



POLICY

49.07

Extended Health Benefits

1. Statement of Policy

The Government of the Northwest Territories will provide assistance to eligible persons in the Northwest Territories who require health services beyond those covered by the Northwest Territories Health Care Plan.

2. Principles

The Government of the Northwest Territories will adhere to the following principles when implementing this Policy:

- (1) NWT residents should have equitable access to products and services that contribute to their overall health and well-being.
- (2) Economic barriers should be reduced to access products and services that contribute to overall health.
- (3) Fiscal responsibility is important in the delivery of sustainable extended health benefits.

3. Scope

This Policy applies to eligible persons in the Northwest Territories who require extended health benefits.

4. Definitions

The following terms apply to this Policy:

Cost Sharing Arrangement – a financial contribution made through co-insurance, co-payment or a deductible assessed to an Eligible Person for a portion of the total benefit cost.

Drugs – pharmaceutical products listed on the NWT drug formulary that are prescribed by a Health Care Prescriber.



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Eligible Persons – Persons who meet the eligibility criteria in accordance with this Policy.

Health Care Prescriber – a health care professional authorized to prescribe.

Income Assessment – annual assessment of an Eligible Person’s income determined by the process established under 5(2)(b)(iii) of this Policy.

Income Threshold – the income levels established under 5(2)(a)(i) of this Policy that determine eligibility for benefits and, if applicable, the requirement for a Cost Sharing Arrangement.

Prior Approval – the process established under 5(2)(b)(v) of this Policy to approve coverage outside of benefits included in 2(a) of each Schedule.

Valid Referral – referral provided by a Health Care Prescriber registered to practice in the Northwest Territories.

5. Authority and Accountability

(1) General

This Policy is issued under the authority of the Executive Council. The authority to make exceptions and approve revisions to this Policy rests with the Executive Council. Authority and accountability are further defined as follows:

(a) Minister

The Minister of Health and Social Services (the Minister) is accountable to the Executive Council for the implementation of this Policy.

(b) Deputy Minister

The Deputy Minister of Health and Social Services (the Deputy Minister) is accountable to the Minister for the administration of this Policy.



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(2) Specific

(a) Minister

The Minister may:

- (i) Approve Income Thresholds.
- (ii) Approve Cost Sharing Arrangements.

(b) Deputy Minister

The Deputy Minister (or designate) may:

- (i) Accept applications for Extended Health Benefits in accordance with this Policy.
- (ii) Establish an appeal process in accordance with this Policy.
- (iii) Establish an Income Assessment process in accordance with this Policy.
- (iv) Establish clinical expertise (pharmaceutical, dental, vision and medical supplies and equipment) to review complex Prior Approvals in accordance with applicable Schedules. Clinical consultants must not be in private practice in the Northwest Territories or receive any remuneration from private practice.
- (v) Establish processes for Prior Approvals, in accordance with applicable Schedules.

6. Provisions

(1) Eligibility

(a) Eligibility for Extended Health Benefits is restricted to Northwest Territories residents who:

- (i) Hold an effective registration with the Northwest Territories Health Care Plan;



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and

- (ii) Are not eligible for Métis Health Benefits or Non-Insured Health Benefits.
- (b) Further eligibility for Extended Health Benefits varies across benefit areas and is defined in respective Schedules.

(2) Terms and Conditions

- (a) Eligible Persons may receive:
 - (i) Drug benefits as defined in Schedule 1
 - (ii) Medical supplies and equipment benefits as defined in Schedule 2
 - (iii) Vision care benefits as defined in Schedule 3
 - (iv) Dental benefits as defined in Schedule 4
 - (v) Travel benefits as defined in Schedule 5
- (b) An Income Assessment determines eligibility for certain benefits, as laid out in the Schedules.
- (c) Eligible Persons who have employer or similar plans offering health, vision, dental or transportation benefits must seek reimbursement from the employer or similar plans first.
- (d) Eligible Persons who have access to benefits under an employer or similar plan, and who choose not to participate in that plan, are not eligible for assistance under this Policy.



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7. Financial Resources

Financial resources required under this Policy are conditional on approval of funds by the Legislative Assembly and there being a sufficient unencumbered balance in the appropriate activity for the fiscal year for which the funds would be required.

8. Prerogative of the Executive Council

Nothing in this Policy shall in any way be construed to limit the prerogative of the Executive Council to make decisions or take action respecting Extended Health Benefits outside the provisions of this Policy.

Premier and Chair of the
Executive Council



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SCHEDULES

Drug Benefits	Schedule 1
Medical Supplies and Equipment Benefits	Schedule 2
Vision Care Benefits	Schedule 3
Dental Benefits	Schedule 4
Extended Health Travel Benefits	Schedule 5



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SCHEDULE 1 **DRUG BENEFITS**

1. Eligibility

- (a) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:
 - (i) Have an assessed income below the established low-income threshold; or
 - (ii) Have an assessed income above the established low-income threshold and have exhausted the drug benefits of their third-party or similar benefit plan, if applicable; or,
 - (iii) Are 60 years of age and older.

2. Terms and Conditions

- (a) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits Drug Benefits List* as the NWT pharmacare formulary, unless limited or delisted in accordance with 3(b) of this Schedule.
- (b) Reimbursement for a higher cost equivalent drug product will be considered when the Eligible Person has experienced an adverse reaction with a lower cost equivalent drug product.
- (c) To be considered for reimbursement for a high-cost equivalent drug product, the Health Care Prescriber must provide evidence that the Eligible Person has tried all the lower cost equivalent drug products and failed to achieve a positive outcome. Prior Approval is required.

3. Benefits

- (a) Drug benefits include:
 - (i) Drugs that are on the NWT pharmacare formulary; and



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- (ii) Drugs approved under 4. Exceptions of this Schedule.
- (b) The Deputy Minister reserves the right to limit coverage, issue directives and delist products on the *Non-Insured Health Benefits Drug Benefits List* when setting the NWT pharmacare formulary.

4. Exceptions

- (a) If a Health Care Prescriber recommends a drug that is not on the NWT pharmacare formulary, consideration will be given if the Health Care Prescriber can provide clinical justification for the request, including evidence that the Eligible Person has tried all equivalent approved drugs and has failed to achieve a positive therapeutic outcome. Prior Approval is required.
- (b) To be eligible for exception drug coverage, the drug must, at minimum:
 - (i) Have a recommendation for approval by the clinical consultant, in accordance with 5(2)(b)(iv) of the Policy; and
 - (ii) Have a positive recommendation from the Canadian Agency for Drugs and Technologies in Health (CADTH).

5. Cost Share

- (a) Eligible Persons assessed above the established low-income threshold are subject to a Cost Sharing Arrangement.
- (b) There is no cost share requirement for:
 - (i) Eligible Persons who have an assessed income below the established low-income threshold; or
 - (ii) Eligible Persons 60 years of age and older.



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SCHEDULE 2

MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

1. Eligibility

- (a) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:
 - (i) Have an assessed income below the established low-income threshold; or
 - (ii) Have an assessed income above the established low-income threshold; or
 - (iii) Are 60 years of age and older.

2. Terms and Conditions

- (a) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits' Medical Supplies and Equipment Guide and Benefit List* and *Maximum Price List* as the approved NWT Medical Supplies and Equipment Benefit list and price list.
- (b) Medical supplies and equipment must be prescribed by a Health Care Prescriber.
- (c) In cases where coverage for replacement medical supplies and equipment is set to a prescribed cycle, if the Eligible Persons' medical prescription changes within the replacement period set out in the approved list, Prior Approval is required.
- (d) In cases where the maximum prices have not yet been established for medical supplies and equipment in the *Maximum Price List*, Prior Approval is required.

3. Benefits

- (a) Benefits include:
 - (i) All medical supplies and equipment included in the *Non-Insured Health Benefits' Medical Supplies and Equipment Guide and Benefit List*.



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- (ii) Freight/shipping of eligible medical supplies and equipment.
- (b) Travel benefits to access eligible Medical Supplies and Equipment Benefits are provided in accordance with Schedule 5.

4. Cost Share

- (a) Eligible Persons assessed above the established low-income threshold are subject to a Cost Sharing Arrangement.
- (b) There is no cost share requirement for:
 - (i) Eligible Persons whose assessed income is below the established low-income threshold; or
 - (ii) Eligible Persons 60 years of age and older.



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SCHEDULE 3 **VISION CARE BENEFITS**

1. Eligibility

- (a) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:
 - (i) Have an assessed income below the established low-income threshold; or
 - (ii) Are 60 years of age and older.

2. Terms and Conditions

- (a) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits' Guide to Vision Care Benefits* and *NIHB Regional Vision Care Fee Grid NWT* as the approved NWT list for vision care.
- (b) Eligible Persons are responsible for costs that exceed the coverage established in the *NIHB Regional Vision Care Fee Grid NWT*.
- (c) Exceptional costs may be reimbursed when a Health Care Prescriber has verified the need because of a medical condition. Prior Approval is required.
- (d) If the medical prescription changes within the designated calendar year, Prior Approval for additional vision care is required.

3. Benefits

- (a) Benefits include those referenced in 2(a) of this Schedule.



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SCHEDULE 4 **DENTAL BENEFITS**

1. Eligibility

- (a) Eligible Persons are those eligible for Extended Health Benefits in accordance with the Policy, and who:
 - (i) Have an assessed income below the established low-income threshold; or
 - (ii) Are assessed and registered at a Canadian Cleft Lip/Palate clinic through a referral from a physician or dentist; or
 - (iii) Are 60 years of age and older.

2. Terms and Conditions

- (a) The Extended Health Benefits Policy utilizes the federal government's *Non-Insured Health Benefits Dental Benefits Guide* and the *Northwest Territories NIHB Regional Dental Benefit Grids* (OS – Oral and Maxillofacial Surgeons, GPSP - General Practitioners and Specialists and DN – Denturists) as the approved Dental Benefits list and fee grid under this Policy.
- (b) Eligible Persons under 1(a)(i) of this Schedule must:
 - (i) Access the *Canada Dental Benefit* program first, in accordance with 6(2)(c) of the Policy.
- (c) Eligible Persons under 1(a)(ii) of this Schedule must:
 - (i) Submit a copy of the assessment report and treatment plan for Prior Approval. The assessment report and treatment plan, prepared by a dentist or orthodontist, must include a proposed work plan and cost estimates for approval prior to starting treatment.



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(d) Dental products and services must be provided by a dental practitioner registered in a Canadian jurisdiction.

3. Benefits

(a) Benefits include those referenced in 2(a) of this Schedule.

(b) Excluded services for Eligible Persons under 1(a)(i) and 1(a)(iii) of this Schedule include Orthodontic services.

(c) For Eligible Persons under 1(a)(ii) of this Schedule, and based on a treatment plan that has received Prior Approval, coverage may include:

- (i) Dental infant orthopaedics
- (ii) Orthodontic treatment
- (iii) Some restorative dentistry
- (iv) Dental prosthetics

(d) Excluded services for Eligible Persons under 1(a)(ii) of this Schedule include temporomandibular joint therapy and appliances, fixed prosthodontics (bridges and all bridge related procedures), implants and all implant related procedures, veneers, cosmetic services, ridge augmentation, and appliances to treat bruxism.

(e) Replacement costs due to loss are not covered for Eligible Persons under 1(a)(ii) of this Schedule.

(f) Travel Benefits to access eligible Dental Benefits are provided in accordance with Schedule 5.



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SCHEDULE 5 **EXTENDED HEALTH TRAVEL BENEFITS**

1. Eligibility

- (a) Eligible Persons are those requiring travel to access benefits for which they are eligible in accordance with:
 - (i) Schedule 2, Medical Supplies and Equipment Benefits; or
 - (ii) Schedule 4, Dental Benefits.
- (b) In addition to 1(a) of this Schedule, Eligible Persons are those 60 years of age and older required to travel to access medically necessary, insured health services.

2. Terms and Conditions

- (a) The Extended Health Benefits Policy utilizes the *NWT Medical Travel Policy 49.06* and corresponding *Ministerial Policies – Benefits, Eligibility Criteria, and Escort Criteria*, for the purpose of Extended Health Travel Benefits.
- (b) Eligible Persons must have a Valid Referral from the Health Care Prescriber.
- (c) Eligible Persons who have employer or similar plans offering travel benefits must seek reimbursement from the employer or similar plan first.

3. Benefits

- (a) Eligible Persons under this Schedule are eligible to receive the same travel benefits as persons assessed with low-income under the *NWT Medical Travel Policy 49.06* and the corresponding *Ministerial Policies*.