

New Brunswick	www.gnb.ca
<b>Prescription Drugs</b>	<p>The <b>New Brunswick Prescription Drug Program (NBPDP)</b> provides prescription drug benefits to eligible residents of New Brunswick. <b><u>Any provincial coverage in NB is payer of last resort.</u></b></p> <p><b><u>The New Brunswick Drug Plan</u></b> is a prescription drug plan that provides drug coverage for New Brunswickers without drug insurance. New Brunswickers with a valid Medicare card can enroll. The plan covers drugs listed on New Brunswick Drug Plan Formulary. The premiums and maximum copayments are calculated based on the annual family income, as indicated by Canada Revenue Agency tax return for the year immediately preceding the current year. All adult plan members pay monthly premiums to be part of the plan. Children 18 and younger will not pay premiums but a parent must be enrolled in the plan. All plan members must pay a 30% copayment up to a maximum amount per prescription.</p> <p>The New Brunswick Drug Plan is available to all New Brunswick residents who:</p> <ol style="list-style-type: none"><li>1. have an active Medicare Card;</li><li>2. do not have existing drug coverage (through a private plan or a government program); or</li><li>3. have existing drug coverage but it does not cover a specific drug that is included in the drug plan formulary or the resident has reached their yearly or lifetime maximum for drug coverage</li></ol> <p><b>The Seniors Plan</b> is a provincial drug plan that helps eligible New Brunswick seniors with the cost of prescription drugs. New Brunswick seniors 65 years of age or older are eligible for drug coverage from the New Brunswick Prescription Drug Program (NBPDP) if they meet one of the following:</p> <p>(1) Receive the Federal Guaranteed Income Supplement (GIS) from Employment and Social Development Canada. (2) Qualify through the Declaration of Income based on total annual income as follows:</p> <ul style="list-style-type: none"><li>• a single person (65 years of age or older) with an annual income of \$17,198 or less;</li><li>• a couple with both persons 65 years of age or older, with a combined annual income of \$26,955 or less;</li><li>• a couple with one person who is 65 years of age or older, and the other person is under 65 years of age, with a combined annual income of</li></ul>

\$32,390 or less.

An application package is automatically sent to every New Brunswick resident 60 days before their 65th birthday and must be completed and forwarded to the program in order for coverage to be considered.

The New Brunswick Prescription Drug Program Formulary lists the drugs which are eligible for coverage.

There is a copayment each time a prescription filled, as follows:

- Beneficiaries receiving the GIS pay a copayment of \$9.05 per prescription, to a maximum of \$500 per calendar year.
- Beneficiaries who qualify through the Declaration of Income pay a copayment of \$15.00 per prescription, with no copayment maximum.

**New Brunswick Drugs for Rare Diseases Plan** provides assistance with the cost of certain drugs for specific rare diseases. Individuals must be a permanent resident of New Brunswick and have a valid Medicare card.

A request form for a listed drug must be completed by the physician and the individual must meet the clinical criteria for the drug requested. The plan will consider requests for coverage of the following drugs for specific rare diseases:

1. Aldurazyme (laronidase) for the treatment of Hurler and Hurler-Scheie forms of Mucopolysaccharidosis I (MPS I)
2. Elaprase (idursulfase) for the treatment of Hunter's Syndrome
3. Ilaris (canakinumab) for the treatment of Cryopyrin-Associated Periodic Syndrome (CAPS)
4. Myozyme (alglucosidase alfa) for infantile/early and adult/late onset Pompe disease
5. Naglazyme (galsulfase) for the treatment of Mucopolysaccharidosis VI (MPS VI)
6. Zavesca (miglustat) for the treatment of Niemann Pick Type C (NPC)

**Additional plans available:**

B (Cystic Fibrosis)

E (Social Development)

F (Social Development)

	<p>G (Special needs children and children in care of the Minister of Social Development)</p> <p>H (Multiple Sclerosis)</p> <p>R (Organ Transplant)</p> <p>T (Human Growth Hormone)</p> <p>U (HIV)</p> <p>V (Nursing Home)</p>
<b>Lab &amp; Diagnostic Tests</b>	Laboratory, X-ray and other diagnostic services as deemed medically necessary in an approved facility.
<b>Accommodation</b>	Standard ward no charge. The difference in rate between a standard hospital room and a Semi-private room and for private room are additional costs to the patient.
<b>Ambulance</b>	Residents pay a fee of \$130.60 plus tax for emergency ground transportation. No fee for inter-facility transfer within the province or air ambulance. Ambulance fees are waived for persons without coverage under their private health insurance plans beginning April 1, 2014.
<b>Eye Examinations</b>	Not covered.
<b>Intraocular Lens (IOL)</b>	Standard hard/rigid as well as soft/foldable IOL's are covered once per lifetime per eye.
<b>Dental</b>	<p>Certain specified surgical dental procedures provided by a dentist when the service is medically required and rendered in an approved hospital. <i>(Please note that extractions and dental work <b>are not</b> insured services even when performed in a hospital. However, anesthesia for dental procedures <b>may</b> be covered in specific circumstances.)</i></p> <p>Some coverage for residents that have no other dental coverage through the Healthy Smiles program for those 18 years of age and under and under the Health Services Dental Program for those over the age of 19.</p>
<b>Hearing Aids</b>	<p>Not covered for the majority of residents.</p> <p>Some coverage for clients of the Department of Social Development who hold a valid Health Card. All program benefits are subject to guidelines and limitations and specific eligibility criteria.</p>

<b>Nursing &amp; Home Care</b>	Coverage for necessary nursing service. The Nursing Home Services Branch of the Social Development department must approve all admissions to nursing homes. Staff will determine a person's eligibility by looking at their long term health care and social needs.
<b>Physiotherapy</b>	When prescribed by a physician and performed in a hospital only.
<b>Chiropractic</b>	Not covered.
<b>Podiatry</b>	Not covered.
<b>Other Paramedicals</b>	Occupational therapy, speech therapy and audiology if provided in an approved hospital facility.
<b>Medical Supplies</b>	Not covered for the majority of residents.  Some coverage for clients of the Department of Social Development who hold a valid Health Card. All program benefits are subject to guidelines and limitations and specific eligibility criteria. These programs include Orthopedic, Ostomy/Incontinence, Oxygen & Breathing Aids, Prosthetics and Wheelchair/Seating.
<b>Travel</b>	Covers most hospital and medical care in Canada by a reciprocal billing arrangement. Provides very limited coverage for emergency medical care from approved general hospitals outside Canada. Out of country emergency physicians' fees are paid in Canadian funds at a rate equal to what a New Brunswick physician would receive for a similar service.

**NOTES: Green Shield Canada updates this information once per year, but Provincial Health Ministries update as required. This is intended as a general overview. For detailed information, contact the appropriate provincial Ministry of Health. GSC is not responsible for the accuracy of this information. It is to be used as a guideline only.**