

# Provincial Health Plan Summary

## Province of Nova Scotia

These highlights from the Nova Scotia Medical Services Plan (MSI) 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:

**Nova Scotia Department of Health**  
**P.O. Box 500**  
**Halifax. NS B3J 2S1**

**In Halifax Phone: (902) 468-9700**  
**All other areas of the province call toll free: (800) 653-8880**

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

### Prescription Drugs

- ❖ Coverage under the Seniors' Pharmacare Program for residents ages 65 and older, who are not covered by private insurance. Seniors are required to pay an annual premium of \$215, plus a co-payment of 33% of the cost of each prescription, up to an annual maximum of \$350. Seniors who receive the Federal Guaranteed Income Supplement are exempt from paying these premiums. Seniors who do not join the Seniors' Pharmacare Program within 3 months of becoming eligible pay a higher premium and have a 90-day waiting period before coverage begins.

### Ambulance

- ❖ **NO COVERAGE.**

### Dental Benefits

- ❖ Coverage for children ages 9 and under through the Children's Oral Program.
- ❖ Coverage, through the Dental Surgical Program, for certain procedures where hospitalization is medically required. Special dental programs also exist for residents with cleft palate or who are mentally challenged, are students of the School for the Blind or are undergoing cranial reconstruction.

### Visioncare

- ❖ **NO COVERAGE** for glasses or contact lenses.
- ❖ Coverage for one routine eye examination every 24 months for residents ages 9 or younger or ages 65 or older.

## Hospital

- ❖ Coverage for standard ward rooms only.

## Paramedicals

- ❖ **NO COVERAGE** for chiropractor, podiatrist, naturopath, massage therapist or osteopath services.
- ❖ Coverage for physiotherapy services, only if provided in a hospital.

## Hearing Aids

- ❖ **NO COVERAGE.**

## Nursing Benefits and Home Care

- ❖ Some coverage, under the Chronic Home Care program, for chronically ill, disabled or infirm residents and under the Acute Home Care Services program for residents requiring short-term care or assistance.

## Medical Supplies

- ❖ Some coverage for prosthetic equipment for eligible persons. With prior approval, artificial limbs are covered once every 4 years.
- ❖ Coverage for ocular prostheses for residents ages 18 and younger or 65 and older, or to those registered with CNIB.
- ❖ Mastectomy prostheses are covered up to \$150 (\$300 if bilateral) every 2 years.

## Accidental Death and Dismemberment

- ❖ **NO COVERAGE.**

## Out of Country

- ❖ **NO COVERAGE** for out-patient services.
- ❖ Coverage for emergency in-patient services up to a maximum of \$525 per day. Certain ancillary charges for services such as X-rays and lab fees are subject to a 50% co-payment.