

Ontario	www.health.gov.on.ca
<p><b>Prescription Drugs</b></p>	<p>The province has eight different programs:</p> <p><b>Ontario Drug Benefit Program (ODB)</b> covers seniors, social assistance recipients, those enrolled in a Home Care program and others with high cost drugs relative to their income</p> <ul style="list-style-type: none"> <li>• Seniors are automatically enrolled when they turn 65 with coverage effective the 1st of the month following their birthday. Low income seniors responsible for a \$2 copayment per prescription. Higher income seniors must satisfy a \$100 deductible, followed by a copayment of \$6.11 per prescription.</li> <li>• Those with high cost drugs must qualify by completing a Trillium Drug Plan Application—more details on the Trillium program below.</li> <li>• Home Care recipient coverage is provided through their CCAC representative</li> <li>• Social assistance recipients coverage is provided through a Ministry of Community and Social Services case worker</li> </ul> <p><b>Benefit year is August 1st to July 31st</b></p> <p><b>OHIP+ (Children and Youth Pharmacare)</b> covers babies, children, and youth aged 24 and under who have OHIP coverage. Enrollment is automatic and eligible medications will be covered at no cost. OHIP+ coverage stops on the patient’s 25<sup>th</sup> birthday. There are no deductibles or co-pays that are charged to the patient for each covered prescription.</p> <p><b>Trillium Drug Program</b> is available to all Ontario residents covered by OHIP with high drug costs in relation to their income. Eligibility requires that private insurance does not cover 100% of prescription drug costs or an individual does not have coverage. Approved applicants are responsible for an income-based deductible. For most people this amounts to around 4% of their household’s total net income. The deductible is split into four equal amounts and is collected each quarter over the year starting on August 1st. The deductible is paid by purchasing ODB approved prescription drug products at the pharmacy. After the deductible has been satisfied, there is a \$2 co-payment each covered prescription.</p> <p><b>Drug Eligibility:</b> The ODB program covers most prescription drugs, some nutritional products and diabetic testing agents under the ‘ODB Formulary’. Coverage for certain drugs is based on specific reasons and/or for a limited period of time. Drugs not covered <i>may</i> be considered</p>

	<p>under certain circumstances under the ‘Exceptional Access Program’ as requested by the physician.</p> <p><b>New Drugs Funding Program (NDFP) for Cancer Care</b> covers certain approved intravenous cancer drugs administered in hospitals.</p> <p><b>Special Drugs Program (SDP)</b> provides certain outpatient drugs at no cost to patient receiving treatment for specific drugs at designated treatment centres. Conditions covered include:</p> <ul style="list-style-type: none"> <li>• cystic fibrosis (a lung disease)</li> <li>• thalassaemia (a blood disease)</li> <li>• Zidovudine and pentamidine for HIV infection (a disease of the immune system)</li> <li>• Erythropoietin for anemia due to end stage kidney disease</li> <li>• Cyclosporine after solid organ or bone marrow transplant</li> <li>• children with growth failure</li> <li>• Clozapine for schizophrenia</li> <li>• Gaucher's disease (a genetic disorder).</li> </ul> <p><b>Inherited Metabolic Diseases (IMD) Program</b> covers the full cost of certain outpatient drugs, supplements and specialty foods used to treat metabolic disorders.</p> <p><b>Respiratory Syncytial Virus (RSV) Program for High-Risk Infants</b> covers the full cost of the drug <b>palivizumab</b> used to prevent a serious lower respiratory tract infection in certain high risk infants. The infection is caused by the Respiratory Syncytial Virus (RSV).</p> <p><b>Visudyne Program</b> covers the full cost of the drug verteporfin, used to slow the advance of age-related macular degeneration (an eye condition). The drug must be only provided under specific circumstances.</p>
<b>Lab &amp; Diagnostic Tests</b>	OHIP list of eligible tests.
<b>Accommodation</b>	Standard ward no charge. Daily room charge for Semi-private is \$110-\$270 and \$200-\$365 for private.(not legislated)
<b>Ambulance</b>	\$45 patient co-pay for Ontario residents. Non-residents or if you are an Ontario resident and the receiving hospital physician deems the use of an ambulance medically unnecessary the patient must pay \$240.00. No coverage for air ambulance transportation outside of Ontario. No charge for medically necessary inter facility transfers.
<b>Eye Examinations</b>	One exam every 12 months for ages 19 and under and 65 and over. Those receiving social assistance are eligible for one exam every 24 months. Those with an approved medical condition are eligible for one exam every 12 months.

<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>	Some surgical procedures when performed in a hospital.
<b>Hearing Aids</b>	ADP will pay the ADP registered vendor 75 per cent up to a maximum of \$500 of the cost of one hearing aid, including the ear mold, accessories listed with ADP, and the dispensing fee.
<b>Nursing &amp; Home Care</b>	Limited coverage based on medical need.
<b>Physiotherapy</b>	OHIP funded physiotherapy service are available for Seniors 65 and over, Aged 19 and under, residents of long-term care homes at any age, individuals needing physiotherapy services in their home or after being hospitalized at any age, Ontario Disability Support Program, Family benefits and Ontario Works recipients of any age based on medical need. No coverage for all other people aged 20 to 64.
<b>Chiropractic</b>	Not covered.
<b>Podiatry</b>	Benefit year is 12 months <u>beginning July 1st</u> . When performed in an approved facility OHIP will pay a yearly maximum of \$135. OHIP will cover \$16.40 for the initial visit and \$11.45 for the subsequent visits. An additional \$30.00 per plan year is available for x-rays. Until the OHIP maximum is exhausted, the patient is responsible for the difference. There is no coverage for surgery.
<b>Other Paramedicals</b>	<b>Osteopathy:</b> \$155 max per benefit year (April 1); \$12 initial, \$9.50 subsequent, \$25 for x-ray. <i>Note: very few OHIP approved practitioners.</i> <b>Speech therapy</b> when performed in hospital only.
<b>Medical Supplies</b>	ADP covers over 8,000 separate pieces of equipment or supplies in the following categories : prostheses; wheelchairs/mobility aids and specialized seating systems; enteral feeding supplies; monitors and test strips for insulin-dependent diabetics (through an agreement with the Canadian Diabetes Association); hearing aids; insulin pumps and supplies for children; respiratory equipment; orthoses (braces, garments and pumps); visual and communication aids; oxygen and oxygen delivery equipment, such as concentrators, cylinders, liquid systems and related supplies, such as masks and tubing.  Grants are provided for ostomy supplies, breast prostheses and for needles and syringes for insulin-dependent seniors.

<b>Travel</b>	OHIP will pay <b>very limited</b> amounts for emergency physician services and hospital/health facility services and only if certain conditions are satisfied.
<b>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.</b>	