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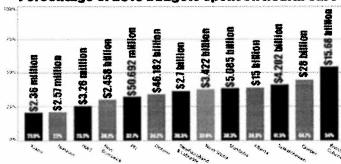


Guest Book

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Supplementary health benefits across Canada

Percentage of 2010 budgets spent on health care



By SAMANTHA STOKELL, SRJ Reporter • Tue, May 04, 2010 With changes to NWT supplementary health benefits on the table for discussion, the Slave River Journal compares similar services and their costs across the country. The Canada Health Act allows free coverage for 'medically necessary hospital, physician and surgical-dental services.' In the NWT, this includes lab and x-ray tests, drugs received in hospital, standard rooms and meals in hospital, nursing services, radiotherapy, occupational therapy, physiotherapy and other services provided at approved locations.

Supplementary health benefits, or uninsured health services - including prescription drug costs, ambulance charges, dental care, vision care, prescription drugs and unforeseen healthcare emergencies - vary between provinces and territories.

Non-Aboriginal Northerners pay for uninsured health services either through insurance plans provided by their employers, out of their own pocket or through extended health benefits for seniors over the age of 60, persons with specified medical conditions or persons eligible for incomeassistance.

This leaves approximately 1,700 to 2,200 people in the NWT without health care coverage. The currently proposed plan features co-payments based on family size and income.

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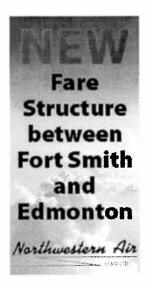
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What follows is a cross-country comparison of what supplementary health benefits different provinces and territories offer:

Yukon Territory

The Yukon has no specific programs for the general public. Seniors have two programs, extended benefits and prescription drugs, which require residents to be over 65 and ineligible for third-party insurance.

A social assistance program for necessary health and dental services exists for those who can prove a need. Two additional programs provide assistance with prescription drugs and supplies for people with chronic diseases or disabilities, and for a children's drug and optical program. Both programs have a deductible of \$250 per child and \$500 per family, based on a sliding income scale.

A medical travel program also covers the cost of transportation to the nearest centre for service.

Nunavut

The Nunavut healthcare system was copied, along with everything else, from the NWT system when it split ten years ago.

Nunavut has extended health benefits for residents who do not have third-party insurance and covers the same things as the NWT.

Seniors and people with specified conditions have the same restrictions as those in the NWT.

The Government of Nunavut will also pay for part of the airfare to receive medical treatments outside of the territory, but will not pay for additional expenses including accommodation, meals, ground transport, prescriptions and many other things.

Northwest Territories

The NWT currently has programs for seniors, people with specified conditions and people on income-support which cover prescription drugs, limited dental, vision care and medical supplies.

The only requirements arre age (for seniors), needs (for income-support) and health conditions (for those with specified conditions.)

People in the general public and without third-party insurance are not covered.

A proposed plan puts in place a requirement that all users of the program must be ineligible for third-party insurance and must be income-tested.

A co-payment would be required for those earning over a certain threshold.

New Brunswick

New Brunswick has 10 different prescription drug programs for a variety of situations, all requiring co-payments. Several programs are capped at \$250 per year, per family (seniors, cystic fibrosis and social development). Specific programs for people with multiple sclerosis, organ transplants, human growth hormone deficiency and HIV pay a 20 per cent co-payment, with a per-year maximum of up to \$500.

Other special programs include those covering 100 per cent of costs for children in care of social development, children



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with special needs and adults living in nursing homes.

Prince Edward Island

PEI is also undergoing changes to its health care system, with implementation taking place in September 2010. It currently has a seniors drug assistance program and a general drug assistance program. Both programs require a co-payment, where residents pay the first \$11 of any medication, plus the dispensing fee.

A children's dental program also provides financial aid and requires income testing.

Ontario

Ontario has drug benefit programs for seniors, people on social assistance or living in long-term care homes. These programs have a deductible and co-payment, based on yearly income. Only the seniors program is income-tested. It has recently started a new drug program for people with cancer and those with special prescription drug needs. Other programs include a northern travel grant to help pay for residents living in northern Ontario, and an assistive device program that pays up to 75 per cent of the cost of equipment such as artificial limbs, orthopaedic braces, wheelchairs and breathing aids.

Newfoundland and Labrador

Newfoundland and Labrador has prescription drug programs for the general public and seniors that require needs and health-condition testing. These programs have a co-payment between 5 and 10 per cent, based on family size and income.

Seniors receive full coverage for their prescription drugs, except for dispensing fees, up to \$30.

Other programs include a dental health plan for children under 12 and a select needs plan for residents with cystic fibrosis and growth hormone deficiency.

Nova Scotia

There is no program for the general public. Seniors are required to pay a premium for the pharmaceutical program, of up to \$424 per year, for those not eligible for income support. Seniors pay a co-payment of up to 30 per cent.

A family drug program helps pay the cost of drugs for families who have no third-party coverage and where the cost of drugs becomes a burden.

Other programs offering assistance are for cancer patients, people on income assistance and people under the age of 65 who have been diagnosed with diabetes.

Manitoba

Manitoba has no co-payment programs, but a majority of programs require a deductible. Although the programs are not income-tested, there are restrictions based on health. The prescription drug program has a deductible based on family income. Once families reach the cap, the program pays for 100 per cent of the costs.

The only program specifically for seniors is eyeglasses, where the province reimburses 80 per cent of the cost. For children, a hearing aid program, and orthopaedic shoe

program, both require deductibles but will reimburse the family.

Other programs include a breast prosthesis program, a prosthetic and orthotic program, and a telecommunications and transportation subsidy.

Alberta

Alberta has prescription drug programs available to all residents, that require a monthly premium. People using this program must also pay 30 per cent of the cost of each

A specific seniors program exists, where seniors pay 20 per cent of their prescriptions and a monthly premium based on their taxable income.

Other programs include: palliative care (premium-free coverage, but 30 per cent, capped at \$25), income support, child, severely handicapped (for adults under 65 years, who can't work for a living.)

Alberta has also a rare disease program, the first of its kind in Canada. It helps residents with rare genetic diseases pay for their prescription drugs.

Saskatchewan

Has two prescription drug programs and a seniors drug plan for all residents, which are income-tested. All programs require a co-payment. A supplementary health program also helps cover the cost of other supplies and dental services.

For people who have drug costs that are too high, a special support program is available, as well as one for families with low incomes. Deductibles and co-payments apply. Extra programs include the palliative care program, emergency drug programs and insulin pumps for children.

Quebec

Quebec is currently in the middle of its own healthcare reform. It will implement a premium for a public prescription program for all residents, including seniors and children. The premium depends on net family income. The program also has a cap for seniors and a deductible and co-payment.

A number of other programs are available to help cover the costs of other medically necessary services for people needing financial assistance. The programs include: dental services, optometric services, hearing devices, devices that compensate for physical deficiencies, visual devices, artificial eyes and external breastforms.

British Columbia

BC has a premium-based health care system, based on family size and income. Subsidies are available to cover 20 to 100 per cent.

The province has a large drug program that helps cover the cost of drugs for: families, residents of care facilities, recipients of income-assistance, people with cystic fibrosis, children with severe handicaps, psychiatric medication, people needing palliative care and people who test positive for HIV/AIDS.

For the family program, families must pay a deductible based on their net income. Once families reach that deductible, the program pays 100 per cent of the remaining costs for the year. Thresholds are \$15,000, \$30,000 and

\$50,000.

The other programs cover 100 per cent of costs.

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