

# Provincial Health Plan Summary

## Province of Newfoundland

These highlights from the Newfoundland Medical Care Plan and Newfoundland Hospital Insurance Plan are for general reference only and are subject to change, corrections and updates. Other government programs may also be available. We cannot guarantee the accuracy of this information.

For more information on the latest coverage details, please contact:

**The Newfoundland Medical Care Plan**

**P.O. Box 200**

**Elizabeth Towers**

**100 Elizabeth Avenue**

**St. John's, NF A1C 5J3**

**Phone: (709) 758-1500**

**Web site: [www.gov.nf.ca/health](http://www.gov.nf.ca/health)**

### Prescription Drugs

- ❖ **NO COVERAGE**, except for lower income residents ages 65 or older who are receiving the Federal Guaranteed Income Supplement. For these residents, the Newfoundland and Labrador Prescription Drug Program - Senior Citizens' Drug Subsidy Plan pays the ingredient cost of approved prescription drugs.

### Ambulance

- Some coverage for road ambulance services, after the patient pays the first \$75.
- Some coverage for inter-hospital transfer services, after the patient pays a \$25 medical escort fee .
- Some coverage for air ambulance services, after the patient pays a \$50 patient fee and \$25 medical escort fee

### Dental Benefits

- ❖ Coverage of basic dental services for children ages 12 and younger, through the Newfoundland Dental Health Plan, subject to a co-payment. Services covered include exams every 6 months, cleanings every 12 months, limited fluoride treatments, X-rays, fillings and extractions.
- ❖ Coverage of specific dental procedures performed in hospitals through the Surgical Dental Program only. No co-payment is required, however non-participating dentists and oral surgeons may extra bill patients.
- ❖ **NO COVERAGE** for treatment of accidental injury to teeth.

## **Visioncare**

- ❖ **NO COVERAGE.**

## **Hospital**

- ❖ Coverage for standard ward rooms only.

## **Paramedicals**

- ❖ **NO COVERAGE** for chiropractor, podiatrist, massage therapist, osteopath or naturopath services.
- ❖ Coverage for rehabilitative services (e.g. physiotherapy, occupational therapy and audiology), under the Hospital Plan if provided by a hospital.

## **Hearing Aids**

- ❖ **NO COVERAGE.**

## **Nursing Benefits and Home Care**

- ❖ Some coverage for regionalized continuing care/home support programs. Coverage is based on the assessed need of the resident.

## **Medical Supplies**

- ❖ **NO COVERAGE** for appliances used outside a hospital.

## **Accidental Death and Dismemberment**

- ❖ **NO COVERAGE.**

## **Out of Country**

- ❖ Coverage of in-patient services to a maximum of \$350 per day in a community or regional hospital. or to a maximum of \$465 per day in a tertiary or specialized hospital.
- ❖ Coverage of out-patient services to a maximum of \$62 per day.