

Understanding My Coverage



March 28, 2019

Changes to OHIP+ that may impact you

On April 1, 2019, Ontarians under 25 with a private drug plan will no longer be eligible for OHIP+

In January 2018, the Government of Ontario launched OHIP+, a provincial drug program that covers 100% of the cost of most common prescription drugs for Ontarians under 25. **Effective April 1, 2019**, Ontario children and youth with private drug plans or health-care spending accounts will no longer be eligible for OHIP+. As a result, reimbursement for these drugs will move back to your Sun Life plan. Claims will be paid according to your coverage as they did prior to the launch of the OHIP+ program. If you have high out-of-pocket prescription drug expenses, you can apply to the Trillium Drug Program for additional support.

Your pharmacist will guide you through the transition from OHIP+ to your Sun Life plan. If you or your dependent are taking a medication that requires a prior approval from Sun Life for which you received coverage through OHIP+, your pharmacy can help you through the process.

Questions?

If you need additional information on the OHIP+ program changes, please refer to the Frequently Asked Questions (FAQ) included below.

For questions about your Sun Life benefits plan, please call our Client Care Centre at 1-800-361-6212, Monday to Friday, 8 am to 8 pm ET.

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FREQUENTLY ASKED QUESTIONS (FAQ)

1. What are the changes to the OHIP+ program?

Any child/youth under 25 with drug coverage through a private plan or a health spending account must submit prescription drug claims to their private plan. Children/youth with coverage through a private plan may apply to Trillium Drug Program for consideration of any excess out-of-pocket costs (for eligible prescription medications) that create a significant financial burden.

2. I have a Health Care Spending Account as my benefit plan. Is that considered a 'private plan'?

Yes, a Health Care Spending Account would be considered a private plan.

3. My group benefits plan has a low annual maximum. Can I go back to OHIP+ when the plan maximum is exceeded?

No, not to OHIP+. All children/youth who experience excessive out-of-pocket costs may apply to the Trillium Drug Program for additional out-of-pocket costs (for eligible prescription medications) that create a significant financial burden.

4. If a drug isn't covered under a private insurance plan, can I claim under OHIP+?

No, the claim may not be submitted to OHIP+. All children/youth who experience excessive out-of-pocket costs may apply to the Trillium Drug Program (an income-based plan with an annual deductible) for additional out-of-pocket costs (for eligible prescription medications) that create a significant financial burden.

5. I have selected a single coverage and as a result, my dependent children are not covered. Can their claims still go to OHIP+?

Since they do not have a private plan, they would continue to be covered through OHIP+.

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6. Is there a coordination of benefits with OHIP+?

It is impossible to coordinate coverage with OHIP+ as it is only available to uninsured.

7. Can I ask my pharmacist to continue to submit claims to OHIP+ even though I have a private plan?

No, the pharmacist would only be able to submit the claim to your private plan.

8. What will happen if my pharmacist accidentally submits a claim and OHIP+ pays?

The pharmacist will be able to correct this situation by reversing the claim and submitting it to the private plan.

9. Will drug claims for eligible Ontario youth/children under 25 be reimbursed by OHIP+ if incurred prior to April 1, 2019, but submitted for reimbursement after that date?

Yes, OHIP+ will reimburse eligible claims incurred before the date of April 1, 2019 but submitted for payment after that date.