Manitoba	www.gov.mb.ca/health
Prescription Drugs	Manitoba Pharmacare Program is a drug benefit program for eligible Manitobans, regardless of disease or age, whose income is seriously affected by high prescription drug costs. Pharmacare is income based, which means a deductible is calculated based on the total adjusted family income. Once the yearly deductible has been reached through the purchase of eligible prescription drugs at a pharmacy, The minimum deductible for Pharmacare is \$100, with no maximum deductible. Pharmacare will pay 100 per cent of eligible prescription costs for the remainder of the benefit year. The Pharmacare benefit year is April 1 to March 31 of the following year.
	<ul> <li>Manitobans are eligible if:</li> <li>They are eligible for Manitoba Health coverage.</li> <li>Their prescriptions are not paid through other provincial or federal programs.</li> <li>Their prescription costs are not covered 100% by a private drug insurance program.</li> <li>Their eligible prescription drug costs exceed your Pharmacare deductible.</li> </ul>
	Eligible drugs are per the Manitoba Drug Benefits and Interchangeability Formulary which is divided into 3 parts:
	Part I includes drug products that are eligible for Pharmacare benefits under all prescribed circumstances.  Part II includes drug products that are eligible for Pharmacare benefits only when prescribed for the terms and conditions indicated.  When a drug is not listed in Part I or part II, a request for Exception Drug Status coverage will be considered under Part III for each individual's specific circumstance.
Lab & Diagnostic Tests	X-ray and laboratory services in approved facilities when ordered by a physician.
Accommodation	Standard ward no charge. Daily room charge for Semi-private is \$44 and \$88 for private.(legislated)

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Ambulance	For Manitoba residents who require an emergency ambulance there is a \$206.00 fee if treated at the scene and not transported to a hospital. The fee is \$512.00 if a patient is transported. No charge for inter-hospital transfers if medically necessary diagnostic tests or treatment or from a more specialized level of care to another facility closer to home for rehabilitation or recovery. Non – residents are charged \$327.00 if treated at the scene but not transported to a hospital. The fee is \$818.00 if transported to a hospital. The fee is \$655.00 to transport between facilities.  Coverage for air ambulance transfers may be available for those that meet the criteria.
Eye Examinations	One exam every 24 months for ages 18 and under and 65 and over. All others only if deemed medically necessary by a physician or optometrist.
Intraocular Lens (IOL)	Standard hard/rigid lens covered once per lifetime per eye.
Dental	Specific dental procedures when hospitalization is required.
Hearing Aids	No coverage for adults. Coverage for children ages 18 and under, every 4 years, after a specific deductible has been met. 80% of a fixed amount up to a maximum depending on the type of device. No coverage for repairs, batteries, ear mold replacements or lost hearing aids.
Nursing & Home Care	Coverage for basic nursing care and personal care home for those that meet the criteria.
Physiotherapy	When prescribed by a physician and performed in a hospital.
Chiropractic	Manitoba residents have coverage for the adjustment of the spinal column, pelvis and extremities to a maximum of 12 visits per calendar year. No coverage for x-rays.
Podiatry	Not covered.
Other Paramedicals	Coverage for speech therapy, occupational therapy and dietetic counselling when performed in a hospital. No coverage for any other paramedicals.

Medical Supplies	Manitoba residents who meet the criteria are eligible to for 100% coverage for limb prosthetic devices, spinal orthotic devices and services if provided by a certified individual. Residents under the age of 18 may be eligible for limited coverage for othopaedic shoes. Telecommunications device (TDD) for Manitoba residents of any age with profound speech or hearing impairment. The program covers 80 per cent of the cost up to a maximum of one device every five years subject to a deductible amount.
Travel	Covers most hospital and medical care in Canada by a reciprocal billing arrangement. Provides only limited coverage for emergency medical care from approved general hospitals outside Canada.  Transportation costs from out of province hospitals are not covered.

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.