

PLAN MEMBER BULLETIN

March 2019

OHIP+ TRANSITION OF DRUG CLAIMS TO PRIVATE PAYERS

If you are 24 years old or under—or have dependants aged 24 or under—the following is an important message about your drug coverage.

The Ontario government is making a change to its OHIP+ Children and Youth Pharmacare program. The change takes effect **April 1, 2019**.

- Those who **do have** private coverage will access prescribed medicines through their private plan, as they did before OHIP+. Individuals or families who have significant out-of-pocket costs, despite having a private plan, may apply for additional financial support through the Trillium Drug Program.
- Those who **do not have** insurance for prescription drugs under a private plan remain eligible for the Ontario Drug Benefit through OHIP+.

The following Q&A provides more information. If you have further questions, please contact our Customer Service Unit at 1-800-267-0215, or by email at group.csu@empire.ca.

1. What change to OHIP+ takes effect April 1?

Children and youth aged 24 years and under who have drug coverage through a private plan (and who are not otherwise eligible for the Ontario Drug Benefit program) must submit prescription drug claims to their private plan. Children/youth with coverage through a private plan may apply to the Trillium Drug Program for consideration of any excess out-of-pocket costs (for eligible prescription drugs) that create a significant financial burden.

A private plan is defined as an employer, group or individual plan, program or account that could provide coverage for drugs or could be used to pay for prescription drugs, regardless of whether:

- the private plan covers the particular drug for which coverage is sought,
- the child or youth or another person captured on the private plan is required to pay a co-payment, deductible, or premium, or,
- the child or youth has reached their annual maximum under the private plan and no further coverage is available.

The Trillium Drug Program is available to all OHIP-insured Ontarians who have high prescription drug costs compared to their household income. To find out more please visit:

<https://www.ontario.ca/page/get-help-high-prescription-drug-costs>.

2. I have a healthcare spending account. Is this considered a private plan?

Yes, a healthcare spending account is considered a private plan.

3. My drug plan has a low annual maximum. Can I go back to OHIP+ when I exceed it?

No. Children/youth may apply to the Trillium Drug Program for assistance with additional out-of-pocket costs (for eligible prescription medications) that create a significant financial burden.

4. **I take a drug not covered by my private insurance plan. Could this claim go to OHIP+?**
No. All children/youth who experience excessive out-of-pocket costs may apply to the Trillium Drug Program for assistance (for eligible prescription medications) if costs create a significant financial burden. Trillium is an income-based plan with an annual deductible.
5. **I pay for an individual plan but my child is not covered. Can their claims go to OHIP+?**
Yes. Since they do not have a private plan, they would continue to be covered through OHIP+.
6. **I chose single coverage through my employer's plan but my children are not covered for prescription drugs. Can their claims still go to OHIP+?**
Yes. Since they do not have a private plan, they continue to be covered through OHIP+.
7. **My employer no longer provides drug coverage for dependants under 25. Can their claims still go to OHIP+?**
Yes. Since they do not have a private plan, they would continue to be covered through OHIP+.
8. **I am a member of a group plan that is a flex plan; however, I chose to not take drug coverage for my children. Can their claims still go to OHIP+?**
Yes. Since they do not have a private plan, they would continue to be covered through OHIP+.
9. **My employer only offers drug coverage for dependants under the age of 25 who live in another province. Those in Ontario have no coverage. Can their claims still go to OHIP+?**
Yes. Since they do not have a private plan, they would continue to be covered through OHIP+.
10. **My child takes a drug that I had to get approved through the OHIP+ Exceptional Access Program. Do I now need to get approval from Empire Life?**
Some drugs that were approved through the OHIP+ Exceptional Access Program may need to be re-approved under the Empire Life prior authorization program. Where this is the case, the pharmacist and our pharmacy benefit manager, Express Scripts Canada, will manage the process and communicate with you as required. We've done our homework to smooth the way and make this easy, and your claims will be approved at the pharmacy while prior authorization is in progress as long as the drug is eligible under the benefit plan.
11. **Can I ask my pharmacist to submit claims to OHIP+ even though I have a private plan?**
No, not unless you are otherwise eligible for the Ontario Drug Benefit program.
12. **What will happen if my pharmacist accidentally submits a claim and OHIP+ pays?**
The pharmacist will be able to correct this situation by reversing the claim and submitting it to the private plan.
13. **Under OHIP+, children were covered for EpiPen under the ODB Special Authorization (Allergen) program. Those aged 12 and under were eligible for one valved holding chamber every year. Will this continue?**
Most children/youth with a private plan revert back to their private insurers on April 1, 2019. They will not be covered for these products under OHIP+ unless they are eligible for the ODB program through other eligibility streams.
14. **Will drug claims for eligible Ontario youth/children be reimbursed by OHIP+ if the claims are incurred prior to April 1, 2019 but submitted for reimbursement after that date?**
Yes, OHIP+ will reimburse eligible claims incurred before April 1, 2019 but submitted for payment after that date.

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