

What if I have other drug coverage after age 65?

If you have another drug coverage plan after age 65, and the amount you paid in copayments to the private plan adds up to more than what you would have paid in premiums and copayments as a member of the Seniors’ Pharmacare program, you can apply to have the difference reimbursed.

Here’s how:

1. If you submit your claims manually, send us a duplicate official prescription receipt and an Explanation of Benefits from your insurer.
2. If your pharmacy submits claims electronically, submit either your official prescription receipt or medical expense report from your pharmacy.
3. Clearly indicate the total cost of the prescription; the amount paid by your insurer; and the amount you paid out of pocket.
4. Claims must be submitted by June 30th for the preceding year (April 1st–March 31st). You can submit your claims monthly. In fact, monthly submissions are processed more quickly than annual ones.

Please note: To be considered for this reimbursement, the claims being submitted must be for drugs or supplies that are benefits under the Seniors’ Pharmacare program. As per the Seniors’ Pharmacare program Regulations, coverage under the program is payor of last resort.

What if I had other private drug coverage, and it ended?

If your other coverage ends for any reason after you are 65, you can join the Seniors’ Pharmacare program with no penalty. To do this, you must provide a letter from your other coverage provider within 90 days of the first day of the month your plan ended indicating that you had coverage and the date it ended. To learn more about what you need in this situation, contact Pharmacare.

If you have a health spending account through your employer, please contact the Seniors’ Pharmacare program to review your eligibility for Seniors’ Pharmacare.

Will I ever have to pay more than my copayment?

Under certain circumstances, yes. Those are:

- if you want a brand-name drug that is more expensive than the generic
- if the prescribed drug or supply costs more than the maximum amount the Pharmacare program will pay
- if the prescribed drug is not covered by the program

Any extra you have to pay does not count toward your annual maximum copayment. Talk to the health-care provider who writes your prescription to ensure your drugs are covered.

What about refunds and reimbursements?

If you chose to pay the annual maximum copayment directly to Pharmacare, you will not be reimbursed for any unused portion. Be sure to review your annual prescription costs before you decide to pay the full copayment amount directly to the program.

If you leave the province, or if a member has died, you can get a refund on any months that were fully paid in advance. The Seniors’ Pharmacare program must be advised in writing within one year of your relocation or the member’s death, for a refund to be issued.

If you had to pay the full price of a prescription that is covered by the Seniors’ Pharmacare program, and you are an eligible Seniors’ Pharmacare member, you can be reimbursed for the portion the program would have paid (minus any copayment). Send the original prescription receipt, along with your Health Card Number, to Pharmacare within six months of the date of purchase. Any receipts received after six months will not be reimbursed.

What if I am travelling or moving outside Nova Scotia?

If you are travelling, make sure you have enough drugs and supplies for your trip. The program will not pay for prescriptions filled in a pharmacy outside of Nova Scotia. Exceptions may be considered on a case-by-case basis. However, there is no reimbursement for prescriptions filled outside of Canada.

If you are moving outside of Nova Scotia, we encourage you to bring three months’ worth of drugs and supplies you may require while your application for your new health card is being processed.

Who administers the program?

Medavie Blue Cross administers the daily operations of the Seniors’ Pharmacare program under contract with the Nova Scotia Department of Health and Wellness.

Contact the Nova Scotia Seniors’ Pharmacare Program

By mail:
Nova Scotia Seniors’
Pharmacare Program
PO Box 9322
Halifax, NS B3K 6A1

Drop Box:
Nova Scotia Seniors’
Pharmacare Program
230 Brownlow Ave.
Dartmouth, NS

By phone:
In HRM:
902-429-6565
Toll-free:
1-800-544-6191

Monday to Friday
8am - 5pm

By email:
SeniorsPharmacare@
medavie.bluecross.ca

By fax:
902-468-9402

Online:
novascotia.ca/
seniorspharmacare

**Guaranteed Income
Supplement (GIS)
Service Canada**
Toll-Free (English):
1-800-277-9914
Toll-Free (French):
1-800-277-9915

Online:
canada.ca

**Health Card
Questions**
Medical Services
Insurance
PO Box 500
Halifax, NS B3J 2S1

Phone:
902-496-7008

Toll-free:
1-800-563-8880

Online:
novascotia.ca/
dhw/msi

**Income Tax Notice
of Assessment**
Canada Revenue
Agency Tax Centre
PO Box 12077
Station A
St. John’s NL
A1B 3Z2

Toll-free:
1-800-959-8281

Online:
cra-arc.gc.ca

Nova Scotia Seniors’ Pharmacare Program

Effective April 1, 2025



The Nova Scotia Seniors' Pharmacare Program

Helping seniors with the cost of their prescription drugs.

What is the program?

The Nova Scotia Seniors' Pharmacare program is a provincial drug insurance plan that helps members with the cost of their prescription drugs.

If you are eligible and choose to join, you pay an annual premium based on your household income, and an annual copayment. Both of those amounts have an annual maximum.

Once you are enrolled in the program, please ensure to present your Nova Scotia Health Card to the pharmacy when filling your prescriptions.

What is covered?

The drugs and supplies covered are listed in the Nova Scotia Formulary, which is updated regularly based on advice from expert committees of pharmacists and physicians.

Certain drugs may need special approval before they are covered. Ask your health care provider, your pharmacist, or one of our customer service representatives for more information about whether your prescription is covered.

How do I become a member?

To be eligible, you must:

- live in Nova Scotia
- have a valid Nova Scotia Health Card
- be at least 65 years old

You should automatically receive a Seniors' Pharmacare program information package two to three months before your 65th birthday.

To join the program, complete and return the application no later than 90 days from the first day of the month in which you turned 65. For example: if your birthday is January 19th, you must complete and return your forms before April 1st.

When does my coverage start?

If you enrol right away, your coverage starts on the first day of the month in which you turned 65. Using the previous birthday example, your coverage would start January 1st.

If you enrol after age 65 your eligibility date is determined by the date you register. Learn more in the section "What if I didn't apply when I was eligible".

New to Nova Scotia? You can enrol in the program once you have applied for and received your Nova Scotia Health Card. You must enrol within 90 days of the first day of the month in which you received your valid Nova Scotia Health Card.

Please note: If you have private or other public drug coverage, be sure to check with your insurer to know what changes there might be to your coverage after age 65.

What does the program cost and how do I pay?

Members pay for the program in two ways: through an *annual premium* paid directly to the program, and a *copayment* paid at the pharmacy or directly to the program.

Please note: When payments are made to the program, your health card number is used as your unique account number. Every effort is made to protect your private information. If you do not want your health card number sent to the financial institution of your choice, you can submit a cheque/money order with the invoice to the Nova Scotia Seniors' Pharmacare program.

• *Annual Premium: What is it?*

When you enrol, your premium is calculated based on your income and the number of months remaining in that program year (April 1st—March 31st). In the following years, you will receive an information package to renew your coverage in March. Your premium may change if your income changes.

The maximum annual premium any senior will pay is \$424.

Depending on your income, you may pay a reduced premium or no premium at all.

Please note: it is important to ensure that your address is kept up-to-date to ensure you are able to receive updates and further communication from Pharmacare.

• *What if I receive the Guaranteed Income Supplement (GIS)?*

If you receive the Guaranteed Income Supplement (GIS), you do not have to pay a premium unless you have an outstanding balance from the previous year. Pharmacare will confirm with Service Canada that you receive the GIS, or we may ask you to provide that confirmation.

• *Income Levels*

Single Seniors: If your annual income is below \$22,986, you will not pay a premium. If your annual income is between \$22,986 and \$35,000, your premium will be reduced from the annual maximum of \$424.

Couples: If your joint annual income is below \$26,817, you will not pay a premium. If your joint annual income is between \$26,817 and \$40,000, your premium will be reduced from the annual maximum of \$424.

There is a calculator at novascotia.ca/seniorspharmacare to help you calculate your premium.

There are two ways to pay your premium:

- For your convenience, you may pay your total premium all at once by online banking, or by calling Pharmacare with your Visa or Mastercard.
- Or, you can pay monthly by electronic funds withdrawal from your bank, or online banking. You may also call Pharmacare monthly with your Visa or Mastercard.

• *Annual Copayment*

All members in the program must pay a copayment, even if you don't pay a premium, or if you have a reduced premium.

The copayment is 30 percent of the total cost of each prescription. For example, if the total cost of your prescription is \$50, you will pay 30 percent, which would be \$15. The balance is charged directly to the program.

The maximum annual copayment is \$382. Once you have paid that much in a year, you will not have to pay any more until the next program year. The program year is from April 1—March 31. You can contact the Pharmacare office to get your copayment balance at any time.

There are two ways to pay your copayments:

- When you have your prescription filled, you can pay the 30 percent copayment on each prescription to the annual maximum of \$382; or
- You can pay the full annual maximum (\$382) directly to the Seniors' Pharmacare program by completing the Copayment Options Form. Copayments paid directly to the program must be paid by the same method and schedule as any premiums paid to the program. For example, if you pay your premium monthly, you would also pay your direct copayment monthly.

Please note: Be sure to review your annual prescription costs before you decide to pay the full copayment amount to the program. If you choose to pay the annual maximum copayment directly to Pharmacare, and your actual copayments would have been less for that year, you will not be reimbursed any unused portion.

• *Income Tax*

You can claim the amount you pay in copayments and annual premiums on your income tax as medical expenses. Payment statements, which may be used for income tax, are sent out at the beginning of the calendar year. You can ask for more information at your pharmacy about your prescription expenses and details of your out-of-pocket expense. For further information regarding how to claim these expenses, please contact Canada Revenue Agency at 1-800-959-8281.

How does Pharmacare determine my income?

If you provide consent for Pharmacare to access your income information from Canada Revenue Agency (CRA), each year CRA will provide your amounts from Line 15000 (Total Income) and Line 21000 (Deduction for pension splitting) from your Notice of Assessment. We use this information to assess your premium.

If you do not wish to provide consent for Pharmacare to receive your income information directly from Canada Revenue Agency, you may provide your Notice of Assessment or other proof of income. Program eligibility is not contingent on giving consent to access your CRA information or providing proof of income. The inability to verify an applicant's or beneficiary's income will only mean that the premium payable will be based on the maximum premium.

How can I appeal my premium?

We understand that your income may vary from year to year. If at any time you feel the premium you are being charged does not reflect your actual income, please contact us and we will work with you to determine what is fair and accurate.

What if I didn't apply when I was eligible? Or left and now want to come back?

If you did not enrol when you were eligible, or if you left the program and now want to join again, you may have to pay a penalty.

The penalty means you have to:

- wait 90 days for your coverage to start once you are accepted into the program; and
- pay one-and-a-half times your assessed premium for the first five program years.

The penalty is in place to encourage you and all seniors to join the program as soon as you are eligible.

Who is not eligible?

You are not eligible if you have:

- coverage through Veterans Affairs Canada
- coverage through Non-Insured Health Benefits
- coverage through Nova Scotia Family Pharmacare
- a public or private plan that covers most of your medications and supplies after age 65—**check with your private plan provider to see if your coverage is continued after you turn 65, and whether or not your coverage is reduced in any way.**
- if your public or private plan continues after age 65, please contact us.