

11. NLPDP COPAYMENT

Beneficiaries with coverage under the 65Plus, Access and Assurance Plans of the NLPDP are expected to contribute to the cost of eligible benefits by means of a co-payment.

Co-payments can be:

- calculated based on net income and family status as in the Access Plan - co-payments for that plan range from 20% to 70% of the total prescription cost (after adjustment for Coordination of benefits if applicable);
- calculated based on annual out-of-pocket eligible drug costs in relation to net family income as is the case for the Assurance Plan – capped at 5% of net family income for those earning up to \$39,999 net annually; 7.5% of net family income for those earning between \$40,000 and \$74,999 net annually and 10% of net family income for those earning between \$75,000 and \$149,999 net annually – co-payments for that plan range from 0% - 99% of the total prescription cost (after adjustment for Coordination of Benefits if applicable); or
- established by the Minister as a parameter of the plan as is the case with the 65Plus Plan – currently the senior's co-payment is the dispensing fee or \$6, whichever is less.

All Providers submitting claims to the NLPDP on behalf of beneficiaries of the Access, Assurance and 65Plus Plans are responsible for collecting the relevant co-payment for each prescription claimed.

The Foundation Plan and Select Needs Plan have no co-payments.

Co-payments under the Access, Assurance and 65Plus plans are communicated via the adjudication system, removing the need for providers to be aware of the precise percentages of total cost patients are responsible for. The co-payment indicated in the "Copayment to Collect Field" of the adjudication system is the amount that will be the responsibility of the beneficiary.

Co-payments under the 65Plus Plan were modified based on changes to the plan which came into effect on April 16, 2012. Under this plan beneficiaries are now responsible for payment of a portion of the total prescription cost, to a maximum of \$6.00, as their co-payment. The co-payment amount under the 65Plus plan will be the lesser of the actual professional fee charged by the pharmacy (not to exceed the maximum allowable under the service agreement between PANL and Government) or \$6.00. For example: If a pharmacy submits a claim for 90 tablets of Adalat XL 30mg for an individual covered under the 65Plus plan and charges the maximum professional fee allowed, they would bill:

Drug Cost = \$87.08

Professional Fee = \$10.90

Total Price= \$97.98

The NLPDP adjudication system will return \$87.08 as the Paid Drug Cost, \$10.90 as the Paid Dispense Fee and \$6.00 as Co-payment to collect (meaning that the NLPDP will pay the pharmacy \$91.98 and the remaining \$6.00 will be collected from the beneficiary. Where the actual professional fee charged by a provider is less than \$6 then the beneficiary co-payment will equal the professional fee charged.

For example: If a pharmacy submits the same claim but charges a professional fee lower than \$6.00, they may bill:

Drug Cost = \$87.08

Professional Fee = \$4.99

Total Price= \$92.07

The NLPDP adjudication system will return \$87.08 as the Paid Drug Cost, \$4.99 as the Paid Dispense Fee and \$4.99 as Co-payment to collect (meaning that the NLPDP will pay the pharmacy \$87.08 and the remaining \$4.99 will be collected from the client.

Policy Amendment History

	<i>Effective Date</i>
Original Policy	April 16, 2012
Revision #	