

Provisions of the

**PUBLIC
PRESCRIPTION
DRUG INSURANCE
PLAN**



Table of contents

What plan must I join?	3
About the public plan	4
• Who is eligible?	4
• When do I register?	5
• When do I deregister?	5
• How do I register or deregister?	5
• What drugs are covered?	6
• What must I pay?	7
Changing plans	11
For further information	12

This brochure contains information mostly about the Public Prescription Drug Insurance Plan. If you are covered by a private plan, ask your insurer or your employer about the terms and conditions of your contract.

The information in this brochure does not have force of law and is not applicable in all cases.

What plan must I join?

Since 1997, prescription drug insurance coverage has been compulsory for all Quebecers. Two types of insurance plans offer prescription drug coverage:

- private plans (group insurance or employee benefit plans);
- the public plan, administered by the Régie de l'assurance maladie du Québec.

If you are eligible for a private plan, you must join that plan and obtain coverage under it for your spouse and children, unless they are already covered by another private plan. When you join a private plan, you must terminate your public plan registration.

There are several ways you can have access to a private plan:

- through your employment (via your employer or union);
- through your profession (via your professional association or order);
- through your spouse or parents (if you meet the definition of "child").

If you are not eligible for a private plan, you must register for the Public Prescription Drug Insurance Plan.

You cannot choose between a private plan and the public plan (except from age 65 onwards), nor may you decide not to have drug insurance at all, not even for a short period.

**Check your situation at
www.ramq.gouv.qc.ca
to avoid unpleasant surprises**

If you are registered for the public plan while being eligible for a private plan, you will have to reimburse the Régie for the amount it pays for any prescription drugs obtained during the period of non-eligibility for the public plan. Moreover, if you are not covered by prescription drug insurance, which is compulsory, you will have to pay Revenu Québec an amount equivalent to the public plan premium for every full month during which you had no coverage at all. The Régie, together with Revenu Québec, checks compliance on a regular basis.

About the public plan

Who is eligible?

1. adults age 18 to 64 who do not have access to a private plan on their own or through their spouse;
2. persons age 65 and over;
3. holders of a claim slip (carnet de réclamation) issued by the Ministère de l'Emploi et de la Solidarité sociale;
4. children of persons covered by the public plan, unless they have access to a private plan on their own.

Persons belonging to groups two and three are automatically registered for the public plan; therefore, they have nothing to do to be covered.

To be eligible for the Public Prescription Drug Insurance Plan, a person must reside in Québec within the meaning of the *Health Insurance Act* and be duly registered with the Régie.

Persons who turn 65 may continue to be covered by a private plan. If they maintain private coverage equivalent to that of the public plan, they must terminate their registration for the public plan by calling the Régie. If instead they opt for private supplemental insurance in addition to that provided by the public plan, they must remain registered with the public plan and therefore do not have to contact the Régie.

When do I register?

You must register for the public plan if you cease to be eligible for a private plan.

When do I deregister?

You must terminate your public plan registration as soon as you become eligible for a private plan. There are several ways you can have access to a **private plan**:

- through your employment (via your employer or union);
- through your profession (via your professional association or order);
- through your spouse or parents (if you meet the definition of "child").

How do I register or deregister?

You can register or deregister online (a clicSEQUR account is necessary), on the website of the Régie at www.ramq.gouv.qc.ca.

About spouses and children

Two persons (of the opposite sex or the same sex) are considered spouses if they:

- are married or have entered into a civil union;
- have been living together for 12 months (any separation of under 90 days does not interrupt the 12-month period);
- are living together (regardless of the length of time) and have had or have adopted a child together.

A person is considered a child if he or she:

- is under age 18;
- is between ages 18 and 25 inclusive, is a full-time student at the secondary, college or university level, does not have a spouse, and lives with his or her parents.

The parents of a child who turns 18 must ask their private insurer or the Régie to extend their child's coverage if he or she meets the above conditions.

What drugs are covered?

The public plan covers drugs dispensed on prescription in Québec and included among the more than 7 000 drugs appearing on the *List of Medications*, published by the Régie. To find out whether a drug is listed, consult the *List of Medications* on the Régie's website or ask your doctor or pharmacist.

Please note that the Régie does not reimburse the cost of drugs purchased outside Québec. If you travel outside Québec, you should consider taking out travel insurance.

About exception drugs

For some drugs covered by the public plan, reimbursements are authorized by the Régie under certain conditions only. These drugs are called exception drugs.

The prescriber is usually the person who sends the Régie a request for the cost of a drug to be reimbursed. If the authorization is granted, the insured person pays the same contribution at the pharmacy as he or she would pay for any other covered drug.



What must I pay?

The financial contribution of persons covered by the Public Prescription Drug Insurance Plan is set on July 1 of each year for one year.

To find out the amount of the premium, maximum contribution, deductible and co-insurance for the current year, go to www.ramq.gouv.qc.ca or refer to the pamphlet entitled *The Public Prescription Drug Insurance Plan, What It Costs You*, available at pharmacies.

The premium for the Public Prescription Drug Insurance Plan

As is the case with any insurance, you must pay a premium to be covered by the public plan, whether or not you purchase prescription drugs. The amount of the premium is determined annually and is in effect for 12 months, i.e. from July 1 to June 30. Revenu Québec collects the premium.

When you file your Québec income tax return, you must indicate under what type of plan you were covered during the year. Depending on your situation, you may or may not have to pay the public plan premium.

For example:

- You do not pay the public plan premium if you were covered by a private plan for the entire year (your plan or that of your spouse or parents).
- You pay the public plan premium for each full month during which you were covered by that plan.

The amount of the premium is calculated on the basis

of the insured person's personal or family income and situation. To calculate this amount, complete Schedule K of your Québec income tax return. In some situations, a person may not have to pay any premium. To find out what these situations are, refer to line 447 of the guide to the income tax return.

Please remember that if you are not covered by prescription drug insurance, which is compulsory, you will have to pay Revenu Québec an amount equivalent to the public plan premium for every full month during which you had no coverage at all.

Misconceptions

Some persons mistakenly believe that by paying a premium through their income tax they are automatically registered for the public plan, or that they can terminate their public plan registration simply by indicating on their income tax return that they are covered by a private plan. In fact, the only way to register for or deregister from the public plan is to contact the Régie directly.

About tax credits

The total amount of your medical expenses may entitle you to a tax credit. You may include in your medical expenses the drug insurance premium and your contribution to the purchase of covered drugs.

To apply for this tax credit, complete Schedule B of your Québec income tax return and enclose it with your return. These amounts may be considered medical expenses for federal income tax purposes as well.

N.B. For any questions you may have about collection of the premium or about tax credits, please contact the Revenu Québec office nearest you.

The contribution payable when drugs are purchased

When you go to a pharmacy and purchase drugs covered by the public plan, you pay only a portion of the cost. This is called the *contribution*. The other portion is covered by the plan. At the time of purchase, tell the pharmacist you are registered for the public plan and present your valid Health Insurance Card or, where applicable, your claim slip (carnet de réclamation).

How is my contribution calculated?

The contribution is the amount of the monthly deductible plus the co-insurance. Each month, when you purchase covered drugs, you pay the first portion of their cost, i.e. the deductible. In most cases, you pay the deductible in full with your first prescription of the month. Once you have paid the deductible, you pay only a percentage of the cost of the covered drugs you purchase. This is referred to as the *co-insurance*.

What is the maximum contribution?

There is a maximum monthly amount that you may be required to pay when purchasing covered drugs. This is the maximum monthly contribution. This amount includes the deductible and the co-insurance. In most cases, once you have reached your maximum contribution, you do not pay anything for the covered drugs you obtain during the rest of the month.

In certain cases, an insured person may have to pay an excess amount corresponding to the difference between the cost of a drug appearing on the *List of Medications* and the amount payable by the Régie. This excess amount is not taken into account when calculating the maximum monthly contribution.

If you have your prescription refilled before the refill date...

You pay the contribution (deductible and co-insurance) as though you were purchasing your drugs on the refill date.

If you purchase prescription drugs for more than one month...

You must pay the deductible and co-insurance as many times as there are months covered by your purchase.

Changing plans

Persons in certain situations must change plans in the course of a year. They must then reregister for their new plan, without forgetting to deregister from their former plan. At the same time, these persons may also take steps to make sure they do not pay more than the maximum annual contribution required by law, whether under the public or a private plan.

As a general rule, insurers see to it that you do not exceed your maximum annual contribution. However, if you change plans, you must nevertheless take the following steps:


- 1** Ask your original insurer to provide you with a statement of your contributions for the year. Some insurers, including the Régie, issue this document automatically, while others do so on request only.
- 2** Send the statement of your contributions to your new insurer, who will take your previous contributions into account in making sure you do not exceed your maximum monthly contribution.

For further information


www.ramq.gouv.qc.ca

You may also obtain information by calling us.


In Québec

 418 646-4636

In Montréal

 514 864-3411

Elsewhere in Québec

 1 800 561-9749

Opening hours

Monday, Tuesday,
Thursday and Friday: 8:30 a.m. to 4:30 p.m.
Wednesday: 10:00 a.m. to 4:30 p.m.

Outside our opening hours, our office phone numbers connect you to an automated information system.

Original text in French

Direction des communications et du Web
September 2015

**Régie de
l'assurance maladie**

Québec 

With the participation of Revenu Québec



100%

D-9109-1