTION PRICING GUIDELINES

Province	Plan	Drug Cost Definition	Drug Cost Definition in the Health Canada Study	Wholesale Upcharge (Maximum)	Pharmacy Upcharge (Maximum)	Pharmacist Fee (Maximum)	Prescription Quantity Limitations
Nova Scotia	Pharmacare	MAC or AAC	Drug cost from manufacturer	9%	None 33 1/3% of AAC on insulin	\$ 8.65; \$ 12.98 if drug cost > \$ 110	Maximum of 180 days supply; Maximum of 90 days supply on special drug programs.
Nova Scotia	Pharmacare		Drug cost from manufacturer	33 1/3% on diabetic supplies and insulin	None	None	
New Brunswick	Prescription Drug Program	MAP ⁴ or AAC (may include wholesale upcharge)	Drug cost from manufacturer	9%	None	Ingredient cost - Fee <\$99.99 - \$ 7.40 \$100-199.00 – \$9.90 \$200-499.99 – \$15.00 \$500-999.99 – \$20.00 >\$1000 - \$ 60.00 to 160.00	Maximum of 100 days supply except Controlled drugs, narcotics, benzodiazepines – maximum of 35 days supply
Quebec	RAMQ	Guaranteed selling price as declared by manufacturer (may include the declared wholesale upcharge, up to 9%) or méthode du prix le plus bas	Drug cost from manufacturer	9%	None	\$ 7.00 for ≤ 24,300; \$ 6.54 for > 24,300	

⁴ MAP – maximum allowable price

APPENDIX 1B PROJECT DATABASE OF PUBLIC DRUG PLANS – PRESCRIPTION PRICING GUIDELINES

Province	Plan	Drug Cost Definition	Drug Cost Definition in the Health Canada Study	Wholesale Upcharge	Pharmacy Upcharge	Pharmacist Fee	Prescription Quantity Limitations
Ontario	Ontario Drug Benefit (ODB)	DBP ⁵	Drug cost from manufacturer	N/A	10%	Up to \$ 6.11 for retail pharmacies; and \$ 2.83 for hospital pharmacies.	Maximum 100 day supply; maximum 35 days supply for general welfare
Ontario	Trillium Drug Program	DBP	Drug cost from manufacturer	N/A		Usual and customary for cash receipts; Up to \$ 6.11 for retail pharmacies; and \$ 2.83 for hospital pharmacies for claims processed via Health Network.	Lesser of 100 day supply or supply sufficient to extend not more than 30 days past the end of the benefit year.
Manitoba	Manitoba Pharmacare	Lowest generic price, MAC	Drug cost from manufacturer	7%	Prescription drugs – range of 5 to 10% Diabetic supplies – up to 75%	No maximum – average \$ 6.59 (1997/98)	All drugs restricted to 100 days supply
Manitoba	Social allowance health services	Lowest generic price, MAC Upcharge for insulin, diabetic supplies, OTC's ⁶	Drug cost from manufacturer	7%	Prescription drugs – range of 5 to 10% Diabetic supplies – up to 75%	\$ 6.95	All drugs restricted to 100 days supply
Manitoba	Personal care home program	Lowest generic price, MAC Upcharge for insulin, diabetic supplies, OTC's	Drug cost from manufacturer	N/A	None	None – capitation fee of \$ 26.15 – 26.95 / resident / month	All drugs restricted to 100 days supply

⁵ DBP – drug benefit price (drug cost shown in the formulary)

⁶ OTC's – over the counter drugs (non-prescription drugs)

APPENDIX 1B PROJECT DATABASE OF PUBLIC DRUG PLANS – PRESCRIPTION PRICING GUIDELINES

Province	Plan	Drug Cost Definition	Drug Cost Definition in the Health Canada Study	Wholesale Upcharge	Pharmacy Upcharge	Pharmacist Fee	Prescription Quantity Limitations
Saskatchewan	Prescription Drug Plan	AAC (may include wholesale upcharge)	Drug cost from manufacturer	8.1%	Drug cost < \$ 6.30 – 30%; drug cost \$ 6.31 to 15.80 – 15%; drug cost > 15.80 – 10%	Regular - \$ 6.93; Trial prescription - \$ 6.93 + \$ 7.50 follow-up; OC's ⁷ - \$6.93 / 2 month supply	All drugs – maximum 34 day supply except OC's and oral estrogens – 2 months supply Digitalis, phenobarbital, anticonvulsants, oral hypoglycemics, thyroid and anti-thyroid – 100 days supply
Alberta	Drug Benefit Plan	LCA ⁸ or MAC or AAC (may include wholesale upcharge)	Drug cost from manufacturer	7%	None on regular prescription drugs; Insulin and OC's – 5/3 of AAC (maximum \$ 100)	AAC < \$74.99 - \$ 9.70; AAC \$ 75.00 to 149.99 - \$ 14.70; AAC > 150.00 - \$ 19.70	Minimum of 100 days supply of anticoagulants, anticonvulsants, digitalis, hypoglycemic agents, thyroid drugs, vitamins, OC's, antihypertensive agents, conjugated estrogens and antiarthritics for one fee.
B.C.	B.C. Pharmacare	AAC or LCA or RDP ⁹ to maximum of 7% above manufacturers' price.	Drug cost from manufacturer	7%	None	\$ 7.55 maximum Pharmacare will reimburse; pharmacy may charge more.	Maximum of 30 days supply; 100 days on refills of maintenance drugs. Under LCA / RDP coverage is to maximum allowable drug cost – patient is responsible for additional costs if a higher cost product is chosen.
Yukon Territories	Pharmacare, Chronic Diseases and Children's Drug & Optical	AAC to MAC	Drug cost from manufacturer	0%	30%	\$ 8.75	Maximum 90 days supply on Pharmacare & Chronic Disease programs.

⁷ OC's – oral contraceptives

⁸ LCA – lowest cost alternative

⁹ RDP – reference drug program

APPENDIX 1B PROJECT DATABASE OF PUBLIC DRUG PLANS – PRESCRIPTION PRICING GUIDELINES

Province	Plan	Drug Cost Definition	Drug Cost Definition in the Health Canada Study	Wholesale Upcharge	Pharmacy Upcharge	Pharmacist Fee	Prescription Quantity Limitations
Northwest Territories	Extended Health Benefits, Indigent Health Benefits & Metis Health Benefits	MAC	Drug cost from manufacturer		30%	\$ 9.33	Maximum of 34 days supply; 100 days supply on maintenance, long term therapy
NIHB	NIHB Drug Program	Drug cost from manufacturer or wholesaler	Drug cost from manufacturer		As per province of residence	As per province of residence	
VAC	VAC Drug Program	Drug cost from manufacturer or wholesaler	Drug cost from manufacturer		As per province of residence	As per province of residence	

Appendix 2

Development of the Employer Plan Statistical File

Appendix 2 Development of the Employer Plan Statistical File

A2. Development of the Employer Plan Statistical File

The Employer Plan Statistical File was developed for use in this project.

The file has been built up from two main data sources:

- policy administration records from eight insurance companies for employers with less than 1,000 employees
- a proprietary database compiled by Applied Management for employers with 1,000 and more employees (Applied Management Database).

The insurance company data was gathered for this project. The data request specifications are included here as Appendix 2.1.

The Applied Management Database was compiled by Applied Management directly from large employer human resource personnel using telephone and mail questionnaires.

The Applied Management Database was used because large employer plans are typically self-administered and often self funded. Consequently, the data held by insurance companies on these plans is limited and is sometimes inaccessible due to the technical design of insurance company administrative systems.

The eight insurance companies are considered broadly representative of the entire industry including:

- large and small firms
- commercial and non-profit firms
- national and regional firms:

The eight companies are:

- Atlantic Blue Cross
- Crown Life
- Empire Life
- Great-West Life
- Liberty Health
- Manulife
- Saskatchewan Blue Cross
- Standard Life

Appendix 2 Development of the Employer Plan Statistical File

These firms collectively insure an estimated 44% of the employees of employers with less than 1,000 employees.

However, the market penetration of this group varies substantially across the country as shown below. However, informal telephone interviews with major non-contributing carriers in Québec, Manitoba, Alberta and British Columbia confirmed that their blocks of clients did not vary from the general patterns in the contributed data.

Region	Proportion of Market
Atlantic Canada	61%
Quebec	36%
Ontario	48%
Manitoba	41%
Sask	45%
Alberta	34%
B.C.	25%
CANADA	44%

It is estimated that the Applied Management Database represents approximately half of the employers in the 1,000 employees and larger category including the federal government and six of the provincial governments.

Employer Plan Statistical File Dimensions

Data Source	Physical Records	Estimated Employers	Number of Employees
AMC Database	2117	295	1985104
Insurance Carriers	79,204	40,850	1,123,434
Total	81,321	41145	3,108,538

The record layout for this file is presented on the following pages.

Employer Plan Statistical File

VERSION 5

4-May-99

FIELDNAME	Size	Definition	Comments
1 SOURCE	8	Carrier	
2 RECNUM	8	Record number assigned by Fraser, unique within a carrier	
3 ID1	10	Policy	<i>carrier provided ID</i>
4 ID2	5	Division	<i>carrier provided ID</i>
5 ID3	5	Class	<i>carrier provided ID</i>
6 ID	20	Composite of all carrier Ids	
7 PROV	2	Residence	BC, AB, SK,...NS,NF but also Atlantic Provinces = AT
8 SICGIVEN	5	Industry code provided	
9 SIC	2	Industry code we will use	two digit 1980 SIC
10 OCC	2	Occupation imputed to employees	Richard's combined code
11 FIRMSIZE_	1	Validity for next field (LOGICAL)	TRUE = actual
12 FIRMSIZE	6	total employees on the policy, all divisions	
13 ERCONTRIB	3	Percent paid by employer	eg 50, 51=contributory but we don't know split, U=not known
WAIT_		Validity for next field (LOGICAL)	TRUE = actual
14 WAIT	5	Number of months before coverage effective	EG. 3.0, 2.5
15 RETIREES	1	retirees covered?	Y="yes" N="no" B="both active and retired", blank = don't know
16 CROSSTAB	1	Validity for next 4 fields (LOGICAL)	false if imputed
17 MS	5	number of employess male single	
18 MF	5	number of employess male family	
19 FS	5	number of employess female single	
20 FF	5	number of employess female family	
21 GENDER_	1	Is gender data real (LOGICAL)	false if imputed
22 MALES	5	Covered_Males	
23 FEMALES	5	Covered_Females	
24 FAMILY_	1	Is family status data real (LOGICAL)	false if imputed
25 SINGLE	5	Covered_Single	
26 FAMILY	5	Covered_Family	
27 COUNT	6	number of employees	
28 DRUGSONLY	1	Is this a stand alone drug plan	N= EHC plan, U=not known
29 MAXYR	8	Annual Maximum	blank for unlimited,"U" =don't know

Employer Plan Statistical File

VERSION 5

4-May-99

FIELDNAME	Size	Definition	Comments
30 MAXLIFE	8	Lifetime maximum value	blank for unlimited,"U" =don't know
31 DED_IND	4	Ind_ded	annual value
32 DED_FAM	4	Fam_ded	annual value
33 DED_IS_FEE	1	Is the per script deductibLE = dispensing fee	1=yes, 2= yes plus markup
34 DEDSCRIPT	6	Per_script_ded	eg. 7.50, blank if = disp fee
35 COINS_R1	8	Co-insurance Range 1	blank means unlimited
36 COINS_V1	3	Co-insurance Value 1	Pecent paid by employee eg. 20
37 COINS_R2	8	Co-insurance Range 2	blank means unlimited
38 COINS_V2	3	Co-insurance Value 2	blank means same as Value 1
39 SCRIPTMAX	5	Maximum Coinsurance per script	blank means no maximum
40 OUTOFPOCK	5	Out_of_Pocket	Maximum paid by employee annually
41 PRE-X	1	Pre_existing condition restriction	Y="yes" N="no" blank = don't know
42 FORMULARY	1	Formulary	P=Any prescribed, R=Requires prescription, M=managed list
43 PAYMETHOD	1	Pay_Method	D = Direct, R= Reimbursement
44 EVIDENCE	1	Is evidence required for coverage	Y="yes" N="no" blank = don't know
45 STEREOTYPE	40	Assigned stereotype	
	240		

Appendix 3

Methodology - Basket of Drugs Analysis

A3. Methodology - Basket of Drugs Analysis

This appendix summarizes the methods used to develop the prescription costs and out-of-pocket expenditures for the examples discussed in Chapter 5 - Financial Impact of Coverage for Drugs and for preparing the examples presented in Appendix 4 - Examples of Variations in Reimbursement Based on Beneficiaries, Plan Design and Income.

1. Drug Cost (also referred to as Drug Ingredient Cost)

Provincial drug plans use various terms to define drug cost including:

- Actual acquisition cost (AAC)
- C Best available cost (BAC)
- Drug benefit price (DBP)
- Guaranteed selling price
- Maximum allowable cost (MAC)
- Maximum allowable price (MAP)
- Lowest cost alternative (LCA)
- Reference drug program (RDP)
- La méthode du prix le plus bas

In this study, drug cost is defined as the drug price from the manufacturer. This price is assumed to be the same for all provinces and territories.

2. Prescription Cost

In addition to the drug cost, the prescription cost may include one or more of the following:

- Wholesale upcharge
- Pharmacy upcharge
- Pharmacist dispensing or professional fee

To maintain consistency, the retail prescription costs are manufacturer's price plus the maximum wholesale upcharge, maximum pharmacy upcharge and maximum pharmacist professional fee.

The same markups charged to the pharmacy by the wholesale and markups and fees charged by the pharmacy to the consumer have been included in the analyses of private drug plans. The only exception is in Ontario where the pharmacist fee was increased to \$10.00 to reflect the current average dispensing fee for non-Ontario Drug Benefit plan prescriptions.

Appendix 3

Methodology - Basket of Drugs Analysis

Summaries of the drug pricing formulae, i.e. drug cost definition, maximum allowable wholesale upcharge, maximum allowable pharmacy upcharge and maximum allowable

pharmacist dispensing or professional fee, were provided to provincial government drug plan representatives for confirmation. The summary information appears in Appendix 1B - Project Database of Public Drug Plans - Prescription Pricing Guidelines.

3. **Premiums, Deductibles, Co-Payments, Maximum Out-of-Pocket Expenditures and Annual or Lifetime Maximums**

The information used in our analysis is the actual policy of each province and was confirmed by provincial, territorial and federal government representatives. The summary information is in Appendix 1A - Project Database of Public Drug Plans - Summary of Beneficiaries, Premiums, Deductibles and Co-Payments.

4. **Baskets of Drugs - Drug Cost (also referred to as Drug Ingredient Cost)**

For the purposes of this study, drug ingredient cost is the price charged to the wholesaler by the manufacturer.

Government drug plans use formularies to define the drug benefits available to eligible beneficiaries. Some private drug plans also use formularies to define drug benefits. To remove the influence of formulary variations in the coverage of specific drug products, and to remove the influence of variations in government policies regarding the use of generic, lower cost or reference drug alternatives, we assumed all essential drug therapy options were available.

We chose three levels of drug cost for analysis. These levels are:

Single:	\$ 500	Family:	\$ 1,000
	\$ 1,000		\$ 2,000
	\$ 3,000		\$ 6,000

These levels were chosen to allow comparison of standardized baskets of drugs across the provinces.

The baskets are standardized based on drug cost and do not consider the influence of variations in formulary coverage of specific products. The levels were chosen to reflect variations in the range of individual or family drug needs. For many individuals / families, the annual drug therapy needs may be lower than the lowest level used for analysis; and for some individuals / families, their drug therapy needs may be substantially higher than the highest levels analyzed.

5. Basket of Drugs - Number of Prescriptions

To estimate the number of prescriptions represented by drug cost of the Basket of Drugs, an average drug ingredient / prescription cost of \$33.96 was used when the Basket of Drugs cost was less than \$2,000. An average drug ingredient cost / prescription of \$43.61 was used when the Basket of Drugs cost was \$2,000 or more. This reflects the experience of B.C. Pharmacare.

We used a standard drug ingredient cost / prescription to remove the influence of specific drug therapies to treat specific medical conditions and to facilitate comparison across the provinces and territories.

In reality, an individual might receive prescriptions with a wide range of drug ingredient costs per prescription.

6. Basket of Drugs - Total Prescription Costs

The total prescription cost used in this analysis is the sum of drug ingredient cost, maximum wholesaler markup, maximum pharmacy markup and maximum pharmacist dispensing fee. The total prescription costs vary from province to province because of the variation in one or more of these amount.

7. Cost to the Plan Beneficiary

The total cost to the plan beneficiary is the annual premium plus any applicable deductible and co-payment. In provinces with annual out-of-pocket limits, no beneficiary's cost may exceed these limits.

We have assumed consumption of drugs occurs evenly throughout the year so monthly or semi-annual deductibles and co-payments are comparable to annual deductibles.

8. Proportion of Prescription Costs Reimbursed

The proportion of prescription costs reimbursed is the ratio of the amount paid by the drug plan to total prescription costs. The amount paid by the drug plan is the total prescription costs less patient out-of-pocket expenditures for premiums, deductibles and co-payments.

9. Out-of-Pocket Expenditures as a Percentage of Total Prescription Costs

This is the result when the out-of-pocket costs are divided by the total prescription costs.

10. Out-of-Pocket Expenditures as a Percentage of Income

This is the result when the out-of-pocket costs are divided by annual income.

11. Other Factors Considered

This model demonstrates the cost differences between provincial, territorial or federal government drug plans and private drug plans.

In addition to the above, it assumes seniors do not have any private coverage that supplements the government coverage. Therefore, in Quebec, all seniors would pay the required premium and obtain drug coverage through RAMQ. Seniors in Nova Scotia would pay the required premium and voluntarily participate in the Pharmacare for Seniors program.

We have assumed seniors not eligible for provincial coverage will buy the voluntary coverage available in New Brunswick.

In Alberta, the co-payment is 30% to a maximum of \$25.00 per prescription. When the patient's total prescription cost is high (more than \$83.33) the Alberta provincial drug plan will pay a greater proportion of the total cost than shown in the examples presented.

Saskatchewan provides a Special Support program for residents with high drug costs relative to income. We have assumed individuals apply for and receive Special Support benefits. This means the maximum deductible is 3.4% of adjusted family income and is distributed evenly through monthly co-payments.

Appendix 4

Basket of Drugs Analysis - Examples of Variations in Reimbursement based on Beneficiaries, Plan Design and Income

Appendix 4 Basket of Drugs Analysis

Examples of Variations in Reimbursement based on Beneficiaries, Plan Design and Income

This Appendix includes the following:

Appendix 4-1	Single senior citizen, Annual income \$30,000, Annual drug ingredient cost \$500
Appendix 4-2	Single senior citizen, Annual income \$30,000, Annual drug ingredient cost \$1000
Appendix 4-3	Single senior citizen, Annual income \$30,000, Annual drug ingredient cost \$3000
Appendix 4-4	Single senior citizen (Partial GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$500
Appendix 4-5	Single senior citizen (Partial GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$1000
Appendix 4-6	Single senior citizen (Partial GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$3000
Appendix 4-7	Single senior citizen (Full GIS Supplement), Annual income \$11,000, Annual drug ingredient cost \$500
Appendix 4-8	Single senior citizen (Full GIS Supplement), Annual income \$11,000, Annual drug ingredient cost \$1000
Appendix 4-9	Single senior citizen (Full GIS Supplement), Annual income \$11,000, Annual drug ingredient cost \$3000
Appendix 4-10	Senior citizen couple, Annual income \$35,000, Annual drug ingredient cost \$1000
Appendix 4-11	Senior citizen couple, Annual income \$35,000, Annual drug ingredient cost \$2000
Appendix 4-12	Senior citizen couple, Annual income \$35,000, Annual drug ingredient cost \$6000
Appendix 4-13	Senior citizen couple (Partial GIS Supplement), Annual income \$17,000, Annual drug ingredient cost \$1000
Appendix 4-14	Senior citizen couple (Partial GIS Supplement), Annual income \$17,000, Annual drug ingredient cost \$2000
Appendix 4-15	Senior citizen couple (Partial GIS Supplement), Annual income \$17,000, Annual drug ingredient cost \$6000
Appendix 4-16	Senior citizen couple (Full GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$1000
Appendix 4-17	Senior citizen couple (Full GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$2000

Appendix 4

Basket of Drugs Analysis Examples of Variations in Reimbursement based on Beneficiaries, Plan Design and Income

Appendix 4-18	Senior citizen couple (Full GIS Supplement), Annual income \$15,000, Annual drug ingredient cost \$6000
Appendix 4-19	Social assistance single adult, Annual income \$10,000, Annual drug ingredient cost \$500
Appendix 4-20	Social assistance single adult, Annual income \$10,000, Annual drug ingredient cost \$1000
Appendix 4-21	Social assistance single adult, Annual income \$10,000, Annual drug ingredient cost \$3000
Appendix 4-22	Social assistance family (all medication for the adults), Annual income \$15,000, Annual drug ingredient cost \$1000
Appendix 4-23	Social assistance family (all medication for the adults), Annual income \$15,000, Annual drug ingredient cost \$2000
Appendix 4-24	Social assistance family (all medication for the adults), Annual income \$15,000, Annual drug ingredient cost \$6000
Appendix 4-25	Social assistance family (all medications for children), Annual income \$10,000, Annual drug ingredient cost \$500
Appendix 4-26	Social assistance family (all medications for children), Annual income \$10,000, Annual drug ingredient cost \$1000
Appendix 4-27	Social assistance family (all medications for children), Annual income \$10,000, Annual drug ingredient cost \$3000
Appendix 4-28	Family with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$1000
Appendix 4-29	Family with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$2000
Appendix 4-30	Family with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$6000
Appendix 4-31	Single adult with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$500

Appendix 4

Basket of Drugs Analysis Examples of Variations in Reimbursement based on Beneficiaries, Plan Design and Income

- Appendix 4-32 Single adult with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$1000
- Appendix 4-33 Single adult with provincial government coverage or employer sponsored coverage (4 plan designs), Annual income \$35,000, Annual drug ingredient cost \$3000

PATIENT GROUP: SENIOR CITIZENS (1)**Senior single > 65****Annual income \$30,000****Annual drug ingredient cost \$500****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	500	33.96	15	15%	0%	4.42	43.47	640.08	0	0	0.00	0.00	640.08	0.0%	2.1%
PRINCE EDWARD ISLAND	500	33.96	15	13%	0%	7.50	45.87	675.42	0	0	14.50	213.49	213.49	68.4%	0.7%
NOVA SCOTIA	500	33.96	15	9%	0%	8.65	45.67	672.36	215	0	20%	134.47	349.47	48.0%	1.2%
NEW BRUNSWICK	500	33.96	15	9%	0%	7.40	44.42	653.95	696	0	9.05	133.24	829.24	0.0%	2.8%
QUEBEC	500	33.96	15	9%	0%	7.00	44.02	648.06	175	99.96	25%	162.02	436.98	32.6%	1.5%
ONTARIO	500	33.96	15	0%	10%	6.11	43.47	639.96	0	100	6.11	89.96	189.96	70.3%	0.6%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	900.00	0	0.00	682.03	0.0%	2.3%
SASKATCHEWAN	500	33.96	15	8%	10%	6.93	47.04	692.53	0	1020	0%	0.00	692.53	0.0%	2.3%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	30%	203.34	203.34	70.0%	0.7%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	7.55	111.16	111.16	82.8%	0.4%
YUKON	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior single > 65****Annual income \$30,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	43.61	23	15%	0%	4.42	54.57	1251.35	0	0	0.00	0.00	1251.35	0.0%	4.2%
PRINCE EDWARD ISLAND	1,000	43.61	23	13%	0%	7.50	56.78	1301.98	0	0	14.50	332.49	332.49	74.5%	1.1%
NOVA SCOTIA	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	215	0	20%	257.67	415.00	67.8%	1.4%
NEW BRUNSWICK	1,000	43.61	23	9%	0%	7.40	54.93	1259.69	696	0	9.05	207.52	903.52	28.3%	3.0%
QUEBEC	1,000	43.61	23	9%	0%	7.00	54.53	1250.51	175	99.96	25%	312.63	587.59	53.0%	2.0%
ONTARIO	1,000	43.61	23	0%	10%	6.11	54.08	1240.11	0	100	6.11	140.11	240.11	80.6%	0.8%
MANITOBA	1,000	43.61	23	7%	10%	6.59	57.61	1321.11	0	900	0	0.00	900.00	31.9%	3.0%
SASKATCHEWAN	1,000	43.61	23	8%	10%	6.93	58.43	1339.91	0	1020	0%	0.00	1020.00	23.9%	3.4%
ALBERTA	1,000	43.61	23	7%	0%	9.70	56.36	1292.43	0	0	30%	387.73	387.73	70.0%	1.3%
BRITISH COLUMBIA	1,000	43.61	23	7%	0%	7.55	54.21	1243.13	0	0	7.55	173.13	173.13	86.1%	0.6%
YUKON	1,000	43.61	23	0%	30%	8.75	65.44	1500.64	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	43.61	23	0%	30%	9.33	66.02	1513.94	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior single > 65****Annual income \$30,000****Annual drug ingredient cost \$3,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	3,000	43.61	69	15%	0%	4.42	54.57	3754.06	0	0	0.00	0.00	3754.06	0.0%	12.5%
PRINCE EDWARD ISLAND	3,000	43.61	69	13%	0%	7.50	56.78	3905.94	0	0	14.50	997.48	997.48	74.5%	3.3%
NOVA SCOTIA	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	215	0	20%	773.01	415.00	89.3%	1.4%
NEW BRUNSWICK	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	696	0	9.05	622.56	1318.56	65.1%	4.4%
QUEBEC	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	175	99.96	25%	937.89	924.88	75.3%	3.1%
ONTARIO	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	100	6.11	420.32	520.32	86.0%	1.7%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	900	0	0.00	900.00	77.3%	3.0%
SASKATCHEWAN	3,000	43.61	69	8%	10%	6.93	58.43	4019.73	0	1020	0%	0.00	1020.00	74.6%	3.4%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	30%	1163.18	1163.18	70.0%	3.9%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	7.55	519.38	200.00	94.6%	0.7%
YUKON	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)*Senior single > 65***Partial GIS supplement \$15,000****Annual drug ingredient cost \$500****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	500	33.96	15	15%	0%	4.42	43.47	640.08	0	0	4.42	65.08	65.08	89.8%	0.4%
PRINCE EDWARD ISLAND	500	33.96	15	13%	0%	7.50	45.87	675.42	0	0	14.50	213.49	213.49	68.4%	1.4%
NOVA SCOTIA	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	20%	134.47	134.47	80.0%	0.9%
NEW BRUNSWICK	500	33.96	15	9%	0%	7.40	44.42	653.95		0	9.05	133.24	133.24	79.6%	0.9%
QUEBEC	500	33.96	15	9%	0%	7.00	44.02	648.06	175	99.96	25%	162.02	436.98	32.6%	2.9%
ONTARIO	500	33.96	15	0%	10%	6.11	43.47	639.96	0	0	2.00	29.45	29.45	95.4%	0.2%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	300	0	0.00	300.00	56.0%	2.0%
SASKATCHEWAN	500	33.96	15	8%	10%	6.93	47.04	692.53	0	400	35%	242.39	510.00	26.4%	3.4%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	30%	203.34	203.34	70.0%	1.4%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	7.55	111.16	111.16	82.8%	0.7%
YUKON	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)*Senior single > 65***Partial GIS supplement \$15,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	43.61	23	15%	0%	4.42	54.57	1251.35	0	0	4.42	101.35	101.35	91.9%	0.7%
PRINCE EDWARD ISLAND	1,000	43.61	23	13%	0%	7.50	56.78	1301.98	0	0	14.50	332.49	332.49	74.5%	2.2%
NOVA SCOTIA	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	0	0	20%	257.67	200.00	84.5%	1.3%
NEW BRUNSWICK	1,000	43.61	23	9%	0%	7.40	54.93	1259.69		0	9.05	207.52	207.52	83.5%	1.4%
QUEBEC	1,000	43.61	23	9%	0%	7.00	54.53	1250.51	175	99.96	25%	312.63	587.59	53.0%	3.9%
ONTARIO	1,000	43.61	23	0%	10%	6.11	54.08	1240.11	0	0	2.00	45.86	45.86	96.3%	0.3%
MANITOBA	1,000	43.61	23	7%	10%	6.59	57.61	1321.11	0	300	0	0.00	300.00	77.3%	2.0%
SASKATCHEWAN	1,000	43.61	23	8%	10%	6.93	58.43	1339.91	0	400	35%	468.97	510.00	61.9%	3.4%
ALBERTA	1,000	43.61	23	7%	0%	9.70	56.36	1292.43	0	0	30%	387.73	387.73	70.0%	2.6%
BRITISH COLUMBIA	1,000	43.61	23	7%	0%	7.55	54.21	1243.13	0	0	7.55	173.13	173.13	86.1%	1.2%
YUKON	1,000	43.61	23	0%	30%	8.75	65.44	1500.64	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	43.61	23	0%	30%	9.33	66.02	1513.94	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)*Senior single > 65***Partial GIS supplement \$15,000****Annual drug ingredient cost \$3,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	3,000	43.61	69	15%	0%	4.42	54.57	3754.06	0	0	4.42	304.06	304.06	91.9%	2.0%
PRINCE EDWARD ISLAND	3,000	43.61	69	13%	0%	7.50	56.78	3905.94	0	0	14.50	997.48	997.48	74.5%	6.6%
NOVA SCOTIA	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	20%	773.01	200.00	94.8%	1.3%
NEW BRUNSWICK	3,000	43.61	69	9%	0%	7.40	54.93	3779.06		0	9.05	622.56	250.00	93.4%	1.7%
QUEBEC	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	175	99.96	25%	937.89	674.92	82.0%	4.5%
ONTARIO	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	0	2.00	137.58	137.58	96.3%	0.9%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	300	0	0.00	300.00	92.4%	2.0%
SASKATCHEWAN	3,000	43.61	69	8%	10%	6.93	58.43	4019.73	0	400	35%	1406.90	510.00	87.3%	3.4%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	30%	1163.18	1163.18	70.0%	7.8%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	7.55	519.38	200.00	94.6%	1.3%
YUKON	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior single > 65****Full GIS supplement \$11,000****Annual drug ingredient cost \$500****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	500	33.96	15	15%	0%	4.42	43.47	640.08	0	0	4.42	65.08	65.08	89.8%	0.6%
PRINCE EDWARD ISLAND	500	33.96	15	13%	0%	7.50	45.87	675.42	0	0	14.50	213.49	213.49	68.4%	1.9%
NOVA SCOTIA	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	20%	134.47	134.47	80.0%	1.2%
NEW BRUNSWICK	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	9.05	133.24	133.24	79.6%	1.2%
QUEBEC	500	33.96	15	9%	0%	7.00	44.02	648.06	0	99.96	25%	162.02	199.92	69.2%	1.8%
ONTARIO	500	33.96	15	0%	10%	6.11	43.47	639.96	0	0	2.00	29.45	29.45	95.4%	0.3%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	220	0	0.00	220.00	67.7%	2.0%
SASKATCHEWAN	500	33.96	15	8%	10%	6.93	47.04	692.53	0	374	0%	0.00	374.00	46.0%	3.4%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	30%	203.34	203.34	70.0%	1.8%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	7.55	111.16	111.16	82.8%	1.0%
YUKON	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)*Senior single > 65***Full GIS supplement \$11,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	43.61	23	15%	0%	4.42	54.57	1251.35	0	0	4.42	101.35	101.35	91.9%	0.9%
PRINCE EDWARD ISLAND	1,000	43.61	23	13%	0%	7.50	56.78	1301.98	0	0	14.50	332.49	332.49	74.5%	3.0%
NOVA SCOTIA	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	0	0	20%	257.67	200.00	84.5%	1.8%
NEW BRUNSWICK	1,000	43.61	23	9%	0%	7.40	54.93	1259.69	0	0	9.05	207.52	207.52	83.5%	1.9%
QUEBEC	1,000	43.61	23	9%	0%	7.00	54.53	1250.51	0	99.96	25%	312.63	199.92	84.0%	1.8%
ONTARIO	1,000	43.61	23	0%	10%	6.11	54.08	1240.11	0	0	2.00	45.86	45.86	96.3%	0.4%
MANITOBA	1,000	43.61	23	7%	10%	6.59	57.61	1321.11	0	220	0	0.00	220.00	83.3%	2.0%
SASKATCHEWAN	1,000	43.61	23	8%	10%	6.93	58.43	1339.91	0	374	0%	0.00	374.00	72.1%	3.4%
ALBERTA	1,000	43.61	23	7%	0%	9.70	56.36	1292.43	0	0	30%	387.73	387.73	70.0%	3.5%
BRITISH COLUMBIA	1,000	43.61	23	7%	0%	7.55	54.21	1243.13	0	0	7.55	173.13	173.13	86.1%	1.6%
YUKON	1,000	43.61	23	0%	30%	8.75	65.44	1500.64	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	43.61	23	0%	30%	9.33	66.02	1513.94	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)*Senior single > 65***Full GIS supplement \$11,000****Annual drug ingredient cost \$3,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	3,000	43.61	69	15%	0%	4.42	54.57	3754.06	0	0	4.42	304.06	304.06	91.9%	2.8%
PRINCE EDWARD ISLAND	3,000	43.61	69	13%	0%	7.50	56.78	3905.94	0	0	14.50	997.48	997.48	74.5%	9.1%
NOVA SCOTIA	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	20%	773.01	200.00	94.8%	1.8%
NEW BRUNSWICK	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	9.05	622.56	250.00	93.4%	2.3%
QUEBEC	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	99.96	25%	937.89	199.92	94.7%	1.8%
ONTARIO	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	0	2.00	137.58	137.58	96.3%	1.3%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	220	0	0.00	220.00	94.4%	2.0%
SASKATCHEWAN	3,000	43.61	69	8%	10%	6.93	58.43	4019.73	0	374	0%	0.00	374.00	90.7%	3.4%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	30%	1163.18	1163.18	70.0%	10.6%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	7.55	519.38	200.00	94.6%	1.8%
YUKON	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Annual income** **\$35,000** Adjusted for Manitoba **\$32,000****Annual drug ingredient cost** **\$1,000****Average drug ingredient cost** **\$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	33.96	29	15%	0%	4.42	43.47	1280.15	0	0	0.00	0.00	1280.15	0.0%	3.7%
PRINCE EDWARD ISLAND	1,000	33.96	29	13%	0%	7.50	45.87	1350.85	0	0	14.50	426.97	426.97	68.4%	1.2%
NOVA SCOTIA	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	430		20%	268.94	698.94	48.0%	2.0%
NEW BRUNSWICK	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	1392	0	9.05	266.49	1307.90	0.0%	3.7%
QUEBEC	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	350	199.92	25%	324.03	873.95	32.6%	2.5%
ONTARIO	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0	200	6.11	179.92	379.92	70.3%	1.1%
MANITOBA	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	960	0	0.00	960.00	29.6%	2.7%
SASKATCHEWAN	1,000	33.96	29	8%	10%	6.93	47.04	1385.06	0	1190	0%	0.00	1190.00	14.1%	3.4%
ALBERTA	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0		30%	406.69	406.69	70.0%	1.2%
BRITISH COLUMBIA	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0		7.55	222.32	222.32	82.8%	0.6%
YUKON	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Annual income** **\$35,000** Adjusted for Manitoba **\$32,000****Annual drug ingredient cost** **\$2,000****Average drug ingredient cost** **\$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	2,000	43.61	46	15%	0%	4.42	54.57	2502.71	0	0	0.00	0.00	2502.71	0.0%	7.2%
PRINCE EDWARD ISLAND	2,000	43.61	46	13%	0%	7.50	56.78	2603.96	0	0	14.50	664.99	664.99	74.5%	1.9%
NOVA SCOTIA	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	430		20%	515.34	830.00	67.8%	2.4%
NEW BRUNSWICK	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	1392	0	9.05	415.04	1807.04	28.3%	5.2%
QUEBEC	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	350	199.92	25%	625.26	1175.18	53.0%	3.4%
ONTARIO	2,000	43.61	46	0%	10%	6.11	54.08	2480.21	0	200	6.11	280.21	480.21	80.6%	1.4%
MANITOBA	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	960	0	0.00	960.00	63.7%	2.7%
SASKATCHEWAN	2,000	43.61	46	8%	10%	6.93	58.43	2679.82	0	1190	0%	0.00	1190.00	55.6%	3.4%
ALBERTA	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0		30%	775.46	775.46	70.0%	2.2%
BRITISH COLUMBIA	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0		7.55	346.25	346.25	86.1%	1.0%
YUKON	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Annual income** **\$35,000** Adjusted for Manitoba **\$32,000****Annual drug ingredient cost** **\$6,000****Average drug ingredient cost** **\$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	6,000	43.61	138	15%	0%	4.42	54.57	7508.12	0	0	0.00	0.00	7508.12	0.0%	21.5%
PRINCE EDWARD ISLAND	6,000	43.61	138	13%	0%	7.50	56.78	7811.87	0	0	14.50	1994.96	1994.96	74.5%	5.7%
NOVA SCOTIA	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	430		20%	1546.02	830.00	89.3%	2.4%
NEW BRUNSWICK	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	1392	0	9.05	1245.13	2637.13	65.1%	7.5%
QUEBEC	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	350	199.92	25%	1875.77	1849.76	75.3%	5.3%
ONTARIO	6,000	43.61	138	0%	10%	6.11	54.08	7440.63	0	200	6.11	840.63	1040.63	86.0%	3.0%
MANITOBA	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	960	0	0.00	960.00	87.9%	2.7%
SASKATCHEWAN	6,000	43.61	138	8%	10%	6.93	58.43	8039.45	0	1190	0%	0.00	1190.00	85.2%	3.4%
ALBERTA	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0		30%	2326.37	2326.37	70.0%	6.6%
BRITISH COLUMBIA	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0		7.55	1038.75	400.00	94.6%	1.1%
YUKON	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Partial GIS supplement \$17,000 Adjusted for Manitoba \$14,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	33.96	29	15%	0%	4.42	43.47	1280.15	0	0	4.42	130.15	130.15	89.8%	0.8%
PRINCE EDWARD ISLAND	1,000	33.96	29	13%	0%	7.50	45.87	1350.85	0	0	14.50	426.97	426.97	68.4%	2.5%
NOVA SCOTIA	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	20%	268.94	268.94	80.0%	1.6%
NEW BRUNSWICK	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	9.05	266.49	266.49	79.6%	1.6%
QUEBEC	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	199.92	25%	324.03	523.95	59.6%	3.1%
ONTARIO	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0	0	2.00	58.89	58.89	95.4%	0.3%
MANITOBA	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	280	0	0.00	280.00	79.5%	1.6%
SASKATCHEWAN	1,000	33.96	29	8%	10%	6.93	47.04	1385.06	0	400	35%	484.77	578.00	58.3%	3.4%
ALBERTA	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	30%	406.69	406.69	70.0%	2.4%
BRITISH COLUMBIA	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	7.55	222.32	222.32	82.8%	1.3%
YUKON	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Partial GIS supplement \$17,000 Adjusted for Manitoba \$14,000****Annual drug ingredient cost \$2,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	2,000	43.61	46	15%	0%	4.42	54.57	2502.71	0	0	4.42	202.71	202.71	91.9%	1.2%
PRINCE EDWARD ISLAND	2,000	43.61	46	13%	0%	7.50	56.78	2603.96	0	0	14.50	664.99	664.99	74.5%	3.9%
NOVA SCOTIA	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	20%	515.34	400.00	84.5%	2.4%
NEW BRUNSWICK	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	0	9.05	415.04	415.04	83.5%	2.4%
QUEBEC	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	199.92	25%	625.26	825.18	67.0%	4.9%
ONTARIO	2,000	43.61	46	0%	10%	6.11	54.08	2480.21	0	0	2.00	91.72	91.72	96.3%	0.5%
MANITOBA	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	280	0	0.00	280.00	89.4%	1.6%
SASKATCHEWAN	2,000	43.61	46	8%	10%	6.93	58.43	2679.82	0	400	35%	937.94	578.00	78.4%	3.4%
ALBERTA	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	0	30%	775.46	775.46	70.0%	4.6%
BRITISH COLUMBIA	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	0	7.55	346.25	346.25	86.1%	2.0%
YUKON	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Partial GIS supplement \$17,000** Adjusted for Manitoba **\$14,000****Annual drug ingredient cost \$6,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	6,000	43.61	138	15%	0%	4.42	54.57	7508.12	0	0	4.42	608.12	608.12	91.9%	3.6%
PRINCE EDWARD ISLAND	6,000	43.61	138	13%	0%	7.50	56.78	7811.87	0	0	14.50	1994.96	1994.96	74.5%	11.7%
NOVA SCOTIA	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	20%	1546.02	400.00	94.8%	2.4%
NEW BRUNSWICK	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	0	9.05	1245.13	500.00	93.4%	2.9%
QUEBEC	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	199.92	25%	1875.77	1349.84	82.0%	7.9%
ONTARIO	6,000	43.61	138	0%	10%	6.11	54.08	7440.63	0	0	2.00	275.17	275.17	96.3%	1.6%
MANITOBA	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	280	0	0.00	280.00	96.5%	1.6%
SASKATCHEWAN	6,000	43.61	138	8%	10%	6.93	58.43	8039.45	0	400	35%	2813.81	578.00	92.8%	3.4%
ALBERTA	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	0	30%	2326.37	2326.37	70.0%	13.7%
BRITISH COLUMBIA	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	0	7.55	1038.75	400.00	94.6%	2.4%
YUKON	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Full GIS supplement \$15,000 Adjusted \$12,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	33.96	29	15%	0%	4.42	43.47	1280.15	0	0	4.42	130.15	130.15	89.8%	0.9%
PRINCE EDWARD ISLAND	1,000	33.96	29	13%	0%	7.50	45.87	1350.85	0		14.50	426.97	426.97	68.4%	2.8%
NOVA SCOTIA	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0		20%	268.94	268.94	80.0%	1.8%
NEW BRUNSWICK	1,000	33.96	29	9%	0%	7.40	44.42	1307.90			9.05	266.49	266.49	79.6%	1.8%
QUEBEC	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	199.92	25%	324.03	399.84	69.2%	2.7%
ONTARIO	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0		2.00	58.89	58.89	95.4%	0.4%
MANITOBA	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	240	0	0.00	240.00	82.4%	1.6%
SASKATCHEWAN	1,000	33.96	29	8%	10%	6.93	47.04	1385.06	0	400	35%	484.77	510.00	63.2%	3.4%
ALBERTA	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0		30%	406.69	406.69	70.0%	2.7%
BRITISH COLUMBIA	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0		7.55	222.32	222.32	82.8%	1.5%
YUKON	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Full GIS supplement \$15,000 Adjusted \$12,000****Annual drug ingredient cost \$2,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	2,000	43.61	46	15%	0%	4.42	54.57	2502.71	0	0	4.42	202.71	202.71	91.9%	1.4%
PRINCE EDWARD ISLAND	2,000	43.61	46	13%	0%	7.50	56.78	2603.96	0		14.50	664.99	664.99	74.5%	4.4%
NOVA SCOTIA	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0		20%	515.34	400.00	84.5%	2.7%
NEW BRUNSWICK	2,000	43.61	46	9%	0%	7.40	54.93	2519.37			9.05	415.04	415.04	83.5%	2.8%
QUEBEC	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	199.92	25%	625.26	399.84	84.0%	2.7%
ONTARIO	2,000	43.61	46	0%	10%	6.11	54.08	2480.21	0		2.00	91.72	91.72	96.3%	0.6%
MANITOBA	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	240	0	0.00	240.00	90.9%	1.6%
SASKATCHEWAN	2,000	43.61	46	8%	10%	6.93	58.43	2679.82	0	400	35%	937.94	510.00	81.0%	3.4%
ALBERTA	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0		30%	775.46	775.46	70.0%	5.2%
BRITISH COLUMBIA	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0		7.55	346.25	346.25	86.1%	2.3%
YUKON	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SENIOR CITIZENS (1)**Senior family (2 adults over 65)****Full GIS supplement \$15,000 Adjusted \$12,000****Annual drug ingredient cost \$6,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	6,000	43.61	138	15%	0%	4.42	54.57	7508.12	0	0	4.42	608.12	608.12	91.9%	4.1%
PRINCE EDWARD ISLAND	6,000	43.61	138	13%	0%	7.50	56.78	7811.87	0		14.50	1994.96	1994.96	74.5%	13.3%
NOVA SCOTIA	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0		20%	1546.02	400.00	94.8%	2.7%
NEW BRUNSWICK	6,000	43.61	138	9%	0%	7.40	54.93	7558.12			9.05	1245.13	500.00	93.4%	3.3%
QUEBEC	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	199.92	25%	1875.77	399.84	94.7%	2.7%
ONTARIO	6,000	43.61	138	0%	10%	6.11	54.08	7440.63	0		2.00	275.17	275.17	96.3%	1.8%
MANITOBA	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	240	0	0.00	240.00	97.0%	1.6%
SASKATCHEWAN	6,000	43.61	138	8%	10%	6.93	58.43	8039.45	0	400	35%	2813.81	510.00	93.7%	3.4%
ALBERTA	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0		30%	2326.37	2326.37	70.0%	15.5%
BRITISH COLUMBIA	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0		7.55	1038.75	400.00	94.6%	2.7%
YUKON	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0		0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0		0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ALLOWANCE ADULT (1)*One adult***Annual income \$10,000****Annual drug ingredient cost \$500****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	500	33.96	15	15%	10%	4.42	46.87	690.08	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	500	33.96	15	13%	0%	7.50	45.87	675.42	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Income Assistance)	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	3.00	44.17	44.17	93.4%	0.4%
NEW BRUNSWICK (Plan E-FCSS)	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	4.00	58.89	58.89	91.0%	0.6%
NEW BRUNSWICK (Plan F - HRD)	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	4.00	58.89	58.89	91.0%	0.6%
QUEBEC	500	33.96	15	9%	0%	7.00	44.02	648.06	0	99.96	25%	162.02	199.92	69.2%	2.0%
ONTARIO (General welfare & Family benefits)	500	33.96	15	0%	10%	6.11	43.47	639.96	0	0	2.00	29.45	29.45	95.4%	0.3%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	2.00	29.45	29.45	95.7%	0.3%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	2.00	29.45	29.45	95.7%	0.3%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ALLOWANCE ADULT (1)*One adult***Annual income \$10,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	43.61	23	15%	10%	4.42	58.93	1351.35	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	1,000	43.61	23	13%	0%	7.50	56.78	1301.98	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Income Assistance)	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	0	0	3.00	68.79	68.79	94.7%	0.7%
NEW BRUNSWICK (Plan E-FCSS)	1,000	43.61	23	9%	0%	7.40	54.93	1259.69	0	0	4.00	91.72	91.72	92.7%	0.9%
NEW BRUNSWICK (Plan F - HRD)	1,000	43.61	23	9%	0%	7.40	54.93	1259.69	0	0	4.00	91.72	91.72	92.7%	0.9%
QUEBEC	1,000	43.61	23	9%	0%	7.00	54.53	1250.51	0	99.96	25%	312.63	199.92	84.0%	2.0%
ONTARIO (General welfare & Family benefits)	1,000	43.61	23	0%	10%	6.11	54.08	1240.11	0	0	2.00	45.86	45.86	96.3%	0.5%
MANITOBA	1,000	43.61	23	7%	10%	6.59	57.61	1321.11	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	1,000	43.61	23	8%	10%	6.93	58.39	1338.91	0	0	2.00	45.86	45.86	96.6%	0.5%
ALBERTA	1,000	43.61	23	7%	0%	9.70	56.36	1292.43	0	0	2.00	45.86	45.86	96.5%	0.5%
BRITISH COLUMBIA	1,000	43.61	23	7%	0%	7.55	54.21	1243.13	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	1,000	43.61	23	0%	30%	8.75	65.44	1500.64	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	43.61	23	0%	30%	9.33	66.02	1513.94	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ALLOWANCE ADULT (1)*One adult***Annual income \$10,000****Annual drug ingredient cost \$3,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	3,000	43.61	69	13%	0%	7.50	56.78	3905.94	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Income Assistance)	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	3.00	206.37	206.37	94.7%	2.1%
NEW BRUNSWICK (Plan E-FCSS)	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	4.00	275.17	250.00	93.4%	2.5%
NEW BRUNSWICK (Plan F - HRD)	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	4.00	275.17	250.00	93.4%	2.5%
QUEBEC	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	99.96	25%	937.89	199.92	94.7%	2.0%
ONTARIO (General welfare & Family benefits)	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	0	2.00	137.58	137.58	96.3%	1.4%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	2.00	137.58	137.58	96.6%	1.4%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	2.00	137.58	72.00	98.1%	0.7%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)**Two adults + 2 children - all drug needs for the adults****Annual income \$15,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	20%	268.94	150.00	88.8%	1.0%
NOVA SCOTIA (Income Assistance)	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	3.00	88.34	88.34	93.4%	0.6%
NEW BRUNSWICK (Plan F)	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	4.00	117.79	117.79	91.0%	0.8%
QUEBEC	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	199.92	25%	324.03	399.84	69.2%	2.7%
ONTARIO (General welfare & Family benefits)	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0	0	2.00	58.89	58.89	95.4%	0.4%
MANITOBA	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	200	35%	484.42	510.00	63.2%	3.4%
SASKATCHEWAN (Assistance Plan)	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	2.00	58.89	58.89	95.7%	0.4%
ALBERTA	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	2.00	58.89	58.89	95.7%	0.4%
BRITISH COLUMBIA	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)**Two adults + 2 children - all drug needs for the adults****Annual income \$15,000****Annual drug ingredient cost \$2,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	2,000	43.61	46	15%	10%	4.42	58.93	2702.71	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	2,000	43.61	46	13%	0%	7.85	57.13	2620.01	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	20%	515.34	150.00	94.2%	1.0%
NOVA SCOTIA (Income Assistance)	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	3.00	137.58	137.58	94.7%	0.9%
NEW BRUNSWICK (Plan F)	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	0	4.00	183.44	183.44	92.7%	1.2%
QUEBEC	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	199.92	25%	625.26	399.84	84.0%	2.7%
ONTARIO (General welfare & Family benefits)	2,000	43.61	46	0%	10%	6.11	54.08	2480.21	0	0	2.00	91.72	91.72	96.3%	0.6%
MANITOBA	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	200	35%	937.24	510.00	81.0%	3.4%
SASKATCHEWAN (Assistance Plan)	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	0	2.00	91.72	91.72	96.6%	0.6%
ALBERTA	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	0	2.00	91.72	72.00	97.2%	0.5%
BRITISH COLUMBIA	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)**Two adults + 2 children - all drug needs for the adults****Annual income \$15,000****Annual drug ingredient cost \$6,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co- Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	6,000	43.61	138	15%	10%	4.42	58.93	8108.12	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	6,000	43.61	138	13%	0%	7.85	57.13	7860.03	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	20%	1546.02	150.00	98.1%	1.0%
NOVA SCOTIA (Income Assistance)	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	3.00	412.75	412.75	94.7%	2.8%
NEW BRUNSWICK (Plan F)	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	0	4.00	550.33	250.00	96.7%	1.7%
QUEBEC	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	199.92	25%	1875.77	399.84	94.7%	2.7%
ONTARIO (General welfare & Family benefits)	6,000	43.61	138	0%	10%	6.11	54.08	7440.63	0	0	2.00	275.17	275.17	96.3%	1.8%
MANITOBA	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	200	35%	2811.71	510.00	93.7%	3.4%
SASKATCHEWAN (Assistance Plan)	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	0	2.00	275.17	275.17	96.6%	1.8%
ALBERTA	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	0	2.00	275.17	72.00	99.1%	0.5%
BRITISH COLUMBIA	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)**One child - all drug needs for child****Annual income \$10,000****Annual drug ingredient cost \$500****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	500	33.96	15	15%	10%	4.42	46.87	690.08	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	500	33.96	15	13%	0%	7.85	46.22	680.58	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	20%	134.47	134.47	80.0%	1.3%
NOVA SCOTIA (Income Assistance)	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	3.00	44.17	44.17	93.4%	0.4%
NEW BRUNSWICK (Plan F)	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	2.00	29.45	29.45	95.5%	0.3%
QUEBEC	500	33.96	15	9%	0%	7.00	44.02	648.06	0	0	0%	0.00	0.00	100.0%	0.0%
ONTARIO (General welfare & Family benefits)	500	33.96	15	0%	10%	6.11	43.47	639.96	0	0	2.00	29.45	29.45	95.4%	0.3%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	0%	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	0.00	0.00	0.00	100.0%	0.0%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	2.00	29.45	29.45	95.7%	0.3%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)*One child - all drug needs for child***Annual income \$10,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	1,000	43.61	23	15%	10%	4.42	58.93	1351.35	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	1,000	43.61	23	13%	0%	7.85	57.13	1310.00	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	0	0	20%	257.67	150.00	88.4%	1.5%
NOVA SCOTIA (Income Assistance)	1,000	43.61	23	9%	0%	8.65	56.18	1288.35	0	0	3.00	68.79	68.79	94.7%	0.7%
NEW BRUNSWICK (Plan F)	1,000	43.61	23	9%	0%	7.40	54.93	1259.69	0	0	2.00	45.86	45.86	96.4%	0.5%
QUEBEC	1,000	43.61	23	9%	0%	7.00	54.53	1250.51	0	0	0%	0.00	0.00	100.0%	0.0%
ONTARIO (General welfare & Family benefits)	1,000	43.61	23	0%	10%	6.11	54.08	1240.11	0	0	2.00	45.86	45.86	96.3%	0.5%
MANITOBA	1,000	43.61	23	7%	10%	6.59	57.61	1321.11	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	1,000	43.61	23	8%	10%	6.93	58.39	1338.91	0	0	0%	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	1,000	43.61	23	8%	10%	6.93	58.39	1338.91	0	0	0.00	0.00	0.00	100.0%	0.0%
ALBERTA	1,000	43.61	23	7%	0%	9.70	56.36	1292.43	0	0	2.00	45.86	45.86	96.5%	0.5%
BRITISH COLUMBIA	1,000	43.61	23	7%	0%	7.55	54.21	1243.13	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	1,000	43.61	23	0%	30%	8.75	65.44	1500.64	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	1,000	43.61	23	0%	30%	9.33	66.02	1513.94	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SOCIAL ASSISTANCE FAMILY (1)*One child - all drug needs for child***Annual income \$10,000****Annual drug ingredient cost \$3,000****Average drug ingredient cost \$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3)	Deductible (3)	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
NEWFOUNDLAND & LABRADOR	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	0	0.00	0.00	0.00	100.0%	0.0%
PRINCE EDWARD ISLAND	3,000	43.61	69	13%	0%	7.85	57.13	3930.01	0	0	0.00	0.00	0.00	100.0%	0.0%
NOVA SCOTIA (Family Benefits)	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	20%	773.01	150.00	96.1%	1.5%
NOVA SCOTIA (Income Assistance)	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	3.00	206.37	206.37	94.7%	2.1%
NEW BRUNSWICK (Plan F)	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	2.00	137.58	137.58	96.4%	1.4%
QUEBEC	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	0	0%	0.00	0.00	100.0%	0.0%
ONTARIO (General welfare & Family benefits)	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	0	2.00	137.58	137.58	96.3%	1.4%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	0	0	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Family Benefits)	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	0%	0.00	0.00	100.0%	0.0%
SASKATCHEWAN (Assistance Plan)	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	0.00	0.00	0.00	100.0%	0.0%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	2.00	137.58	72.00	98.1%	0.7%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	0.00	0.00	0.00	100.0%	0.0%
YUKON	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100.0%	0.0%
NORTHWEST TERRITORIES	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100.0%	0.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: FAMILY WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)*Two adults, 2 children***Annual income** **\$35,000** Adjusted for Manitoba **26,000** Adjusted for Saskatchewan **28,000****Annual drug ingredient cost** **\$1,000****Average drug ingredient cost** **\$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	350	199.92	25%	324.03	873.95	33%	2.5%
Private 1	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	20%	259.22	259.22	80%	0.7%
Private 3	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	100	20%	259.22	359.22	72%	1.0%
ONTARIO (Trillium)	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0	964	2.00	58.89	1022.89	20%	2.9%
Private 1	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	20%	278.89	278.89	80%	0.8%
Private 3	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	100	20%	278.89	378.89	73%	1.1%
MANITOBA (Govt)	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	780	0	0.00	780.00	43%	2.2%
Private 1	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	20%	272.81	272.81	80%	0.8%
Private 3	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	100	20%	272.81	372.81	73%	1.1%
SASKATCHEWAN (Govt)	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	952	0%	0.00	952.00	31%	2.7%
Private 1	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	20%	276.81	276.81	80%	0.8%
Private 3	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	100	20%	276.81	376.81	73%	1.1%
ALBERTA (Govt)	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	344.40	0	30%	406.69	751.09	45%	2.1%
Private 1	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	20%	271.13	271.13	80%	0.8%
Private 3	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	100	20%	271.13	371.13	73%	1.1%
BRITISH COLUMBIA (Govt)	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	800.00	7.55	222.32	1022.32	21%	2.9%
Private 1	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	20%	258.46	258.46	80%	0.7%
Private 3	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	100	20%	258.46	358.46	72%	1.0%
NEWFOUNDLAND															
Private 1	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	20%	276.03	276.03	80%	0.8%
Private 3	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	100	20%	276.03	376.03	73%	1.1%
PRINCE EDWARD ISLAND															
Private 1	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	20%	272.23	272.23	80%	0.8%
Private 3	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	100	20%	272.23	372.23	73%	1.1%
NOVA SCOTIA															
Private 1	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	20%	268.94	268.94	80%	0.8%
Private 3	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	100	20%	268.94	368.94	73%	1.1%
NEW BRUNSWICK															
Private 1	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	20%	261.58	261.58	80%	0.7%
Private 3	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	100	20%	261.58	361.58	72%	1.0%
YUKON															
Private 1	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	20%	311.53	311.53	80%	0.9%
Private 3	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	100	20%	311.53	411.53	74%	1.2%
Govt Chronic Disease	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	100	0%	0.00	100.00	94%	0.3%
NORTHWEST TERRITORIES															
Private 1	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	20%	314.95	314.95	80%	0.9%
Private 3	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	100	20%	314.95	414.95	74%	1.2%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: FAMILY WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)*Two adults, 2 children***Annual income** \$35,000 Adjusted for Manitoba 26,000 Adjusted for Saskatchewan 28,000**Annual drug ingredient cost** \$2,000**Average drug ingredient cost** \$43.61

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	350	199.92	25%	625.26	1175.18	53%	3.4%
Private 1	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	0	20%	500.21	500.21	80%	1.4%
Private 3	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	9%	0%	7.00	54.53	2501.03	0	100	20%	500.21	600.21	76%	1.7%
ONTARIO (Trillium)	2,000	43.61	46	0%	10%	6.11	54.08	2480.21	0	964	2.00	91.72	1055.72	57%	3.0%
Private 1	2,000	43.61	46	0%	10%	10.00	57.97	2658.61	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	0%	10%	10.00	57.97	2658.61	0	0	20%	531.72	531.72	80%	1.5%
Private 3	2,000	43.61	46	0%	10%	10.00	57.97	2658.61	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	0%	10%	10.00	57.97	2658.61	0	100	20%	531.72	631.72	76%	1.8%
MANITOBA (Govt)	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	780	0	0.00	780.00	70%	2.2%
Private 1	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	0	20%	528.44	528.44	80%	1.5%
Private 3	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	7%	10%	6.59	57.61	2642.22	0	100	20%	528.44	628.44	76%	1.8%
SASKATCHEWAN (Govt)	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	952	0%	0.00	952.00	64%	2.7%
Private 1	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	0	20%	535.56	535.56	80%	1.5%
Private 3	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	8%	10%	6.93	58.39	2677.82	0	100	20%	535.56	635.56	76%	1.8%
ALBERTA (Govt)	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	344.40	0	30%	775.46	1119.86	57%	3.2%
Private 1	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	0	20%	516.97	516.97	80%	1.5%
Private 3	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	7%	0%	9.70	56.36	2584.85	0	100	20%	516.97	616.97	76%	1.8%
BRITISH COLUMBIA (Govt)	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	800.00	7.55	346.25	1146.25	54%	3.3%
Private 1	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	0	20%	497.25	497.25	80%	1.4%
Private 3	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	7%	0%	7.55	54.21	2486.25	0	100	20%	497.25	597.25	76%	1.7%
NEWFOUNDLAND															
Private 1	2,000	43.61	46	15%	10%	4.42	58.93	2702.71	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	15%	10%	4.42	58.93	2702.71	0	0	20%	540.54	540.54	80%	1.5%
Private 3	2,000	43.61	46	15%	10%	4.42	58.93	2702.71	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	15%	10%	4.42	58.93	2702.71	0	100	20%	540.54	640.54	76%	1.8%
PRINCE EDWARD ISLAND															
Private 1	2,000	43.61	46	13%	0%	7.85	57.13	2620.01	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	13%	0%	7.85	57.13	2620.01	0	0	20%	524.00	524.00	80%	1.5%
Private 3	2,000	43.61	46	13%	0%	7.85	57.13	2620.01	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	13%	0%	7.85	57.13	2620.01	0	100	20%	524.00	624.00	76%	1.8%
NOVA SCOTIA															
Private 1	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	20%	515.34	515.34	80%	1.5%
Private 3	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	9%	0%	8.65	56.18	2576.70	0	100	20%	515.34	615.34	76%	1.8%
NEW BRUNSWICK															
Private 1	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	0	20%	503.87	503.87	80%	1.4%
Private 3	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	0	2.00	91.72	91.72	96%	0.3%
Private 4	2,000	43.61	46	9%	0%	7.40	54.93	2519.37	0	100	20%	503.87	603.87	76%	1.7%
YUKON															
Private 1	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	0	20%	600.26	600.26	80%	1.7%
Private 3	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	100	20%	600.26	700.26	77%	2.0%
Govt Chronic Disease	2,000	43.61	46	0%	30%	8.75	65.44	3001.28	0	100	0%	0.00	100.00	97%	0.3%
NORTHWEST TERRITORIES															
Private 1	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	0	0	0.00	0.00	100%	0.0%
Private 2	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	0	20%	605.58	605.58	80%	1.7%
Private 3	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	0	2.00	91.72	91.72	97%	0.3%
Private 4	2,000	43.61	46	0%	30%	9.33	66.02	3027.88	0	100	20%	605.58	705.58	77%	2.0%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: FAMILY WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)*Two adults, 2 children***Annual income** **\$35,000** Adjusted for Manitoba **26,000** Adjusted for Saskatchewan **28,000****Annual drug ingredient cost** **\$6,000****Average drug ingredient cost** **\$43.61**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	350	199.92	25%	1875.77	1850.00	75%	5.3%
Private 1	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	0	20%	1500.62	1500.62	80%	4.3%
Private 3	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	9%	0%	7.00	54.53	7503.08	0	100	20%	1500.62	1600.62	79%	4.6%
ONTARIO (Trillium)	6,000	43.61	138	0%	10%	6.11	54.08	7440.63	0	964	2.00	275.17	1239.17	83%	3.5%
Private 1	6,000	43.61	138	0%	10%	10.00	57.97	7975.83	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	0%	10%	10.00	57.97	7975.83	0	0	20%	1595.17	1595.17	80%	4.6%
Private 3	6,000	43.61	138	0%	10%	10.00	57.97	7975.83	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	0%	10%	10.00	57.97	7975.83	0	100	20%	1595.17	1695.17	79%	4.8%
MANITOBA (Govt)	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	780	0	0.00	780.00	90%	2.2%
Private 1	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	0	20%	1585.33	1585.33	80%	4.5%
Private 3	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	7%	10%	6.59	57.61	7926.67	0	100	20%	1585.33	1685.33	79%	4.8%
SASKATCHEWAN (Govt)	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	952	0%	0.00	952.00	88%	2.7%
Private 1	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	0	20%	1606.69	1606.69	80%	4.6%
Private 3	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	8%	10%	6.93	58.39	8033.45	0	100	20%	1606.69	1706.69	79%	4.9%
ALBERTA (Govt)	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	344.40	0	30%	2326.37	2670.77	66%	7.6%
Private 1	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	0	20%	1550.91	1550.91	80%	4.4%
Private 3	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	7%	0%	9.70	56.36	7754.56	0	100	20%	1550.91	1650.91	79%	4.7%
BRITISH COLUMBIA (Govt)	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	800.00	7.55	1038.75	1838.75	75%	5.3%
Private 1	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	0	20%	1491.75	1491.75	80%	4.3%
Private 3	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	7%	0%	7.55	54.21	7458.75	0	100	20%	1491.75	1591.75	79%	4.5%
NEWFOUNDLAND															
Private 1	6,000	43.61	138	15%	10%	4.42	58.93	8108.12	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	15%	10%	4.42	58.93	8108.12	0	0	20%	1621.62	1621.62	80%	4.6%
Private 3	6,000	43.61	138	15%	10%	4.42	58.93	8108.12	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	15%	10%	4.42	58.93	8108.12	0	100	20%	1621.62	1721.62	79%	4.9%
PRINCE EDWARD ISLAND															
Private 1	6,000	43.61	138	13%	0%	7.85	57.13	7860.03	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	13%	0%	7.85	57.13	7860.03	0	0	20%	1572.01	1572.01	80%	4.5%
Private 3	6,000	43.61	138	13%	0%	7.85	57.13	7860.03	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	13%	0%	7.85	57.13	7860.03	0	100	20%	1572.01	1672.01	79%	4.8%
NOVA SCOTIA															
Private 1	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	20%	1546.02	1546.02	80%	4.4%
Private 3	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	9%	0%	8.65	56.18	7730.09	0	100	20%	1546.02	1646.02	79%	4.7%
NEW BRUNSWICK															
Private 1	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	0	20%	1511.62	1511.62	80%	4.3%
Private 3	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	0	2.00	275.17	275.17	96%	0.8%
Private 4	6,000	43.61	138	9%	0%	7.40	54.93	7558.12	0	100	20%	1511.62	1611.62	79%	4.6%
YUKON															
Private 1	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	0	20%	1800.77	1800.77	80%	5.1%
Private 3	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	100	20%	1800.77	1900.77	79%	5.4%
Govt Chronic Disease	6,000	43.61	138	0%	30%	8.75	65.44	9003.85	0	100	0%	0.00	100.00	99%	0.3%
NORTHWEST TERRITORIES															
Private 1	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	0	0	0.00	0.00	100%	0.0%
Private 2	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	0	20%	1816.73	1816.73	80%	5.2%
Private 3	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	0	2.00	275.17	275.17	97%	0.8%
Private 4	6,000	43.61	138	0%	30%	9.33	66.02	9083.65	0	100	20%	1816.73	1916.73	79%	5.5%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SINGLE ADULT WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)

One adult

Annual income \$35,000

Annual drug ingredient cost \$500

Average drug ingredient cost \$33.96

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	500	33.96	15	9%	0%	7.00	44.02	648.06	175	99.96	25%	162.02	436.98	33%	1.2%
Private 1	500	33.96	15	9%	0%	7.00	44.02	648.06	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	9%	0%	7.00	44.02	648.06	0	0	20%	129.61	129.61	80%	0.4%
Private 3	500	33.96	15	9%	0%	7.00	44.02	648.06	0	0	2.00	29.45	29.45	95%	0.1%
Private 4	500	33.96	15	9%	0%	7.00	44.02	648.06	0	100	20%	129.61	229.61	65%	0.7%
ONTARIO (Trillium)	500	33.96	15	0%	10%	6.11	43.47	639.96	0	1164	2.00	29.45	639.96	0%	1.8%
Private 1	500	33.96	15	0%	10%	10.00	47.36	697.23	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	0%	10%	10.00	47.36	697.23	0	0	20%	139.45	139.45	80%	0.4%
Private 3	500	33.96	15	0%	10%	10.00	47.36	697.23	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	0%	10%	10.00	47.36	697.23	0	100	20%	139.45	239.45	66%	0.7%
MANITOBA	500	33.96	15	7%	10%	6.59	46.32	682.03	0	1050	0	0.00	682.03	0%	1.9%
Private 1	500	33.96	15	7%	10%	6.59	46.32	682.03	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	7%	10%	6.59	46.32	682.03	0	0	20%	136.41	136.41	80%	0.4%
Private 3	500	33.96	15	7%	10%	6.59	46.32	682.03	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	7%	10%	6.59	46.32	682.03	0	100	20%	136.41	236.41	65%	0.7%
SASKATCHEWAN	500	33.96	15	8%	10%	6.93	47.00	692.03	0	1190	0%	0.00	692.03	0%	2.0%
Private 1	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	20%	138.41	138.41	80%	0.4%
Private 3	500	33.96	15	8%	10%	6.93	47.00	692.03	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	8%	10%	6.93	47.00	692.03	0	100	20%	138.41	238.41	66%	0.7%
ALBERTA	500	33.96	15	7%	0%	9.70	46.04	677.82	246.00	0	30%	203.34	449.34	34%	1.3%
Private 1	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	20%	135.56	135.56	80%	0.4%
Private 3	500	33.96	15	7%	0%	9.70	46.04	677.82	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	7%	0%	9.70	46.04	677.82	0	100	20%	135.56	235.56	65%	0.7%
BRITISH COLUMBIA	500	33.96	15	7%	0%	7.55	43.89	646.16	0	646.16	7.55	111.16	757.32	0%	2.2%
Private 1	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	20%	129.23	129.23	80%	0.4%
Private 3	500	33.96	15	7%	0%	7.55	43.89	646.16	0	0	2.00	29.45	29.45	95%	0.1%
Private 4	500	33.96	15	7%	0%	7.55	43.89	646.16	0	100	20%	129.23	229.23	65%	0.7%
NEWFOUNDLAND															
Private 1	500	33.96	15	15%	10%	4.42	46.87	690.08	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	15%	10%	4.42	46.87	690.08	0	0	20%	138.02	138.02	80%	0.4%
Private 3	500	33.96	15	15%	10%	4.42	46.87	690.08	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	15%	10%	4.42	46.87	690.08	0	100	20%	138.02	238.02	66%	0.7%
PRINCE EDWARD ISLAND															
Private 1	500	33.96	15	13%	0%	7.85	46.22	680.58	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	13%	0%	7.85	46.22	680.58	0	0	20%	136.12	136.12	80%	0.4%
Private 3	500	33.96	15	13%	0%	7.85	46.22	680.58	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	13%	0%	7.85	46.22	680.58	0	100	20%	136.12	236.12	65%	0.7%
NOVA SCOTIA															
Private 1	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	20%	134.47	134.47	80%	0.4%
Private 3	500	33.96	15	9%	0%	8.65	45.67	672.36	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	9%	0%	8.65	45.67	672.36	0	100	20%	134.47	234.47	65%	0.7%
NEW BRUNSWICK															
Private 1	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	20%	130.79	130.79	80%	0.4%
Private 3	500	33.96	15	9%	0%	7.40	44.42	653.95	0	0	2.00	29.45	29.45	95%	0.1%
Private 4	500	33.96	15	9%	0%	7.40	44.42	653.95	0	100	20%	130.79	230.79	65%	0.7%
YUKON															
Private 1	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	20%	155.77	155.77	80%	0.4%
Private 3	500	33.96	15	0%	30%	8.75	52.90	778.83	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	0%	30%	8.75	52.90	778.83	0	100	20%	155.77	255.77	67%	0.7%
Govt Chronic Disease	500	33.96	15	0%	30%	8.75	52.90	778.83	0	250	0%	0.00	250.00	68%	0.7%
NORTHWEST TERRITORIES															
Private 1	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	0	0.00	0.00	100%	0.0%
Private 2	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	20%	157.47	157.47	80%	0.4%
Private 3	500	33.96	15	0%	30%	9.33	53.48	787.37	0	0	2.00	29.45	29.45	96%	0.1%
Private 4	500	33.96	15	0%	30%	9.33	53.48	787.37	0	100	20%	157.47	257.47	67%	0.7%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SINGLE ADULT WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)*One adult***Annual income \$35,000****Annual drug ingredient cost \$1,000****Average drug ingredient cost \$33.96**

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	175	99.96	25%	324.03	598.99	54%	1.7%
Private 1	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	20%	259.22	259.22	80%	0.7%
Private 3	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	9%	0%	7.00	44.02	1296.12	0	100	20%	259.22	359.22	72%	1.0%
ONTARIO (Trillium)	1,000	33.96	29	0%	10%	6.11	43.47	1279.92	0	1164	2.00	58.89	1222.89	4%	3.5%
Private 1	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	20%	278.89	278.89	80%	0.8%
Private 3	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	10%	10.00	47.36	1394.46	0	100	20%	278.89	378.89	73%	1.1%
MANITOBA	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	1050	0	0.00	1050.00	23%	3.0%
Private 1	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	20%	272.81	272.81	80%	0.8%
Private 3	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	7%	10%	6.59	46.32	1364.05	0	100	20%	272.81	372.81	73%	1.1%
SASKATCHEWAN	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	1190	0%	0.00	1190.00	14%	3.4%
Private 1	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	20%	276.81	276.81	80%	0.8%
Private 3	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	8%	10%	6.93	47.00	1384.06	0	100	20%	276.81	376.81	73%	1.1%
ALBERTA	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	246.00	0	30%	406.69	652.69	52%	1.9%
Private 1	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	20%	271.13	271.13	80%	0.8%
Private 3	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	7%	0%	9.70	46.04	1355.63	0	100	20%	271.13	371.13	73%	1.1%
BRITISH COLUMBIA	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	800.00	7.55	222.32	1022.32	21%	2.9%
Private 1	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	20%	258.46	258.46	80%	0.7%
Private 3	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	7%	0%	7.55	43.89	1292.32	0	100	20%	258.46	358.46	72%	1.0%
NEWFOUNDLAND															
Private 1	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	20%	276.03	276.03	80%	0.8%
Private 3	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	15%	10%	4.42	46.87	1380.15	0	100	20%	276.03	376.03	73%	1.1%
PRINCE EDWARD ISLAND															
Private 1	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	20%	272.23	272.23	80%	0.8%
Private 3	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	13%	0%	7.85	46.22	1361.15	0	100	20%	272.23	372.23	73%	1.1%
NOVA SCOTIA															
Private 1	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	20%	268.94	268.94	80%	0.8%
Private 3	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	9%	0%	8.65	45.67	1344.71	0	100	20%	268.94	368.94	73%	1.1%
NEW BRUNSWICK															
Private 1	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	20%	261.58	261.58	80%	0.7%
Private 3	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	0	2.00	58.89	58.89	95%	0.2%
Private 4	1,000	33.96	29	9%	0%	7.40	44.42	1307.90	0	100	20%	261.58	361.58	72%	1.0%
YUKON															
Private 1	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	20%	311.53	311.53	80%	0.9%
Private 3	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	100	20%	311.53	411.53	74%	1.2%
Govt Chronic Disease	1,000	33.96	29	0%	30%	8.75	52.90	1557.66	0	250	0%	0.00	250.00	84%	0.7%
NORTHWEST TERRITORIES															
Private 1	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	0	0.00	0.00	100%	0.0%
Private 2	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	20%	314.95	314.95	80%	0.9%
Private 3	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	0	2.00	58.89	58.89	96%	0.2%
Private 4	1,000	33.96	29	0%	30%	9.33	53.48	1574.73	0	100	20%	314.95	414.95	74%	1.2%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

PATIENT GROUP: SINGLE ADULT WITH PROVINCIAL GOVERNMENT COVERAGE OR EMPLOYER SPONSORED COVERAGE (1)

One adult

Annual income \$35,000

Annual drug ingredient cost \$3,000

Average drug ingredient cost \$43.61

Province	Annual Drug Ingredient Cost	Drug Ingredient Cost / Prescription (2)	Number of Prescriptions	Wholesale Upcharge (2)	Pharmacy Upcharge (2)	Dispensing Fee (2)	Cost / Prescription	Total Annual Prescription Costs	Premiums (3) (3)	Deductible	Prescription Co-Payment (3)	Annual Co-Payment	Out of Pocket (including premiums) (3)	Proportion of Rx Costs Reimbursed	Out of Pocket / Income
QUEBEC (Govt)	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	175	99.96	25%	937.89	924.88	75%	2.6%
Private 1	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	0	20%	750.31	750.31	80%	2.1%
Private 3	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	9%	0%	7.00	54.53	3751.54	0	100	20%	750.31	850.31	77%	2.4%
ONTARIO (Trillium)	3,000	43.61	69	0%	10%	6.11	54.08	3720.32	0	1164	2.00	137.58	1301.58	65%	3.7%
Private 1	3,000	43.61	69	0%	10%	10.00	57.97	3987.92	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	0%	10%	10.00	57.97	3987.92	0	0	20%	797.58	797.58	80%	2.3%
Private 3	3,000	43.61	69	0%	10%	10.00	57.97	3987.92	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	0%	10%	10.00	57.97	3987.92	0	100	20%	797.58	897.58	77%	2.6%
MANITOBA	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	1050	0	0.00	1050.00	74%	3.0%
Private 1	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	0	20%	792.67	792.67	80%	2.3%
Private 3	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	7%	10%	6.59	57.61	3963.34	0	100	20%	792.67	892.67	77%	2.6%
SASKATCHEWAN	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	1190	0%	0.00	1190.00	70%	3.4%
Private 1	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	20%	803.35	803.35	80%	2.3%
Private 3	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	8%	10%	6.93	58.39	4016.73	0	100	20%	803.35	903.35	78%	2.6%
ALBERTA	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	246.00	0	30%	1163.18	1409.18	64%	4.0%
Private 1	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	20%	775.46	775.46	80%	2.2%
Private 3	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	7%	0%	9.70	56.36	3877.28	0	100	20%	775.46	875.46	77%	2.5%
BRITISH COLUMBIA	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	800.00	7.55	519.38	1319.38	65%	3.8%
Private 1	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	20%	745.88	745.88	80%	2.1%
Private 3	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	7%	0%	7.55	54.21	3729.38	0	100	20%	745.88	845.88	77%	2.4%
NEWFOUNDLAND															
Private 1	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	0	20%	810.81	810.81	80%	2.3%
Private 3	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	15%	10%	4.42	58.93	4054.06	0	100	20%	810.81	910.81	78%	2.6%
PRINCE EDWARD ISLAND															
Private 1	3,000	43.61	69	13%	0%	7.85	57.13	3930.01	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	13%	0%	7.85	57.13	3930.01	0	0	20%	786.00	786.00	80%	2.2%
Private 3	3,000	43.61	69	13%	0%	7.85	57.13	3930.01	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	13%	0%	7.85	57.13	3930.01	0	100	20%	786.00	886.00	77%	2.5%
NOVA SCOTIA															
Private 1	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	20%	773.01	773.01	80%	2.2%
Private 3	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	9%	0%	8.65	56.18	3865.05	0	100	20%	773.01	873.01	77%	2.5%
NEW BRUNSWICK															
Private 1	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	20%	755.81	755.81	80%	2.2%
Private 3	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	0	2.00	137.58	137.58	96%	0.4%
Private 4	3,000	43.61	69	9%	0%	7.40	54.93	3779.06	0	100	20%	755.81	855.81	77%	2.4%
YUKON															
Private 1	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	20%	900.39	900.39	80%	2.6%
Private 3	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	100	20%	900.39	1000.39	78%	2.9%
Govt Chronic Disease	3,000	43.61	69	0%	30%	8.75	65.44	4501.93	0	250	0%	0.00	250.00	94%	0.7%
NORTHWEST TERRITORIES															
Private 1	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	0	0.00	0.00	100%	0.0%
Private 2	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	20%	908.37	908.37	80%	2.6%
Private 3	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	0	2.00	137.58	137.58	97%	0.4%
Private 4	3,000	43.61	69	0%	30%	9.33	66.02	4541.83	0	100	20%	908.37	1008.37	78%	2.9%

(1) Please see Appendix 3 for a detailed discussion of the methodology used to develop this analysis.

(2) Please see Appendix 1B for a summary of provincial prescription pricing guidelines.

(3) Please see Appendix 1A for a summary of plan premiums, deductibles, co-payments and maximum out-of-pocket expenditures.

Appendix 5

Financial Impact on Individuals with High Drug Expense

Appendix 5 Financial Impact on Individuals with High Drug Expense

A5.1 Introduction

As identified in chapter 2 - " Plan Beneficiaries" - there are variations in the segments of the population eligible for financial support of prescription drug expenses through either public or private drug plans. There are also variations in the level of financial support as demonstrated in chapter 3 - "Plan Design Features" and chapter 5 - "Financial Impact of Coverage for Drugs".

The purpose of this appendix is to discuss gaps in the effectiveness of drug insurance in addressing the needs of those who have complex medical conditions and high drug expenses.

We identified and analysed a sample of disease groups that met the following criteria:

- the disease affects a significant number of Canadians
- there are perceived or real differences in eligible drug benefits between provinces and territories
- the drugs used to treat the disease are normally delivered through community pharmacists
- the drugs used to treat the disease can impose significant costs on families.

These disease groups included:

- Diabetes
- End Stage Renal Disease
- Hepatitis C
- HIV/AIDS
- Multiple Sclerosis
- Arthritis
- Osteoporosis
- Hypertension
- Schizophrenia
- Depression
- Cancer
- Cardiovascular Disease.

It is important to note the disease groups presented here are not the only ones that meet these criteria, but they do provide illustrations of the particular circumstances faced by those with high drug costs.

All tables referred to in this appendix appear at the end of the section.

The sources of the data in this chapter include:

- Review of published information on provincial, territorial and federal government drug plans
- Survey of provincial and federal government representatives
- Information from discussions with representatives of national disease associations - list and interview guide appear in sections A5.16 and A5.17 at the end of this appendix.

Appendix 5 Financial Impact on Individuals with High Drug Expense

The focus of this discussion is the availability and quality of insurance coverage and government drug plans and not funding for specific drugs. Where we refer to individual drugs, it is to illustrate the range of options available to persons with specific illnesses through government or private drug plans.

Some provinces have targeted programs for specific disease groups.

In Québec, the summaries identify the eligible benefits through RAMQ. As discussed in the report, all residents must obtain coverage through RAMQ or a group plan. The “Liste de médicaments” identifies the benefits of RAMQ and the minimum level of coverage for group plans.

Information on the incidence of diseases, usual therapies and the drug plan experience of those with the disease is largely based on key informant interviews with representatives of National Organizations. These organizations differ in size and history but they generally share a focus on public education, raising funds for research into a cure for the disease, a commitment to improving the quality of life of those with the disease and some level of advocacy.

Limitations of the Methodology

While the qualitative data in aggregate provide valuable insight into the general experience of Canadians with high drug costs, some cautions are warranted with respect to the individual case study descriptions.

- The description of usual therapies is not a comprehensive description of all therapies available
- There was not attempt to independently verify information from key informants although none of the information presented here is inconsistent with other data available to authors
- The key informant respondents had varying levels of involvement with their members regarding their day-to-day experience of acquiring and paying for drugs
- Some organizations have conducted formal research, the results of which were made available to this project but other organizations could only provide anecdotal information
- Respondents vary in their awareness of and experience with different jurisdictions.

A5.2 Diabetes

A5.2.1 INTRODUCTION

Diabetes is a chronic disease. The Canadian Diabetes Association estimates that diabetes affects about 1.5 million Canadians, a prevalence of 5 percent. Between 85 and 90 percent have type 2 diabetes (non-insulin dependent diabetes) and 10 percent to 15 percent have type 1 diabetes. There may be 750,000 Canadians with undiagnosed diabetes. The incidence of diabetes is substantially higher, 3 to 5 times, in aboriginal Canadians and in Canadians of African, Asian or Hispanic descent.

Appendix 5 Financial Impact on Individuals with High Drug Expense

Diabetes treatment includes management through diet and exercise. Drug therapy options to improve glucose control include insulin injections and oral agents. Individuals with diabetes also require medical supplies for administration of insulin and monitoring of blood glucose levels.

A5.2.2 GOVERNMENT PROGRAMS FOR DIABETIC PERSONS

Social assistance recipients in all provinces and most seniors in most provinces and territories are eligible for coverage of insulin and oral agents through government drug plans. The majority of governments, either through the drug plan or an alternative health program, also provide financial assistance for medical supplies.

In provinces and territories with universal coverage or targeted programs, other residents may also have coverage if the program eligibility requirements are met. All residents of Prince Edward Island, Yukon and Northwest Territories are eligible for coverage of insulin and oral agents.

Table A5.1 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for diabetic persons through provincial, territorial or federal government drugs plans and other health programs.

A5.2.3 PRIVATE COVERAGE BENEFITS FOR DIABETIC PERSONS

Drug therapies, insulin and oral agents, required by diabetic persons are eligible benefits of employer sponsored drug plans. In addition, medical supplies for the administration of insulin and monitoring of blood glucose are eligible benefits of employer sponsored extended health benefits plans. The usual deductibles and co-payments would normally apply.

A5.2.4 SUMMARY

Low income seniors and social assistance recipients with diabetes have good quality coverage. Employed Canadians eligible for employer sponsored benefits also have good coverage. The groups that may not have adequate coverage for diabetic medications and supplies include:

- Seniors not receiving income support and not eligible for provincial coverage in Newfoundland & Labrador and New Brunswick
- Individuals either unemployed or employed but ineligible for employer sponsored benefits in provinces and territories without universal coverage
- Low income earners for whom the deductible and co-payment required in provinces and territories with universal coverage with a catastrophic orientation and in some private plans may represent a financial barrier.

Appendix 5 Financial Impact on Individuals with High Drug Expense

A5.3 END STAGE RENAL DISEASE

A5.3.1 INTRODUCTION

The incidence of end stage renal disease is estimated, by the Kidney Foundation of Canada, at 20,000 Canadians:

- An estimated 55 percent are on dialysis and require erythropoietin (epoetin alfa) to correct the cause of anaemia
- An estimated 45 percent have received a transplant and require long term drug therapy to prevent organ rejection
- Approximately 2,400 Canadians are on a waiting list for a kidney transplant.

End stage renal disease is usually accompanied by concurrent medical conditions such as diabetes or cardiovascular disease. Transplant recipients may be immunocompromised and require more frequent anti-infective therapy to treat infectious diseases.

A5.3.2 GOVERNMENT PROGRAMS FOR PERSONS WITH END STAGE RENAL DISEASE

There are variations in eligibility for and the quality of coverage available to persons with end stage renal disease dependent upon where they live in Canada. These variations include:

- Provinces and territories with special programs for all residents (eg. Prince Edward Island, Nova Scotia, Yukon)
- Provinces and territories with special programs for either residents with end stage renal disease or residents who have received transplants (eg. Ontario, Alberta, B.C.)
- Provinces and territories without special programs. Only residents eligible through the general plans are eligible for coverage
- Provinces and territories with special programs for defined eligible beneficiaries (eg. New Brunswick, Saskatchewan)
- The level of co-payment and deductible varies between provinces and territories.

Most provinces and territories provide reasonable coverage for patients with end stage renal disease requiring erythropoietin therapy. The exceptions are Newfoundland & Labrador and New Brunswick where only low income seniors and social assistance recipients are eligible for coverage. In provinces where NIHB beneficiaries are not eligible for provincial coverage, NIHB provides coverage for eligible beneficiaries. All provinces and territories provide coverage for persons with end stage renal disease who require anti-rejection drug therapy after transplant.

The drug expense can be substantial and may exceed \$10,000 annually. The deductibles and co-payments required in some provinces and territories may be a financial burden to some.

Appendix 5 Financial Impact on Individuals with High Drug Expense

Table A5.2 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for persons with end stage renal disease through provincial, territorial or federal government drug plans and other health programs.

A5.3.3 PRIVATE COVERAGE BENEFITS FOR PERSONS WITH END STAGE RENAL DISEASE

Employer sponsored drug plans generally cover drug therapies required by persons with end stage renal disease. However, the need for frequent medical attention for dialysis prior to transplant, results in many individuals with end stage renal disease being unemployed and not eligible for benefits through an employer sponsored plan. Those who are able to maintain employment may still face high out-of-pocket expenditures if their plans have co-payments, deductibles and annual or lifetime maximums.

A5.3.4 SUMMARY

Public and private coverage for the drug therapies required by persons with end stage renal disease is reasonable with some exceptions in Newfoundland & Labrador and New Brunswick. The levels of deductible and co-payment required in some provinces and employee plans may present a financial burden for some individuals. Other considerations important to persons with end stage renal disease include access to dialysis facilities, opportunity costs, cost for transportation, nutritional supplements and non-prescription medications.

A5.4 Hepatitis C

A5.4.1 INTRODUCTION

The Hepatitis C virus has infected 240,000 to 300,000 Canadians. (According to the Hepatitis C Foundation of Canada). The majority are unaware of the infection. Only 5 to 25 percent of people with newly acquired infection are symptomatic; about 90 percent carry the virus indefinitely (Source: CMAJ 1997; 156:1427).

Currently available therapies for patients with chronic hepatitis include Interferon alfa-2b, Interferon alfa-2a and Interferon alpha-n1. Only about 25 percent of infected patients are candidates for interferon therapy.

Patients with chronic hepatitis usually have additional concurrent health problems. Clinical symptoms include profound fatigue, cirrhosis and liver cancer. Liver disease related to hepatitis C is the leading reason for liver transplants in Canada (Source: CMAJ 1997; 156:1427). Anti-rejection drug therapy is necessary for persons who receive a liver transplant.

Appendix 5 Financial Impact on Individuals with High Drug Expense

A5.4.2 GOVERNMENT PROGRAMS FOR PERSONS WITH CHRONIC HEPATITIS C

A5.3 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for persons with hepatitis C through provincial, territorial or federal government drug plans and other health programs.

Only Prince Edward Island has a special programs for all residents who require interferon alfa therapy for treatment of chronic hepatitis. All residents of the Yukon not covered by federal plans or private insurance are eligible through the Chronic Disease Program. In all other provinces and territories, only residents normally eligible for coverage have financial assistance for interferon therapy. Residents in some provinces and territories (eg. Ontario) can apply for special drug coverage. The costs of interferon alfa therapy vary dependent on the treatment regimen. NIHB provides coverage for interferon therapy for Registered Indians, eligible Inuit and Innu. The Hepatitis C Society of Canada estimates the cost at \$6,000 per course of therapy. Persons with chronic hepatitis may require multiple courses of therapy. Deductible and co-payments when present can cause a financial burden to some. When adults under age 65 not on social assistance and seniors without financial support are not eligible for coverage, the cost of Interferon alfa therapy may limit treatment options.

As discussed under end stage renal disease, provincial plans provide good coverage for anti-rejection drugs but in some cases the deductibles and co-payments required may present a financial burden.

A5.4.3 PRIVATE COVERAGE BENEFITS FOR PERSONS WITH HEPATITIS C

The drug therapies required by persons with hepatitis C would usually be covered through employer sponsored drug plans. The usual deductibles and co-payments would apply, and in some cases, annual maximums on individual drugs and / or all drug benefits would limit the amount payable.

A5.4.4 SUMMARY

Persons with chronic hepatitis who require treatment with interferon alfa may not be eligible for coverage in provinces and territories without universal drug plans if unemployed. In provinces and territories with universal drug plans and for employed persons, deductibles, co-payments and annual or lifetime maximums on drug benefits may create financial burdens.

A5.5 HIV / AIDS

A5.5.1 INTRODUCTION

There are an estimated 45,000 Canadians currently living with HIV / AIDS. The majority are young males - the median age of infection is 23 years. The incidence of women infected with the HIV virus is increasing. More than 45 percent of HIV / AIDS patients live in Ontario and slightly more than 20 percent in each of Québec and British Columbia (Source: Canadian AIDS Society).

Therapy is complex, generally involving 3 or more anti-retroviral drugs. Patients also require additional drug therapy to treat concurrent health problems, such as opportunistic infections and cancer.

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A5.5.2 GOVERNMENT PROGRAMS FOR PERSONS LIVING WITH HIV / AIDS

All provinces and territories offer a universal program for the coverage of anti-retroviral drugs. However, there are variations in eligibility based on income, deductibles and co-payments, administrative requirements to obtain coverage and program delivery. The access to drug therapies in different provinces can be impacted by factors such as:

- The range of anti-retroviral drugs available through the universal program (eg. Newfoundland & Labrador, Ontario)
- The level of deductible prior to coverage of all anti-retroviral drugs (eg. Manitoba, Saskatchewan, Yukon)
- Income based eligibility for coverage of all or some anti-retroviral drugs (eg. Ontario, Manitoba, Saskatchewan)
- The administrative requirements necessary for prior authorization of coverage of all or some anti-retroviral drugs (eg. Ontario, Saskatchewan)
- Specialized programs for delivery, such as the hospital based programs in Newfoundland & Labrador, Nova Scotia, Ontario, Alberta and British Columbia
- Provinces and territories that require residents to understand and obtain required drug therapies through more than one program.

Table A5.4 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for persons living with HIV / AIDS through provincial, territorial or federal government drug plans and other health programs.

In addition to the eligible anti-retroviral drug therapies, persons living with HIV / AIDS may also be eligible for additional drug benefits. For example, in many provinces and territories additional drug benefits such as anti-infectives are available for seniors and / or recipients of social assistance.

A5.5.3 PRIVATE COVERAGE BENEFITS FOR PERSONS WITH HIV / AIDS

Some employer plans cover the drug therapies required by persons with HIV / AIDS. However, because the majority of provincial plans are available to all persons living with HIV / AIDS, disease specific anti-retrovirals are not benefits of all employer sponsored plans. The Canadian AIDS Society estimates 20 percent of persons living with HIV / AIDS have drug coverage through employer sponsored drug plans.

The usual deductibles and co-payments would apply, and in some cases, annual maximums on individual drugs and /or all drug benefits would limit the quality of coverage.

A5.5.4 SUMMARY

The cost of drug therapy is substantial, estimated by the Canadian AIDS Society at more than \$15,000 annually. Low income employed persons or unemployed persons not receiving social assistance may experience difficulties in provinces and territories where the annual deductible or co-payment required

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is high. In some provinces and territories, the limitations on the range of anti-retrovirals available through provincial government programs result in high drug costs for some individuals.

Persons living with HIV / AIDS may also require financial support for nutritional supplements that are not normally covered by public or private drug plans.

A5.5 Coverage Summaries

The tables below summarize the eligible beneficiaries and eligible benefits for the disease groups discussed above. Tables were not included for arthritis, hypertension, depression, cancer or cardiovascular disease because there were few issues, if any, identified.

A5.6 Multiple Sclerosis

A5.6.1 INTRODUCTION

Multiple sclerosis affects 35,000 to 50,000 Canadians. Multiple sclerosis impacts young adults with onset between 25 and 40 and an average age of 30 when diagnosed. There are two primary types - Relapsing-Remitting (20 percent) and Secondary-Progressive (80 percent). Smaller numbers experience Primary-Progressive and Benign Multiple Sclerosis. The incidence in women is about 2 times the incidence in men (Source: Multiple Sclerosis Society of Canada). Multiple sclerosis is progressive and the degree of disability increases over time.

Drug therapy includes supportive therapies to manage spasticity, bladder problems, pain and fatigue. Newer disease modifying drug therapies have been approved for the treatment of Relapsing-Remitting

Multiple Sclerosis and are being studied for use in Secondary-Progressive Multiple Sclerosis. They include:

- Interferon beta-1B
- Interferon beta-1A
- Glatiramere.

A5.6.2 GOVERNMENT PROGRAMS FOR PERSONS WITH MULTIPLE SCLEROSIS

Table A 5.5 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for persons with multiple sclerosis through provincial, territorial or federal government drug plans and other health programs.

Special universal programs for persons with multiple sclerosis are available in Prince Edward Island and Nova Scotia. All residents of the Yukon not covered by federal plans or private insurance are eligible through the Chronic Disease Program. In other provinces and territories, including provinces with universal coverage for all residents, persons with multiple sclerosis who meet the plan eligibility requirements may be eligible for drug coverage. Many provinces and territories have additional criteria

Appendix 5 Financial Impact on Individuals with High Drug Expense

for approval for specific drug therapies. The exception is New Brunswick where the government plans only cover low income seniors and persons on social assistance for multiple sclerosis disease modifying drug therapies. Drug coverage for eligible NIHB beneficiaries is provided through an exception process.

Several factors limit the quality of coverage for persons with multiple sclerosis in some provinces:

- Deductibles or co-payments in provinces and territories with universal programs for all residents
- The need to request coverage and meet drug specific eligibility requirements
- The exclusion from coverage of specific disease modifying drug therapies
- The need to obtain drug therapy through specialized Multiple Sclerosis clinics, or through special approval.

A5.6.3 PRIVATE COVERAGE BENEFITS FOR PERSONS WITH MULTIPLE SCLEROSIS

Employer sponsored plans that follow a provincial formulary or require special authorization may not cover some of the therapies required for treatment of multiple sclerosis. Even when plans cover these therapies, the deductibles, co-payments, or annual maximums could represent a significant financial burden to the patient.

A5.6.4 SUMMARY

Multiple sclerosis affects young adults with a higher incidence in women. The cost of therapy with disease modifying drug therapies is substantial and the Multiple Sclerosis Society of Canada estimates the cost at between \$12,000 and \$20,000 annually. Because of limitations in mobility, many persons with multiple sclerosis are unable to maintain full time employment. Low income status, unless they are on social assistance, combined with the required deductible and co-payments can limit the quality of coverage available. Annual or lifetime maximums in employer sponsored drug plans may necessitate some individuals to delay treatment.

Currently, the majority of disease modifying drug therapies are approved only for Relapsing-Remitting Multiple Sclerosis. These therapies are still in clinical trial for Secondary-Progressive Multiple Sclerosis and therefore excluded from coverage for this group of patients. There is a perception that as approvals for use in Secondary-Progressive Multiple Sclerosis are obtained, there will be increased demand for treatment and the barriers to qualify for coverage for multiple sclerosis drug therapy may increase.

Persons with multiple sclerosis may also require financial support for wheel chairs and other devices that would allow them to continue to live independently, medical supplies for incontinence, physiotherapy services and home care.

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A5.7 Arthritis

A5.7.1 INTRODUCTION

Arthritis is very common. About 2.7 million, primarily elderly Canadians, suffer from osteoarthritis. (Source: Arthritis Society of Canada).

Rheumatoid arthritis affects an estimated 300,000 Canadians. Rheumatoid arthritis is more common in younger adults (onset usually between 25 and 50) and is three times more common in women than men. Rheumatoid arthritis may affect multiple body organs damaging cartilage, bone, tendons, ligaments and affecting vision, respiration and cardiac function. Rheumatoid arthritis may progress to disability (Source: Arthritis Society of Canada).

Current drug therapies include:

- Anti-inflammatory analgesics
- Corticosteroids
- Disease-modifying anti-rheumatic drugs (DMARD's) may be used in rheumatoid arthritis.

Several costly new therapies are in development.

A5.7.2 GOVERNMENT PROGRAMS FOR PERSONS WITH ARTHRITIS

Currently, there are no targeted programs specifically to address the needs of people with arthritis. The exception is the Chronic Disease Program in the Yukon.

However, the majority of currently available drug therapies are benefits of provincial, territorial and federal government drug plans. These therapies would be available to seniors, social assistance recipients and other residents who meet the criteria for coverage through the government program. Normal deductibles and co-payments would apply.

A5.7.3 PRIVATE COVERAGE FOR PERSONS WITH ARTHRITIS

The majority of current drug therapies are benefits of employer sponsored drug plans. Normal co-payments and deductibles would apply. Annual maximums on individual high cost drugs and /or overall drug benefits may reduce the quality of coverage available to persons with rheumatoid arthritis requiring therapy with disease-modifying anti-rheumatic drugs.

A5.7.4 SUMMARY

Currently, public and private drug plan coverage assists with the drug expense for many persons with arthritis. The exceptions are the unemployed, low income employees and employees who are not eligible for employer sponsored drug coverage in provinces without universal coverage and, in some provinces and territories, seniors who do not receive income assistance.

Appendix 5 Financial Impact on Individuals with High Drug Expense

For seniors with osteoarthritis or rheumatoid arthritis, the quality of drug coverage is good. The exceptions are higher income seniors not eligible for coverage in Newfoundland & Labrador and New Brunswick, and higher income seniors in Manitoba and Saskatchewan where substantial deductibles limit eligibility for drug benefits.

Patients are awaiting new therapies for this condition. Whether public and private plans will cover them is not known. Deductibles and co-payments for high cost new products may reduce the quality of coverage through public and private plans.

A5.8 OSTEOPOROSIS

A5.8.1 INTRODUCTION

Osteoporosis is a reduction in bone mass. Approximately 1 million Canadian women (1 in 4 women over age 50) and 400,000 Canadian men (1 in 8 over age 50) have osteoporosis. Osteoporosis mainly affects women over age 50 as a result of bone loss after menopause. While less common, younger Canadians may suffer from osteoporosis resulting from use of corticosteroids, chemotherapy or other drugs. Osteoporosis frequently leads to fractures, especially hip fracture, following minor trauma and may result in disability and limitations in the ability to live independently and manage daily activities.

Drug therapies to prevent and / or treat osteoporosis are available and include:

- Hormone (estrogen) replacement therapy to slow post-menopausal bone loss
- Bisphosphonates (eg. alendronate, etidronate) to prevent or treat bone loss
- Selective estrogen receptor modulators (eg. Raloxifene) to prevent bone loss in post-menopausal women.

Calcium and vitamin D supplements are also used.

A5.8.2 GOVERNMENT PROGRAMS FOR OSTEOPOROSIS

Table A5.6 summarizes the eligible beneficiaries, the drug therapy options eligible and additional support for persons with osteoporosis through provincial, territorial or federal government drug plans and other health programs.

There are no special programs specifically to address the need of persons with osteoporosis. All public drug plans provide coverage for estrogen supplements and at least one bisphosphonate for residents who meet eligibility requirements.

A5.8.3 PRIVATE COVERAGE FOR PREVENTION / TREATMENT OF OSTEOPOROSIS

Drug therapies required to prevent or treat osteoporosis are eligible benefits of the majority of employer sponsored drug plans. In some cases, specific products may not be available.

The usual deductibles and co-payments would normally apply.

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A5.8.4 SUMMARY

Seniors and social allowance recipients have good coverage for drug therapies to prevent or treat osteoporosis. The exception is higher income seniors in Newfoundland & Labrador and New Brunswick.

Younger adults who are unemployed, low income or part-time employees without access to an employer sponsored drug plan or universal public program face lower or non-existent coverage. In some cases, the deductible or co-payment requirement or administrative requirements to obtain benefits, may reduce the quality of coverage when therapy with a bisphosphonate is required.

Some plans exclude specific therapies such as Raloxifene and Alendronate.

A5.9 Hypertension

A5.9.1 INTRODUCTION

Hypertension is a common medical condition. The prevalence increases with age and the incidence is estimated at 25 percent of Canadians between 45 and 54, 46 percent between ages 55 and 65 and 56 percent between ages 65 and 74. The Heart and Stroke Foundation estimates 25 percent of Canadians with hypertension are unaware of their condition; 16 percent are aware but their blood pressure is not yet controlled; and 42 percent are aware and being treated successfully.

There are a range of available drug therapies to treat hypertension:

- Diuretics
- Beta-adrenergic receptor blocking agents
- Vasodilators
- Angiotensin converting enzyme inhibitors
- Calcium channel blockers.

About half of persons with hypertension may require more than one medication to effectively manage hypertension.

A5.9.2 GOVERNMENT PROGRAMS FOR PERSONS WITH HYPERTENSION

There are no special programs for persons with hypertension. The exception is the Chronic Disease Program in the Yukon. However, a wide range of drug therapies, including therapies in each class, are benefits for residents who meet the plan eligibility requirements. The majority of seniors and all social assistance recipients have good coverage for anti-hypertensive medications through government drug plans.

Many anti-hypertension medications have been available for several years and low cost alternatives are available. In provinces and territories with universal coverage and in provinces and territories without universal coverage, the cost of medications is not a major barrier to effective treatment. The exceptions

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may be some seniors in Newfoundland & Labrador and New Brunswick, and younger adults not eligible for social assistance who are unemployed or employed in low income jobs.

A5.9.3 PRIVATE COVERAGE FOR PERSONS WITH HYPERTENSION

For employed Canadians eligible for employer sponsored drug benefit coverage, there is good coverage for a wide range of drug therapies for hypertension.

A5.9.4 SUMMARY

With the exception of unemployed Canadians or low income Canadians who are not eligible for employer sponsored drug plans, problems with the quality of coverage for medications to treat hypertension are minimal. In some cases, a specific drug may not be available or may require special authorization but for the majority of persons with hypertension the range of medications available through public or private plans is adequate.

A5.10 Schizophrenia

A5.10.1 INTRODUCTION

Approximately 300,000 Canadians, primarily young adults, suffer from schizophrenia (Source: Schizophrenia Society of Canada). The onset is usually in the teens or early 20's in men and between ages 25 and 35 in women. Schizophrenic persons may be unable to attend school and maintain employment. Many schizophrenics are homeless or in prison; suicide is the leading cause of death.

Current anti-psychotic drug therapy options include:

- Traditional anti-psychotics, such as chlorpromazine and haloperidol
- Non-traditional anti-psychotics, such as clozapine, risperidone, olanzapine and quetiapine.

A5.10.2 GOVERNMENT PROGRAMS FOR PERSONS WITH SCHIZOPHRENIA

Table A5.7 summarizes the eligible beneficiaries and drug therapy options available for persons with schizophrenia through provincial, territorial or federal government drug plans and other health programs. Coverage for anti-psychotic drug therapy is available through all public drug plans for social assistance recipients. However, some provinces and territories do not cover newer non-traditional anti-psychotic drugs, or only cover them when treatment with traditional anti-psychotic drugs has failed. For unemployed Canadians in provinces and territories with universal coverage and for low income Canadians not eligible for social assistance, the deductible, co-payment or the full cost of the required drug therapy may reduce the quality of coverage.

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A5.10.3 PRIVATE COVERAGE FOR PERSONS WITH SCHIZOPHRENIA

For schizophrenic persons able to maintain employment, coverage for anti-psychotic medications would be available through most employer sponsored drug plans. Some plans may require special approval for specific therapies.

A5.10.4 SUMMARY

While public and private coverage for many anti-psychotic medications are available, the limitations on coverage of specific products is of concern. The Schizophrenia Society of Canada suggests that the need to demonstrate the ineffectiveness of older, less expensive therapies prior to initiation of therapy with newer agents that are more effective with fewer side effects reduces the quality of coverage.

A major challenge remains in providing drug therapy to homeless schizophrenics, some of whom do not have a health care card and do not use the health care system.

A5.11 Depression

A5.11.1 INTRODUCTION

The true prevalence of depression is unknown. However, in 1993, 2.7 million Canadians were receiving treatment for depression. This has risen to 3.75 million in 1998 (Source: Canadian Mental Health Association).

A number of drug therapies options are available including:

- Non-selective monoamine oxidase inhibitors (eg. tranylcypromine)
- Selective monoamine oxidase inhibitors (eg. moclobemide)

- Non-selective monoamine oxidase reuptake inhibitors (eg. amitriptyline)
- Selective serotonin reuptake inhibitors (eg. fluoxetine)
- Serotonin-norepinephrine reuptake inhibitors (eg. venlafaxine)
- Other antidepressants (eg. l-tryptophan).

A5.11.2 GOVERNMENT PROGRAMS FOR PERSONS WITH DEPRESSION

There are no special programs for persons with depression. The exception is the Yukon Chronic Disease Program. However, a wide variety of drug therapy options are available through public drug plans for eligible beneficiaries.

A5.11.3 PRIVATE COVERAGE FOR PERSONS WITH DEPRESSION

As in the public sectors, good coverage exists for a wide range of antidepressant therapies.

Appendix 5 Financial Impact on Individuals with High Drug Expense

A5.11.4 SUMMARY

The cost of many antidepressant medications is not prohibitive and does not reduce the quality of coverage available to seniors, social assistance recipients and employed Canadians. The quality of coverage may however be reduced for unemployed Canadians, low income Canadians not eligible for drug coverage through employment and for Canadians with serious depressive illness who cannot maintain employment but are not eligible for social assistance.

A5.12 Cancer

A5.12.1 INTRODUCTION

Cancer increases with age and cancer affects more men than women and the incidence increases with age. According to the Canadian Cancer Society, over 70 percent of new cancers and over 80 percent of cancer deaths are in persons over age 60. Prostate, lung and colorectal cancer account for more than half of cancers in men; breast, lung and colorectal cancer are most common in women.

Treatment options for cancer include:

- Surgery
- Chemotherapy
- Radiation therapy
- Transplants in some cases.

In addition, drug therapy is required to manage pain and treat side effects.

A5.12.2 GOVERNMENT PROGRAMS FOR PERSONS WITH CANCER

Provincial health care programs cover most cancer therapy. Government or private plans cover most of the additional drug therapy required.

Within the community, for seniors and social assistance recipients, the costs of cancer chemotherapy, pain medications and, in some cases, anti-nauseants are covered most of the time through government drug plans.

Younger patients including the unemployed and those with low income, however, may experience financial difficulties due to deductibles and co-payments for these expensive therapies. For NIHB eligible beneficiaries, most cancer therapies are covered when used in ambulatory patients.

There is also concern in many jurisdictions that cancer patients need to access multiple programs to cover the full range of needed medications. For example, in some provinces and territories, cancer chemotherapy is provided through a specialized program while palliative care is provided through the government drug plan. In some circumstances, there may be a need to apply for the special coverage of required drug therapies.

Appendix 5 Financial Impact on Individuals with High Drug Expense

A5.12.3 PRIVATE COVERAGE FOR PERSONS WITH CANCER

Private drug coverage provides financial assistance for eligible beneficiaries for the cost of drug therapy to manage the symptoms of cancer treatment. However, the cost of cancer chemotherapy agents is not normally a benefit of employer sponsored drug plans. The cost of cancer chemotherapy is usually covered by the province or territorial drug plan.

A5.12.4 SUMMARY

The quality of coverage for cancer chemotherapy is good for most Canadians. In some cases, younger patients not eligible for government or employer sponsored drug plan coverage may experience problems with the cost of therapies to manage pain and nausea.

Cancer patients may also need financial support for alternative services required including transportation to treatment centres, wigs, prostheses and nutritional supplements.

A5.13 Cardiovascular Disease

A5.13.1 INTRODUCTION

Cardiovascular disease is the highest contributor to the burden of illness in Canada and is the leading cause of death. Cardiovascular disease can occur at any time but the prevalence increases sharply with aging with onset of symptoms in men in their 50's and women in their 60's. According to the Heart and Stroke Foundation, cardiovascular disease is more prevalent in lower socio-economic groups. The incidence declines from east to west in Canada in association with a decline in risk factors.

There are numerous drug therapy options for the treatment of cardiovascular disease, including all the drug therapies described in the discussion of hypertension.

A5.13.2 GOVERNMENT PROGRAMS FOR PERSONS WITH CARDIOVASCULAR DISEASE

Seniors, (with the exception of seniors not receiving income support in Newfoundland & Labrador and New Brunswick), social assistance and NIHB beneficiaries have good coverage for drug therapies to treat cardiovascular disease.

Coverage for specific drug therapies may only be available under certain conditions in some provinces and territories and plans.

Unemployed persons or low income persons not eligible for employer sponsored drug coverage, social assistance or universal public coverage may face high out of pocket costs due to deductibles and co-payments.

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A5.13.3 PRIVATE COVERAGE FOR PERSONS WITH CARDIOVASCULAR DISEASE

Employed Canadians eligible for coverage through an employer sponsored drug plan have good coverage for drug therapy for cardiovascular disease.

A5.13.4 SUMMARY

For the majority of Canadians, there is good coverage for drug therapy to treat cardiovascular disease. The exceptions are unemployed persons not eligible for social assistance and low income persons not eligible for employer sponsored drug benefits or universal public programs.

A5.14 Conclusions

Our analysis and discussions with representatives of disease group organizations suggest several specific characteristics tend to be indicators of lack of adequate private and public insurance. These characteristics include:

- Diseases affecting primarily young adults and more specifically, young adult women
- Diseases for which the treatment options in the past were limited and only recently have new, and potentially high cost drug therapies become available (eg. schizophrenia, multiple sclerosis)
- Diseases that may be challenging to diagnose without specialized testing (multiple sclerosis, osteoporosis)
- Diseases that are more likely to result in disability than death (multiple sclerosis, osteoporosis)
- Diseases with a significant lag time between onset and disability (eg. multiple sclerosis, osteoporosis)
- Diseases that have a negative impact on employability and result in part time or intermittent employment (eg. multiple sclerosis, arthritis, HIV/AIDS).

Senior citizens who suffer from these diseases have relatively good coverage. The exception is seniors not receiving income support in Newfoundland & Labrador and New Brunswick, although in New Brunswick, private coverage is available, and this would mitigate some of the cost impact. Younger persons without universal provincial coverage, social assistance, or private coverage may face a significant financial burden. In some cases, access to specific drug therapies is of concern.

The tables below summarize the eligible beneficiaries and eligible benefits for the disease groups discussed above. Tables were not included for arthritis, hypertension, depression, cancer or cardiovascular disease because there were few issues, if any, identified.

Table A5.1 - Government Programs for Diabetic Persons

Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits
Newfoundland & Labrador	Low income seniors Social assistance recipients	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
Prince Edward Island	All residents with diabetes	Insulin Oral agents	
Nova Scotia	Seniors Family benefits recipients Social assistance recipients	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
New Brunswick	Low income seniors Human resource development - NB recipients	Insulin Oral agents	
Quebec	All residents	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for and Trillium	Insulin Oral agents	Eligible residents may obtain funding for syringes, blood glucose monitors and medical supplies through the Assistance Devices Program
Manitoba	All residents if eligible for Manitoba Pharmacare benefits	Insulin Oral agents	Medical supplies for monitoring of blood glucose
Saskatchewan	All residents if eligible for Prescription Drug Plan benefits Social services and children	Insulin Oral agents Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage Diabetics who qualify for the Canadian Diabetic Association Alberta Monitoring for Health Program All residents who qualify for assistance through Alberta Aids to Daily Living	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose through AADL or CDA

Table A5.1 - Government Programs for Diabetic Persons			
Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits
British Columbia	All residents - if eligible for a Pharmacare plan	Insulin Oral agents	
Yukon	All residents with diabetes (except persons covered by NIHB or private plans)	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
Northwest Territories	All residents with diabetes	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
NIHB	Registered Indians and eligible Inuit and Innui	Insulin Oral agents	Medical supplies for administration of insulin and monitoring of blood glucose
Source: Published information on provincial, territorial or federal drug plan programs. Survey of provincial, territorial and federal drug plan managers. Note: The usual deductibles and co-payments are required.			

TABLE A5.2 - Government Programs for Persons with End Stage Renal Disease			
Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Newfoundland & Labrador	Low income seniors Social assistance recipients	Epoetin Alfa	No deductible or co-payment required
	All residents	Anti-rejection drugs	No deductible or co-payment required
Prince Edward Island	All residents with end stage renal disease / transplant recipients	Epoetin Alfa Anti-rejection drugs	No deductible or co-payment required
Nova Scotia	All residents end stage renal disease / transplant recipients	Epoetin Alfa Anti-rejection drugs	No deductible or co-payment required
New Brunswick	Organ transplant recipients registered and deemed eligible by NB PDP	Anti-rejection drugs	Registration fee required and co-payments to an annual family maximum of \$ 500
Quebec	All residents	Epoetin Alfa Anti-rejection drugs	
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for and Trillium	Anti-rejection drugs	
	All residents (Special Drugs Program)	Epoetin Alfa Cyclosporin	No deductible or co-payment required
Manitoba			
Saskatchewan	All residents with End Stage Renal Disease nominated for benefits	Epoetin Alfa Anti-rejection drugs	No deductible or co-payment required
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage	Epoetin Alfa	Medical supplies for administration through AADL
	All residents who have received transplants	Anti-rejection drugs through the Calgary Regional Health Authority and Capital Health Authority	No deductible or co-payment required
British Columbia	All residents - if eligible for a Pharmacare plan	Epoetin Alfa Anti-rejection drugs	No deductible or co-payment required

TABLE A5.2 - Government Programs for Persons with End Stage Renal Disease			
Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Yukon	All residents with end stage renal disease / transplant recipients (except persons covered by NIHB or private plans)	Epoetin Alfa Anti-rejection drugs	Annual maximum co-payment of \$ 250 / person or \$ 500 / family - may be waived depending on income
Northwest Territories	All residents with end stage renal disease / transplant recipients		
NIHB	Registered Indians and eligible Inuit and Innu.	Anti-rejection drugs Epoetin Alfa	
Source: Published information on provincial, territorial or federal drug plan programs Survey of provincial, territorial and federal drug plan managers Note: Except as noted, usual deductibles and co-payments are required.			

TABLE A.5.3 - Government Programs for Persons with Chronic Hepatitis C

Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Newfoundland & Labrador	Low income seniors Social assistance recipients		
Prince Edward Island	All residents with hepatitis C	Interferon alfa-2b	No deductible or co-payment required
Nova Scotia	Seniors Family benefits recipients Social assistance recipients	Interferon alfa-2b Interferon alfa-2a	
New Brunswick	Low income seniors Human Resource development - NB recipients	Interferon alfa-2b	
Quebec	All residents	Interferon alfa-2b Interferon alfa-2a Interferon alfa-n1	
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for and Trillium		Specific therapies may be approved for individuals who meet criteria
Manitoba	All residents if eligible for Manitoba Pharmacare benefits	Interferon alfa-2b Interferon alfa-2a Interferon alfa-n1	
Saskatchewan	All residents if eligible for Prescription Drug Plan benefits	Interferon alfa-2b Interferon alfa-2a Interferon alfa-n1	
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage	Interferon alfa-2b Interferon alfa-2a Interferon alfa-n1	Medical supplies for administration through AADL
British Columbia	All residents - if eligible for a Pharmacare plan	Interferon alfa-2b Interferon alfa-2a Interferon alfa-n1	No deductible or co-payment required
Yukon	All residents with hepatitis C (except native Canadians covered by NIHB)	Interferon alfa-2b Interferon alfa-2a	Annual maximum co-payment of \$ 250 / person or \$ 500 / family - may be waived depending on income
Northwest Territories	Seniors Income support recipients; Registered Metis		
NIHB	Registered Indians and eligible Inuit and Innui	Interferon alfa-2b Interferon alfa-n1 Interferon alfa-2a	

Source: Published information on provincial, territorial or federal drug plan programs.

Survey of provincial, territorial and federal drug plan managers.

Note: Except as noted, normal deductibles and co-payments apply

TABLE A5.4 - Government Programs for Persons with HIV / AIDS

Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Newfoundland & Labrador	All residents with HIV / AIDS	Zidovudine	No deductible or co-payment required
Prince Edward Island	All residents with HIV / AIDS	All anti-retroviral drug therapies	No deductible or co-payment required
Nova Scotia	All residents with HIV / AIDS	Anti-retroviral drug therapy is provided through hospital based programs	A co-payment of \$ 8.65 / prescription is required
New Brunswick	HIV / AIDS patients registered and deemed eligible by NB PDP	Anti-retrovirals listed in the New Brunswick Prescription Drug Formulary	Registration fee required and co-payments to an annual family maximum of \$ 500
Quebec	All residents with HIV / AIDS	Anti-retrovirals listed in the Liste de médicaments du Quebec	
Ontario	All residents with HIV / AIDS and eligible for Trillium or an Ontario Drug Benefit program All residents with HIV / AIDS (Special Drugs Program)	Anti-retrovirals listed in the Ontario Drug Benefit Formulary Zidovudine, Didanosine, Zalcitabine	No deductible or co-payment required
Manitoba	All residents with HIV / AIDS and eligible for Manitoba Pharmacare benefits	Anti-retrovirals therapies listed in the Manitoba Formulary	
Saskatchewan	All residents if HIV / AIDS and eligible for Prescription Drug Plan benefits	All anti-retrovirals listed in the Saskatchewan Formulary	
Alberta	All residents with HIV / AIDS	Anti-retrovirals provided through the Calgary Regional Health Authority and Capital Health Authority.	No deductible or co-payment required
British Columbia	All residents with HIV / AIDS All residents with HIV / AIDS and eligible for Pharmacare benefits	Specific anti-retrovirals provided through hospital based programs Anti-retrovirals approved as eligible benefits of B.C. Pharmacare	No deductible or co-payment required

TABLE A5.4 - Government Programs for Persons with HIV / AIDS

Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Yukon	All residents with HIV / AIDS (except persons covered by NIHB or private plans)	Anti-retroviral drug therapies	Annual maximum co-payment of \$ 250 / person or \$ 500 / family - may be waived depending on income
Northwest Territories	All residents with HIV / AIDS	Disease specific therapies	
NIHB	Registered Indians and eligible Inuit and Innu	Anti-retroviral drug therapies	

Source: Published information on provincial, territorial or federal drug plan programs.

Survey of provincial, territorial and federal drug plan managers.

Note: Except as noted, normal premiums, deductibles and co-payments apply.

TABLE A 5.5 - Government Programs for Persons with Multiple Sclerosis

Province	Eligible Beneficiaries	Eligible Drug Benefits	Other Eligible Benefits or Program Features
Newfoundland & Labrador	Low income seniors Social assistance recipients		Disease modifying therapies may be approved for individuals who meet criteria
Prince Edward Island	All residents with multiple sclerosis	Interferon beta-1B Interferon beta-1A Glatiramere	The co-payment ranges from \$2.00 plus pharmacist fee up to the full prescription cost dependent on income
Nova Scotia	All residents with multiple sclerosis who meet criteria	Interferon beta-1B Interferon beta-1A Glatiramere	A co-payment of \$8.65 / prescription is required
New Brunswick	Low income seniors Human resource development - NB recipients	Interferon beta-1A when prescribed by a neurologist	Other disease modifying therapies may be approved for an individual who meets criteria
Quebec	All residents	Interferon beta-1B Interferon beta-1A Glatiramere	
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for and Trillium		Disease modifying therapies may be approved for individuals who meet criteria
Manitoba	All residents if eligible for Manitoba Pharmacare benefits		
Saskatchewan	All residents with multiple sclerosis if eligible for Prescription Drug Plan benefits	Interferon beta-1B Interferon beta-1A Glatiramere	
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage		
British Columbia	All residents with multiple sclerosis and eligible for a Pharmacare plan	Interferon beta-1B Interferon beta-1A	No deductible or co-payment required
Yukon	All residents with multiple sclerosis (except persons covered by NIHB or private plans)	Interferon beta-1B Interferon beta-1A Glatiramere	Annual maximum co-payment of \$ 250 / person or \$ 500 / family - may be waived depending on income
Northwest Territories	All residents with multiple sclerosis		
NIHB	Registered Indians and eligible Inuit and Innu	Interferon beta-1B Interferon beta-1A Glatiramere	

TABLE A 5.6 - Government Programs for Prevention and Treatment of Osteoporosis		
Province	Eligible Beneficiaries	Eligible Drug Benefits
Newfoundland & Labrador	Low income seniors Social assistance recipients	Estrogen supplements Etidronate with or without Calcium
Prince Edward Island	Seniors Social assistance recipients	Estrogen supplements Etidronate with or without Calcium
Nova Scotia	Seniors Family benefits recipients Social assistance recipients	Estrogen supplements Etidronate with or without Calcium Alendronate
New Brunswick	Low income seniors Human resource development - NB recipients	Estrogen supplements Etidronate with or without Calcium Alendronate
Quebec	All residents	Estrogen supplements Etidronate with or without Calcium Alendronate
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for Trillium	Estrogen supplements Etidronate with or without Calcium
Manitoba	All residents if eligible for Manitoba Pharmacare benefits	Estrogen supplements Etidronate with or without Calcium Alendronate
Saskatchewan	All residents if eligible for Prescription Drug Plan benefits	Estrogen supplements Etidronate with or without Calcium Alendronate
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage	Estrogen supplements Etidronate with or without Calcium Alendronate
British Columbia	All residents if eligible for a Pharmacare plan	Estrogen supplements Etidronate with or without Calcium Alendronate
Yukon	All residents with osteoporosis (except persons covered by NIHB or private plans)	Estrogen supplements Etidronate Alendronate
Northwest Territories	Seniors Income support recipients Registered Metis	Estrogen supplements
NIHB	Registered Indians and eligible Inuit and Innu	Estrogen supplements Etidronate with or without Calcium Alendronate

TABLE A 5.7 - Government Programs for Treatment of Schizophrenia		
Province	Eligible Beneficiaries	Eligible Drug Benefits
Newfoundland & Labrador	Low income seniors Social assistance recipients	Clozapine Risperidone Olanzapine Quetiapine
Prince Edward Island	Seniors Social assistance recipients	Clozapine Risperidone Olanzapine
Nova Scotia	Seniors Family benefits recipients Social assistance recipients	Risperidone Olanzapine
New Brunswick	Low income seniors Human resource development - NB recipients	Clozapine Risperidone Olanzapine Quetiapine
Quebec	All residents	Clozapine Risperidone Olanzapine Quetiapine
Ontario	Seniors >65 Family benefits beneficiaries General welfare beneficiaries All residents eligible for Trillium	Risperidone Olanzapine Quetiapine
	All residents (special drug program)	Clozapine
Manitoba	All residents if eligible for Manitoba Pharmacare benefits	Clozapine Risperidone Olanzapine Quetiapine
Saskatchewan	All residents if eligible for Prescription Drug Plan benefits	Clozapine Risperidone Olanzapine Quetiapine
Alberta	Seniors Social allowance recipients Residents who purchase Alberta Drug Benefit coverage	Clozapine Risperidone Olanzapine Quetiapine
British Columbia	All residents if eligible for a Pharmacare plan	Clozapine Risperidone Olanzapine
Yukon	All residents with osteoporosis (except persons covered by NIHB or private plans)	Clozapine Risperidone Olanzapine Quetiapine

TABLE A 5.7 - Government Programs for Treatment of Schizophrenia		
Province	Eligible Beneficiaries	Eligible Drug Benefits
Northwest Territories	Seniors Income support recipients Registered Metis	
NIHB	Registered Indians and eligible Inuit and Innu	Clozapine Risperidone Quetiapine Olanzapine
Source: Published information on provincial, territorial or federal drug plan programs. Survey of provincial, territorial and federal drug plan managers. Note: Except as noted, normal premiums, deductibles and co-payments apply.		

A5.16 Key Information Organizations - Disease Groups

- Arthritis Society of Canada
- C Canadian AIDS Society
- C Canadian Cancer Society
- C Canadian Diabetes Association
- C Canadian Hypertension Society
- C Canadian Mental Health Association
- C Heart and Stroke Foundation of Canada
- C Hepatitis C Society of Canada
- C Kidney Foundation of Canada
- C Mood Disorder Association of Canada
- C Multiple Sclerosis Society of Canada
- C Osteoporosis Society of Canada
- C Schizophrenia Society of Canada

A5.17 Specific Disease Groups - Interview Guide

1. The persons being interviewed:
 - C Name
 - C Position

2. Describe the history and mandate of the organization.
 - C Who do you represent? - national, every province, every segment?
 - C What are your organization's objectives?
 - C What services are offered to your members? Direct Services?

3. Describe the disease.
 - C How many Canadians are affected?
 - C Any subgroups
 - C Are tests to diagnose the disease accessible, conclusive
 - C Age of onset
 - C Any correlation of incidence with age, sex, ethnicity, region, income level, etc.
 - C Natural history of the disease
 - C Impact of disease and treatment on employability/quality of life.

4. Describe current indicated drug therapies.
 - C For what percentage of disease sufferers is drug therapy indicated
 - C What are the indicated drug therapies.
 - C Breakdown - In and out of hospital
 - C Drugs used to treat side effects of drug therapies
 - C Over the counter drug use, alternative therapies
 - C Typical drug costs
 - C Any special equipment needed - ie. needles, testing supplies, teaching resources
 - C Indications for utilization of other health resources-physicians visits, dialysis, hospital care, home care, etc.
 - C Any new drug treatments on the horizon?

5. Are there disease specific drug programs?
 - C Which provinces/territories?

Describe the range of these programs?

 - C Describe the limitations of these programs?

6. Is insurance coverage (public or private) for drugs an issue for your group?
 - Are there members of your group with no access to coverage?
 - Members who have public and/or private coverage for prescription medicines but the terms and conditions of the plan impede access to prescription medicines?

7. What are the implications for your members if insurance coverage is not available?

8. How does the range and extent of coverage vary from province to province? What is the resulting impact on people with this disease?

9. Are there any case studies you can provide?

10. Can you direct me to any research describing your membership group?
 - Have they developed a demographic profile of their members?
 - C Request copies of any research or submissions they may have?