



SUPPLEMENTARY HEALTH BENEFIT POLICY FRAMEWORK

DISCUSSION PAPER

AUGUST | 2022

Government of
Northwest Territories

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English

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French

Kīspin ki nitawih̄tīn ē nīh̄yawih̄k ōma ācimōwin, tipwāsinān.

Cree

Tłıchq yatı k'èè. Dı wegodi newq dè, gots'o gonede.

Tłıchq

ʔerih̄tł'is Dēne Sų́líné yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yóttı.

Chipewyan

Edı gondı dehgháh got'je zhatıé k'ée edatł'éh enahddhę nıde naxets'é edahłı.

South Slavey

K'áhshó got'jne xədə k'é hederı ʔedłhtł'é yerınwę nıde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ijāhch'uu zhit yınohthan jı', diits'at ginohkhii.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ć'ᑔᑕ ᑎᑎᑭᑕ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ ᐱᑦᑕᑕᑦ.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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Objective

The Department of Health and Social Services is seeking feedback from stakeholders and the public on the proposed key elements that will inform development of a new supplementary health benefit policy framework and programs.

All feedback is welcome and may be submitted by November 23, 2022.

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The following discussion paper outlines the proposed policy changes. The proposed key elements take into consideration current approaches to supplementary health benefit programs across Canada, while also giving careful thought to the socio-economic realities in the Northwest Territories.

The Department encourages you to read the Discussion Paper and the Frequently Asked Questions document also posted for your information.

Please let us know what you think and if you have any questions.

Executive Summary

Current Policy

The current Extended Health Benefits Policy gives eligible NWT residents access to products and services (supplementary health benefits) not covered under the NWT Health Care Plan.

The Department of Health and Social Services administers two programs under the Policy. The Specified Disease Conditions Program provides prescription drug benefits, and in some cases medical travel benefits, for eligible residents with a disease listed in the policy. The Extended Health Benefits for Seniors Program provides full coverage for eligible prescription drugs, eyewear, dental treatment services, medical supplies and equipment, and medical travel to residents 60 years and older.

Why it needs to change

The Extended Health Benefits Policy has seen little change in the last 34 years and no longer meets the objectives of fairness and equity as a publicly funded benefit program. An estimated 2,200 NWT residents do not have access to any benefits like the ones available to most residents through employer or government insurance plans. The Department of Health and Social Services is proposing policy changes that will ensure *all* residents in need of health benefits can get them.

These proposed changes are a starting point for public discussion about how the territorial government can improve on its existing health benefits programs.

At this time, the review does not include benefits directed towards NWT Seniors. Those remain the same.

Existing benefits for Indigenous residents under the federal Non-Insured Health Benefits programs and the GNWT Métis Health Benefits program also remain in place and are not part of this discussion.

Proposed Elements of a new Supplementary Health Benefit Policy Framework

A big change being proposed is to move to an income-tested model to determine who is eligible for supplementary health benefits. That means individuals or families who earn below a set amount of income, and who have no other insurance, would qualify automatically for health benefits and drug benefits.

The Department of Health and Social Services researched other provincial and territorial policies in Canada then drafted a framework for a new Supplementary Health Benefits Policy for the NWT. Under the framework, two new program streams are being proposed: a Supplementary Health Benefits Program and a Drug Benefit Program.

Supplementary Health Benefits Program

Low-income residents without insurance would receive coverage for basic dental services and treatment, medical supplies, and equipment such as hearing aids and walkers, and prescription eyewear.

Drug Benefit Program

Low-income residents eligible for the Supplementary Health Benefits Program would be eligible for the drug benefits program, which covers the cost of their prescription drugs. As well, residents who have drug coverage under their employer-sponsored or third-party insurance plans may also benefit. Once their insurance coverage has been exhausted, those residents can apply to the Drug Benefit Program to receive assistance for the high cost of drugs. Cost sharing and coverage levels will be determined by how much income they earn.

The advantage of having a separate drug benefit program is that drug benefits would be available to all residents, reducing potentially catastrophic drug costs for individuals and families.

Providing both streams of benefits for residents who currently do not have any access will help support better health outcomes.

How income testing would work

Residents who wish to access either program would apply annually. Income-testing would be based on Canada Revenue Agency's Income Statement, issued after your personal income tax has been assessed. Everyone in a family household would have to provide their Income Statements.

Residents applying to the Drug Benefit Program would need to show evidence that the drug benefits under their insurance plan have been, or will be, exhausted within the year cycle. Income-testing considers drug costs, insurance coverage and ability to pay.

Low-income thresholds in the NWT would be based on Canada's Official Poverty Line, as set out by Statistics Canada. It is called the Market Basket Measure. Below is the distinct Northern Market Basket Measure which recognizes the high cost of living and other factors in the NWT.

- \$32,601 represents the annual income needed to meet a basic standard of living averaged across all NWT regions; or
- \$36,925 represents the annual income needed to meet a basic standard of living in the most expensive region to live in the NWT (Sahtu).
- \$9,451 per dependent (a child under 19) is added to the base low-income threshold.

What is a fair and reasonable base income to use when calculating who is eligible for a new supplementary health benefits program? How much should be calculated per dependent? When should cost sharing happen within the Drug Benefits Program? These are some of the questions we hope you can help us answer. Please read on for more details and scenarios.

Introduction

The Department of Health and Social Services (the Department) is interested in hearing what NWT residents have to say about the health benefit programs currently provided under the *Extended Health Benefit Policy 49.07* (EHB) Policy and how those programs could better support residents in need. The Department is seeking feedback to inform and assist in the development of the new supplementary health benefits policy framework.

The Department is working to modernize the GNWT's publicly funded benefits programs by undertaking a review to identify and address existing gaps within the current model and to ensure the policy objectives of fairness, equity and financial sustainability are considered.

The EHB Policy provides eligible NWT residents with access to products and services not covered as insured services under the NWT Health Care Plan. These benefits include coverage for eligible prescription drugs, eyewear, medical supplies and equipment and dental treatment services.

There are two programs currently administered by the Department under the Policy; one for eligible residents with a *specified disease condition* listed in Schedule 1 of the EHB Policy, and the other is for *senior citizens aged 60 years and older*. The Specified Disease Conditions program provides prescription drug benefits, and in some cases medical travel benefits, depending on conditions. The Seniors' program provides full coverage for eligible prescription drugs, eyewear, dental treatment services, medical supplies and equipment and medical travel.

The EHB Policy has seen little change in the last 34 years and no longer meets the objectives of a publicly funded benefit program. Publicly funded programs are built on principles of fairness and equity, providing a safety net for residents with limited financial means to access the products and services. The intention of a publicly funded supplementary health benefit program is to ensure equitable access to benefits that will improve or maintain health and would likely result in reduction of higher cost acute care services delivered by the health system.

Under the current EHB Policy, there are an estimated 2,200 NWT residents who do not have access to any benefits like the ones available to most residents through employer or government insurance plans.

Given the complexity of the subject, it was decided early in the review process that changes to supplementary health benefits would be phased in over time.

At this time, the review does not include benefits directed towards NWT Seniors.

Existing benefits for Indigenous residents under the federal NIHB programs and the GNWT Métis Health Benefits program are not part of this discussion.

Overview of Supplementary Health Benefits Across Canada

Supplementary health benefits are usually available to residents as part of their employee benefit package under a collective agreement, through private insurance providers, or through publicly funded benefit programs. Supplementary health benefits packages provide financial assistance (coverage) to off-set costs for:

- **Dental treatment services** - basic dental services such as preventative, restorative, treatments to maintain good oral health. These include things like exams, x-rays, cleaning, fluoride treatment, extractions, treating infection, pain or gum disease and dentures.
- **Eye wear** – Prescription glasses or in some cases contact lenses
- **Prescription drugs** – Approved list of drugs covered under the benefit for a jurisdiction
- **Medical supplies and equipment (MSE)** – Supplies that support activities of daily living, and include items such as hearing aids, mobility aids (canes, crutches, walkers, wheelchairs etc.), prostheses, ostomy supplies, orthoses (braces, splints etc.), diabetic supplies (needles, swabs, blood pressure monitor), incontinence aids, nutritional supplements, oxygen, and respiratory equipment.

In the Northwest Territories, there are multiple government insurance plans accessed by residents, including the federal government's Non-Insured Health Benefits (NIHB) Program, the GNWT's Métis Health Benefits program, employer-sponsored plans negotiated through the collective agreement process (GNWT employees, teachers, mine employees), as well as those residents with financial means to purchase third-party insurance plans.

Varying levels of publicly funded benefit (funded by the provincial/territorial government) programs are offered across the country, usually for specific groups of people; low-income residents and their families, Seniors, Persons with Disabilities (PwD), or for those with specified conditions. The GNWT's publicly funded benefit programs provide one of the most generous benefit packages for eligible residents in the country; there are, however, significant policy gaps specifically related to the principles of equity, fairness and financial sustainability.

There are some common program elements used across Canadian jurisdictions and among insurance providers. These include:

- **Eligibility Criteria** – Factors that are used to determine who is eligible to access a program.
- **Income Testing and Income thresholds** – Income testing determines the financial needs of residents. Income thresholds are levels of family income used to determine which benefits residents are eligible for and the amount of cost sharing required, if applicable.
- **Payor of Last Resort** – When other insurance plans are available, they must be used before accessing government benefits.
- **Cost Sharing** - A common element within most health insurance programs and plans whereby the eligible person pays some of the costs and the provider pays some of the costs. Tiered cost sharing allows for residents who have some capacity to pay for health benefits to do so, while providing those residents without means, or with extraordinary drug costs, access to benefits at low to no cost.
 - Cost sharing models are defined as a:
 - **Deductible** (out of pocket payment amount before being eligible for the drug plan),
 - **Co-payment** (fixed fee per prescription, ex. \$5),
 - **Co-insurance amount** (percentage of prescription cost ex. 30%), or
 - **Premium** (upfront, monthly, or quarterly fees to access the drug plan).
- **Defined Benefits** – The health-related services, equipment and treatment residents may be eligible for under the benefit program.

Development of a new Supplementary Health Benefit Policy Framework

The government's objective of developing a new policy framework is to provide access to a suite of benefits to NWT residents with limited financial means. Notably, the benefits in question support and maintain a level of health and well-being through prevention practices and supports while providing access to necessary drug therapies. Providing these benefits for residents who currently do not have access will help support better health outcomes and ultimately reduce the financial demands on the acute care health system.

The overall goal of the proposed policy changes is to provide support to residents who do not have access to third-party insurance plans (employer sponsored, NIHB, etc.), or for whom there is a financial barrier to access necessary drug therapies.

In considering the key policy elements for moving forward with a new policy and program design, several aspects of the current EHB Policy are appropriate and will remain in any new policy version.

Payor of Last Resort - The approach of the new policy being ‘payor of last resort’ is an element that is consistent across insurance programs. This provision is to ensure that if other insurance plans are available, those plans must be accessed first. Any changes to the supplementary health benefits policy needs to be fiscally sustainable and not so generous as to dissuade employers from changing or removing their coverage, increasing the burden on the government.

Relationship with the federal government’s Non-Insured Health Benefits program - The GNWT has historically aligned its publicly funded supplementary health benefits programs benefits (Extended Health Benefits and Métis Health Benefits) to the federal government’s Non-Insured Health Benefits (NIHB) program. This decision was made by the GNWT in order to establish a level of equity among NWT residents as many NWT residents are eligible for NIHB benefits. At this time, there is no consideration to shift away from aligning with NIHB.

Proposed Elements of a new Supplementary Health Benefit Policy Framework

New elements for the supplementary health benefit policy framework are being proposed to provide more equitable access to benefits for NWT residents. These benefits would be included in a proposed program that creates two streams, and transitions to an income tested model that will include implementing income thresholds and cost sharing mechanisms.

1. Proposed two new program streams

Creating a new Drug Benefit Program stream and a low-income Supplementary Health Benefits program stream will meet the policy goal of providing residents with equitable access to benefits, including supports to manage access to high cost of drugs.

Under the policy framework being considered, eligible residents earning less than a specified level of income will be able to access both the Supplementary Health Benefit Program and the Drug Benefit Program.

1.1. Low Income Supplementary Health Benefits

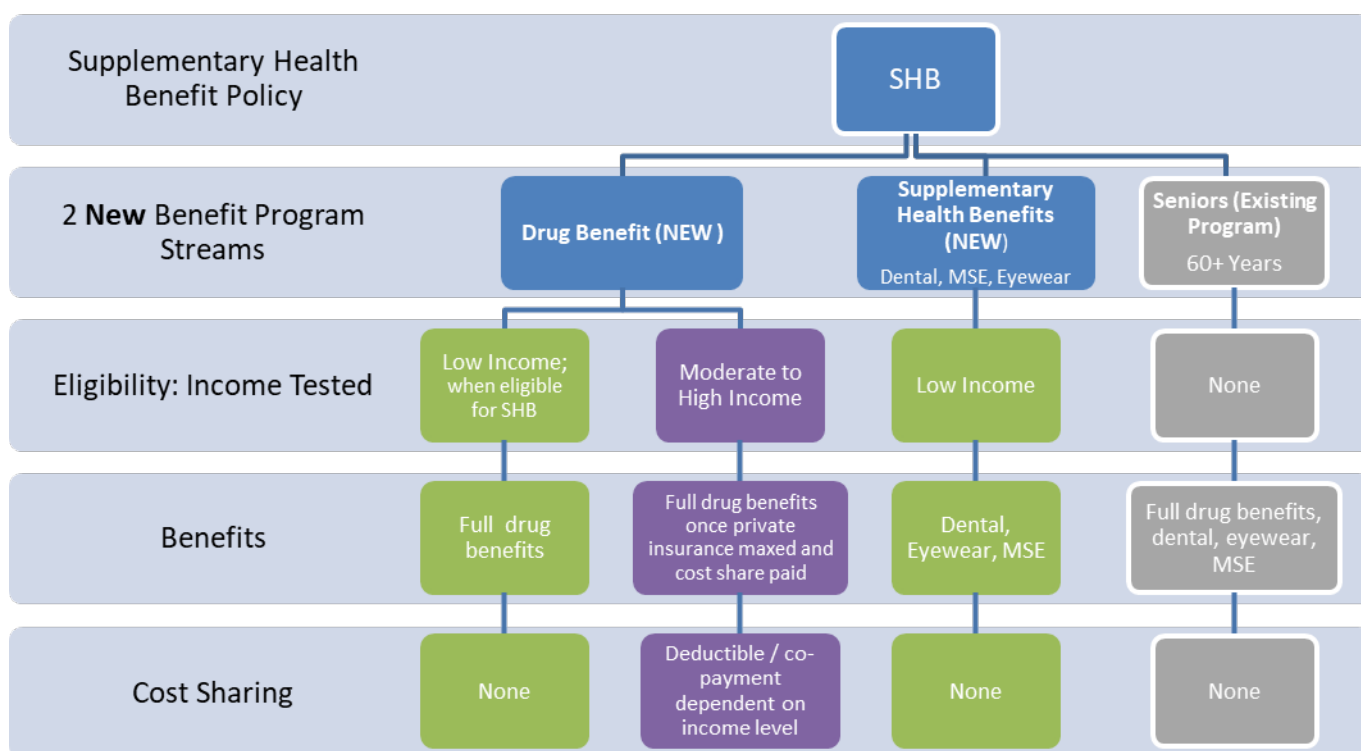
The low- income supplementary health benefits program stream is intended to focus on residents without an employer sponsored benefit (insurance) plan and without financial means to access the suite of additional health benefits not covered under the NWT Health Care Plan.

1.2. Drug Benefits

Above established and specified low-income levels, eligible residents would be able to access drug benefits, once established cost-sharing amounts are paid.

While both programs will be income-tested, an individual with employer-sponsored insurance or the financial means to purchase third party insurance may still be eligible to receive assistance for high cost of drugs after their insurance plan had been exhausted. The advantage of having a separate drug benefit program, as drug benefits would be available to all residents, is the reducing of potentially catastrophic drug costs for individuals and families.

Table 1: Proposed model for two program streams (existing Seniors' program shown for context)



Key Features of the proposed Supplementary Health Benefits Program for low-income earners

- For residents with no employer-sponsored benefit insurance plan and who are assessed

as meeting the income threshold requirements.

- Benefits include dental, medical supplies and equipment, and eyewear.
- No cost sharing for this program.

Key features of the proposed Drug Benefit Program:

- Residents eligible for the new Supplementary Health Benefit program would automatically be eligible for the Drug Benefit program, with full drug benefits.
- For other residents, once drug benefit coverage under other insurance plans has been exhausted, the GNWT Drug Benefit Program may be accessed.
 - Depending on income level, level of cost sharing is determined.

Residents who do not meet the low-income threshold (established by income thresholds) and without third party employer-sponsored insurance will be encouraged to purchase personal health insurance from a provider with a drug benefit plan of \$3000 annually. Residents will not be eligible for the Drug Benefit Program unless an insurance plan has been exhausted.

2. Income-Tested

Proposing an income-tested eligibility criteria addresses the policy goals of equitable access by reducing financial barriers to access products and services (drug therapies, dental, medical supplies and equipment, and eyewear).

The income-tested model is the foundation of the social safety net approach to publicly funded programs. The model supports equitable and fair access to health benefits for residents with limited financial means. The level of benefits is intended to be similar to benefits of residents with other benefit plans and/or the financial means and the expectation is that residents who have the financial means to pay will do so.

How income testing would work:

- Residents who wish to access the Supplementary Health Benefit Program or the Drug Benefit Program will apply annually. Income-testing would be based on Canada Revenue Agency's (CRA) Income Statement as issued after personal income tax has been assessed.
 - If a household/family is being assessed, all Income Statements will be required to access the program.
- Residents applying to the Drug Benefit Program would need to show evidence that the drug benefits under their third-party insurance plan have been or will be exhausted within the year cycle.

- Income-testing considers drug costs, insurance coverage and ability to pay.

2.1. Establishing Income Thresholds

A necessary component of an income-tested program is the establishment of income thresholds. Income thresholds determine the program users' eligibility for access to benefits, cost sharing requirements, and any other user requirements for their income range.

The policy goal to provide equitable access to programs and services is addressed by using income thresholds to establish eligibility and ensure programs are accessible in the most equitable way possible; residents who have some capacity to pay for health benefits are supported to a lesser degree than residents with limited financial resources who are supported to a greater extent.

While there is no consistent specific threshold used across jurisdictions, the common practice is to determine thresholds using the socio-economic context of that province or territory. Proposed income testing models for consideration balance methods used across Canada with the northern context, including population and income statistics from the NWT Bureau of Statistics, cost of living and other measures of income.

2.2. Low-Income Thresholds and Family Adjustments

It is proposed that low-income thresholds in the NWT will be based on the MBM-N, with adjustments for the number of dependents in a family (adjusted family income). Income of both spouses, if applicable, would be assessed in the calculations, determined by net income reported on previous year's CRA statement of income.

Two base low-income thresholds are put forward for consideration based on MBM-N's established thresholds:

- \$32,601 - represents the annual income needed to meet a basic standard of living averaged across all NWT regions; or
- \$36,925 - represents the most expensive region to live in the NWT (Sahtu).

It is common among other jurisdictions to consider the number of dependents in a family when income testing, however there is little consistency to their approach. A flat adjustable rate is recommended to simplify the process for program users needing to calculate their dependents into their income bracket. In this case, a certain amount per dependent is added to the base low-income threshold, to determine the adjusted family threshold.

Table 2 sets out the proposed two options for dependent adjustment based on:

- **Flat rate option** - \$6,000 per dependent. This option is used by Manitoba's Pharmacare program and uses \$6,000 per dependent as a rough equivalent to the rates set by the Government of Alberta for their programs.
- **MBM-N option** - \$9,451 per dependent, using the average cost of a dependent in the NWT according to the MBM-N.

For example, using the scenario of the low-income threshold of \$32,601 and a \$6,000 adjustment per dependent, the adjusted family income threshold for a family of 5 would be \$56,601. Compare that to \$70,405 if the MBM-N rate of \$9,451 per dependent was used.

For the purpose of this discussion, a family is defined as:

- Adults living in a household plus their legal dependent(s).
 - Dependent is a child less than 19 years of age at the time of the application for program benefits.

Table 2: Example Scenarios of Income Thresholds by Family Size

Family Size	Base Threshold Options	Adjustment options added per dependent	Adjusted Family low-income thresholds
Individual	\$32,601	Not applicable	\$32,601
	\$36,925	Not applicable	\$36,925
Family of 2 – 2 adults <u>or</u> single adult and one child	\$32,601	\$6,000	\$38,601
		\$9,451	\$42,052
	\$36,925	\$6,000	\$42,925
		\$9,451	\$46,376
Family of 3 – two adults and one child <u>or</u> single adult and two children	\$32,601	\$6,000	\$44,601
		\$9,451	\$51,503
	\$36,925	\$6,000	\$48,925
		\$9,451	\$55,827
Family of 4 – two adults and two children <u>or</u> one adult and three children	\$32,601	\$6,000	\$50,601
		\$9,451	\$60,954
	\$36,925	\$6,000	\$54,925
		\$9,451	\$65,278
	\$32,601	\$6,000	\$56,601
		\$9,451	\$70,405

Family Size	Base Threshold Options	Adjustment options added per dependent	Adjusted Family low-income thresholds
Family of 5 - Two adults and three children <u>or</u> single adult and four children	\$36,925	\$6,000	\$60,925
		\$9,451	\$74,729
Family of 6 - Two adults and four children <u>or</u> single adult and five children	\$32,601	\$6,000	\$62,601
		\$9,451	\$79,856
	\$36,925	\$6,000	\$66,925
		\$9,451	\$84,180

3. Cost Sharing Mechanisms

Cost sharing is an element related to the policy objective of equitable access, fairness and financial sustainability. It is common within most health insurance programs and plans whereby the eligible person pays some of the cost and the provider pays some of the cost. Cost sharing is most frequently accomplished through **deductible, co-payment, co-insurance, or premium** models or hybrids of those models.

Examples of cost sharing models are:

- **Deductible** - an out-of-pocket payment amount before being eligible for the drug plan.
- **Co-payment** - a fixed fee per prescription (ex. \$5 each time a prescription is filled).
- **Co-insurance amount** - a percentage of prescription cost (ex. the insurance provider/plan pays 70% and user pays 30%).
- **Premium** - an upfront, monthly, or quarterly fee to access the drug plan.

Cost sharing is not a new concept for NWT residents; co-payment is used with the NWT Medical Travel program. Introduction of a cost sharing mechanism for the new Drug Benefit Program must balance the reduction of financial barriers and the need to have residents contribute when financially able.

Cost sharing will only apply to the Drug Benefit Program once eligible residents have exhausted other insurance programs.

3.1. Deductible and Co-Insurance Model of Cost Sharing

Considering the policy objectives, the cost sharing mechanism that best represents the objectives of equity, fairness and financial sustainability is a hybrid model that includes both a deductible and a co-insurance amount.

This is the model that is most used by the other Canadian jurisdictions for their drug benefit programs and addresses overly burdensome deductible rates that prevent some users from accessing drug benefits or reaching their maximums.

Having a mixed deductible/co-insurance cost share mechanism ensures fees are paid but does not restrict program users from accessing supports, essentially stretching the cost share over a longer period. Additionally, having a family maximum will reduce the financial burden, eliminating potentially catastrophic drug costs for all NWT residents.

The deductible and co-insurance hybrid model for the Drug Benefit Program being considered uses the MBM-N averaged base threshold of \$32,601 and \$9,451 for each additional dependent.

See Table 3 for deductible and co-insurance model cost sharing levels by family income with these numbers. The model uses income levels to establish co-insurance, with an incremental increase in the deductible based on 4% of income and is modelled after the BC Pharmacare program.

How cost sharing would work for residents with:

- **Income below the family adjusted low-income threshold** – no cost share, immediate access to program.
- **Low-moderate income** – co-insurance payment per prescription of 30%, to family maximums, with immediate access to program.
- **Moderate to high income** – Individuals and families must pay for their full cost of prescriptions until deductible is met. Once deductible is met, they would then pay 30% co-insurance payment of prescription costs until family maximums are reached.
- **High Income** – Individuals and families above the high-income threshold, considering the family size adjustments, would be required to pay a deductible of 4% of their income before being eligible to access full coverage under the drug benefit program.

Once family maximums are reached in all income levels, the drug benefit program would pay 100% of eligible drug costs.

Table 3 details the proposed numbers based on the MBM-N's averaged thresholds across the Territory (\$32,601) and the adjustment per dependent of \$9,451. See **Appendix A** for tables for alternative threshold options.

Table 3: Threshold A: Proposed Deductible and Co-Insurance cost sharing model with family thresholds

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family Deductible	70:30 Co-insurance	Family Maximum
\$32,601.01	\$42,052.01	\$51,503.01	\$60,954.01	\$70,405.01	\$79,856.01	\$-		\$-
\$34,638.57	\$44,089.57	\$53,540.57	\$62,991.57	\$72,442.57	\$81,893.57	\$-	Program pays 70% User pays 30%	\$240.00
\$36,803.48	\$46,254.48	\$55,705.48	\$65,156.48	\$74,607.48	\$84,058.48	\$-		\$400.00
\$39,103.70	\$48,554.70	\$58,005.70	\$67,456.70	\$76,907.70	\$86,358.70	\$-		\$600.00
\$41,547.68	\$50,998.68	\$60,449.68	\$69,900.68	\$79,351.68	\$88,802.68	\$-		\$750.00
\$44,144.41	\$53,595.41	\$63,046.41	\$72,497.41	\$81,948.41	\$91,399.41	\$-		\$850.00
\$46,903.44	\$56,354.44	\$65,805.44	\$75,256.44	\$84,707.44	\$94,158.44	\$-		\$1,000.00
\$49,834.90	\$59,285.90	\$68,736.90	\$78,187.90	\$87,638.90	\$97,089.90	\$-		\$1,150.00
\$52,949.59	\$62,400.59	\$71,851.59	\$81,302.59	\$90,753.59	\$100,204.59	\$-		\$1,300.00
\$56,258.93	\$65,709.93	\$75,160.93	\$84,611.93	\$94,062.93	\$103,513.93	\$800.00		\$1,400.00
\$59,775.12	\$69,226.12	\$78,677.12	\$88,128.12	\$97,579.12	\$107,030.12	\$900.00		\$1,600.00
\$63,511.06	\$72,962.06	\$82,413.06	\$91,864.06	\$101,315.06	\$110,766.06	\$1,000.00		\$1,800.00
\$67,480.50	\$76,931.50	\$86,382.50	\$95,833.50	\$105,284.50	\$114,735.50	\$1,100.00		\$2,000.00
\$71,698.04	\$81,149.04	\$90,600.04	\$100,051.04	\$109,502.04	\$118,953.04	\$1,300.00		\$2,150.00
\$76,179.16	\$85,630.16	\$95,081.16	\$104,532.16	\$113,983.16	\$123,434.16	\$1,500.00		\$2,300.00
\$80,940.36	\$90,391.36	\$99,842.36	\$109,293.36	\$118,744.36	\$128,195.36	\$1,700.00		\$2,500.00
\$85,999.13	\$95,450.13	\$104,901.13	\$114,352.13	\$123,803.13	\$133,254.13	\$1,900.00		\$2,700.00
\$91,374.08	\$100,825.08	\$110,276.08	\$119,727.08	\$129,178.08	\$138,629.08	\$2,100.00		\$2,900.00
\$97,084.96	\$106,535.96	\$115,986.96	\$125,437.96	\$134,888.96	\$144,339.96	\$2,300.00		\$3,100.00
\$103,152.77	\$112,603.77	\$122,054.77	\$131,505.77	\$140,956.77	\$150,407.77	\$2,500.00		\$3,300.00
\$109,599.82	\$119,050.82	\$128,501.82	\$137,952.82	\$147,403.82	\$156,854.82	\$2,700.00		\$3,600.00
\$116,449.81	\$125,900.81	\$135,351.81	\$144,802.81	\$154,253.81	\$163,704.81	\$2,900.00		\$3,850.00
\$123,727.92	\$133,178.92	\$142,629.92	\$152,080.92	\$161,531.92	\$170,982.92	\$3,100.00		\$4,200.00
\$131,460.91	\$140,911.91	\$150,362.91	\$159,813.91	\$169,264.91	\$178,715.91	\$3,400.00		\$4,500.00
\$139,677.22	\$149,128.22	\$158,579.22	\$168,030.22	\$177,481.22	\$186,932.22	\$3,700.00		\$4,900.00
\$148,407.05	\$157,858.05	\$167,309.05	\$176,760.05	\$186,211.05	\$195,662.05	\$4,100.00		\$5,600.00
\$157,682.49	\$167,133.49	\$176,584.49	\$186,035.49	\$195,486.49	\$204,937.49	\$4,600.00		\$6,200.00
>\$157,682.49						variable		4% of net income

Compared to the deductible/co-insurance model, the pure co-insurance model and premium model both lack the elements that support equity and financial sustainability. These cost sharing mechanisms are included in **Appendix B** for comparison.

Thank you for your interest and feedback on this work. Your contributions will be included in a summary of *What We Heard* to be publicly available and considered in the development of the new Supplementary Health Benefit Policy and programs.

Appendix A: Alternative Threshold Options for Cost Sharing

The following tables model the other three options for income thresholds:

- Table B: \$32,601 base threshold with \$6,000 dependent adjusted thresholds
- Table C: \$36,925 base threshold with \$6,000 dependent adjusted thresholds
- Table D: \$36,925 base threshold with \$9,451 dependent adjusted thresholds

Each of these income threshold options could be used in any of the chosen cost sharing models. The models just change how the program users pay their cost-sharing fees.

Threshold B: \$32,601 base threshold with \$6,000 dependent adjusted thresholds.

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family Deductible	70-30 Co-insurance	Family Maximum
\$32,601.01	\$38,601.01	\$44,601.01	\$50,601.01	\$56,601.01	\$62,601.01	\$-		\$-
\$34,638.57	\$40,638.57	\$46,638.57	\$52,638.57	\$58,638.57	\$64,638.57	\$-		\$240.00
\$36,803.48	\$42,803.48	\$48,803.48	\$54,803.48	\$60,803.48	\$66,803.48	\$-		\$400.00
\$39,103.70	\$45,103.70	\$51,103.70	\$57,103.70	\$63,103.70	\$69,103.70	\$-		\$600.00
\$41,547.68	\$47,547.68	\$53,547.68	\$59,547.68	\$65,547.68	\$71,547.68	\$-		\$750.00
\$44,144.41	\$50,144.41	\$56,144.41	\$62,144.41	\$68,144.41	\$74,144.41	\$-		\$850.00
\$46,903.44	\$52,903.44	\$58,903.44	\$64,903.44	\$70,903.44	\$76,903.44	\$-		\$1,000.00
\$49,834.90	\$55,834.90	\$61,834.90	\$67,834.90	\$73,834.90	\$79,834.90	\$-		\$1,150.00
\$52,949.59	\$58,949.59	\$64,949.59	\$70,949.59	\$76,949.59	\$82,949.59	\$-		\$1,300.00
\$56,258.93	\$62,258.93	\$68,258.93	\$74,258.93	\$80,258.93	\$86,258.93	\$800.00		\$1,400.00
\$59,775.12	\$65,775.12	\$71,775.12	\$77,775.12	\$83,775.12	\$89,775.12	\$900.00		\$1,600.00
\$63,511.06	\$69,511.06	\$75,511.06	\$81,511.06	\$87,511.06	\$93,511.06	\$1,000.00		\$1,800.00
\$67,480.50	\$73,480.50	\$79,480.50	\$85,480.50	\$91,480.50	\$97,480.50	\$1,100.00		\$2,000.00
\$71,698.04	\$77,698.04	\$83,698.04	\$89,698.04	\$95,698.04	\$101,698.04	\$1,300.00		\$2,150.00
\$76,179.16	\$82,179.16	\$88,179.16	\$94,179.16	\$100,179.16	\$106,179.16	\$1,500.00		\$2,300.00
\$80,940.36	\$86,940.36	\$92,940.36	\$98,940.36	\$104,940.36	\$110,940.36	\$1,700.00		\$2,500.00

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family Deductible	70-30 Co-insurance	Family Maximum
\$85,999.13	\$91,999.13	\$97,999.13	\$103,999.13	\$109,999.13	\$115,999.13	\$1,900.00		\$2,700.00
\$91,374.08	\$97,374.08	\$103,374.08	\$109,374.08	\$115,374.08	\$121,374.08	\$2,100.00		\$2,900.00
\$97,084.96	\$103,084.96	\$109,084.96	\$115,084.96	\$121,084.96	\$127,084.96	\$2,300.00		\$3,100.00
\$103,152.77	\$109,152.77	\$115,152.77	\$121,152.77	\$127,152.77	\$133,152.77	\$2,500.00		\$3,300.00
\$109,599.82	\$115,599.82	\$121,599.82	\$127,599.82	\$133,599.82	\$139,599.82	\$2,700.00		\$3,600.00
\$116,449.81	\$122,449.81	\$128,449.81	\$134,449.81	\$140,449.81	\$146,449.81	\$2,900.00		\$3,850.00
\$123,727.92	\$129,727.92	\$135,727.92	\$141,727.92	\$147,727.92	\$153,727.92	\$3,100.00		\$4,200.00
\$131,460.91	\$137,460.91	\$143,460.91	\$149,460.91	\$155,460.91	\$161,460.91	\$3,400.00		\$4,500.00
\$139,677.22	\$145,677.22	\$151,677.22	\$157,677.22	\$163,677.22	\$169,677.22	\$3,700.00		\$4,900.00
\$148,407.05	\$154,407.05	\$160,407.05	\$166,407.05	\$172,407.05	\$178,407.05	\$4,100.00		\$5,600.00
\$157,682.49	\$163,682.49	\$169,682.49	\$175,682.49	\$181,682.49	\$187,682.49	\$4,600.00		\$6,200.00
>\$157,682.49						variable		4% of net income

Threshold C: \$36,925 base threshold with \$6,000 dependent adjusted thresholds

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family Deductible	70-30 Co-insurance	Family Maximum
\$36,925.00	\$42,925.00	\$48,925.00	\$54,925.00	\$60,925.00	\$66,925.00	\$-		\$-
\$39,232.81	\$45,232.81	\$51,232.81	\$57,232.81	\$63,232.81	\$69,232.81	\$-		\$240.00
\$41,684.86	\$47,684.86	\$53,684.86	\$59,684.86	\$65,684.86	\$71,684.86	\$-		\$400.00
\$44,290.17	\$50,290.17	\$56,290.17	\$62,290.17	\$68,290.17	\$74,290.17	\$-		\$600.00
\$47,058.30	\$53,058.30	\$59,058.30	\$65,058.30	\$71,058.30	\$77,058.30	\$-		\$750.00
\$49,999.45	\$55,999.45	\$61,999.45	\$67,999.45	\$73,999.45	\$79,999.45	\$-		\$850.00
\$53,124.41	\$59,124.41	\$65,124.41	\$71,124.41	\$77,124.41	\$83,124.41	\$-		\$1,000.00
\$56,444.69	\$62,444.69	\$68,444.69	\$74,444.69	\$80,444.69	\$86,444.69	\$-		\$1,150.00
\$59,972.48	\$65,972.48	\$71,972.48	\$77,972.48	\$83,972.48	\$89,972.48	\$-		\$1,300.00
\$63,720.76	\$69,720.76	\$75,720.76	\$81,720.76	\$87,720.76	\$93,720.76	\$900.00		\$1,400.00

\$67,703.31	\$73,703.31	\$79,703.31	\$85,703.31	\$91,703.31	\$97,703.31	\$1,000.00		\$1,600.00
\$71,934.77	\$77,934.77	\$83,934.77	\$89,934.77	\$95,934.77	\$101,934.77	\$1,100.00		\$1,800.00
\$76,430.69	\$82,430.69	\$88,430.69	\$94,430.69	\$100,430.69	\$106,430.69	\$1,200.00		\$2,000.00
\$81,207.61	\$87,207.61	\$93,207.61	\$99,207.61	\$105,207.61	\$111,207.61	\$1,300.00		\$2,200.00
\$86,283.08	\$92,283.08	\$98,283.08	\$104,283.08	\$110,283.08	\$116,283.08	\$1,500.00		\$2,400.00
\$91,675.77	\$97,675.77	\$103,675.77	\$109,675.77	\$115,675.77	\$121,675.77	\$1,700.00		\$2,600.00
\$97,405.51	\$103,405.51	\$109,405.51	\$115,405.51	\$121,405.51	\$127,405.51	\$2,000.00		\$2,900.00
\$103,493.35	\$109,493.35	\$115,493.35	\$121,493.35	\$127,493.35	\$133,493.35	\$2,300.00		\$3,200.00
\$109,961.69	\$115,961.69	\$121,961.69	\$127,961.69	\$133,961.69	\$139,961.69	\$2,600.00		\$3,500.00
\$116,834.29	\$122,834.29	\$128,834.29	\$134,834.29	\$140,834.29	\$146,834.29	\$2,900.00		\$3,800.00
\$124,136.44	\$130,136.44	\$136,136.44	\$142,136.44	\$148,136.44	\$154,136.44	\$3,200.00		\$4,200.00
\$131,894.97	\$137,894.97	\$143,894.97	\$149,894.97	\$155,894.97	\$161,894.97	\$3,500.00		\$4,600.00
\$140,138.40	\$146,138.40	\$152,138.40	\$158,138.40	\$164,138.40	\$170,138.40	\$3,800.00		\$5,000.00
\$148,897.05	\$154,897.05	\$160,897.05	\$166,897.05	\$172,897.05	\$178,897.05	\$4,100.00		\$5,500.00
\$158,203.12	\$164,203.12	\$170,203.12	\$176,203.12	\$182,203.12	\$188,203.12	\$4,400.00		\$6,000.00
>\$158,203.12						variable		4% of net income

Threshold D: \$36,925 base threshold with \$9,451 dependent adjusted thresholds

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family Deductible	70-30 Co-insurance	Family Maximum
\$36,925.00	\$46,376.00	\$55,827.00	\$65,278.00	\$74,729.00	\$84,180.00	\$-		\$-
\$39,232.81	\$48,683.81	\$58,134.81	\$67,585.81	\$77,036.81	\$86,487.81	\$-		\$240.00
\$41,684.86	\$51,135.86	\$60,586.86	\$70,037.86	\$79,488.86	\$88,939.86	\$-		\$400.00
\$44,290.17	\$53,741.17	\$63,192.17	\$72,643.17	\$82,094.17	\$91,545.17	\$-		\$600.00

\$47,058.30	\$56,509.30	\$65,960.30	\$75,411.30	\$84,862.30	\$94,313.30	\$-		\$750.00
\$49,999.45	\$59,450.45	\$68,901.45	\$78,352.45	\$87,803.45	\$97,254.45	\$-		\$850.00
\$53,124.41	\$62,575.41	\$72,026.41	\$81,477.41	\$90,928.41	\$100,379.41	\$-		\$1,000.00
\$56,444.69	\$65,895.69	\$75,346.69	\$84,797.69	\$94,248.69	\$103,699.69	\$-		\$1,150.00
\$59,972.48	\$69,423.48	\$78,874.48	\$88,325.48	\$97,776.48	\$107,227.48	\$-		\$1,300.00
\$63,720.76	\$73,171.76	\$82,622.76	\$92,073.76	\$101,524.76	\$110,975.76	\$900.00		\$1,400.00
\$67,703.31	\$77,154.31	\$86,605.31	\$96,056.31	\$105,507.31	\$114,958.31	\$1,000.00		\$1,600.00
\$71,934.77	\$81,385.77	\$90,836.77	\$100,287.77	\$109,738.77	\$119,189.77	\$1,100.00		\$1,800.00
\$76,430.69	\$85,881.69	\$95,332.69	\$104,783.69	\$114,234.69	\$123,685.69	\$1,200.00		\$2,000.00
\$81,207.61	\$90,658.61	\$100,109.61	\$109,560.61	\$119,011.61	\$128,462.61	\$1,300.00		\$2,200.00
\$86,283.08	\$95,734.08	\$105,185.08	\$114,636.08	\$124,087.08	\$133,538.08	\$1,500.00		\$2,400.00
\$91,675.77	\$101,126.77	\$110,577.77	\$120,028.77	\$129,479.77	\$138,930.77	\$1,700.00		\$2,600.00
\$97,405.51	\$106,856.51	\$116,307.51	\$125,758.51	\$135,209.51	\$144,660.51	\$2,000.00		\$2,900.00
\$103,493.35	\$112,944.35	\$122,395.35	\$131,846.35	\$141,297.35	\$150,748.35	\$2,300.00		\$3,200.00
\$109,961.69	\$119,412.69	\$128,863.69	\$138,314.69	\$147,765.69	\$157,216.69	\$2,600.00		\$3,500.00
\$116,834.29	\$126,285.29	\$135,736.29	\$145,187.29	\$154,638.29	\$164,089.29	\$2,900.00		\$3,800.00
\$124,136.44	\$133,587.44	\$143,038.44	\$152,489.44	\$161,940.44	\$171,391.44	\$3,200.00		\$4,200.00
\$131,894.97	\$141,345.97	\$150,796.97	\$160,247.97	\$169,698.97	\$179,149.97	\$3,500.00		\$4,600.00
\$140,138.40	\$149,589.40	\$159,040.40	\$168,491.40	\$177,942.40	\$187,393.40	\$3,800.00		\$5,000.00
\$148,897.05	\$158,348.05	\$167,799.05	\$177,250.05	\$186,701.05	\$196,152.05	\$4,100.00		\$5,500.00
\$158,203.12	\$167,654.12	\$177,105.12	\$186,556.12	\$196,007.12	\$205,458.12	\$4,400.00		\$6,000.00
>158,203.12						variable		4% of net income

Appendix B: Other Cost-sharing Models Considered

Pure Insurance Model

A co-insurance model is rare for pharmacare programs, as it is more common to combine with a deductible-based mechanism to relieve high deductible rates. An example of this approach would be the Newfoundland Assurance Plan which sets a maximum on payments based on income thresholds while having program users pay a 30% co-payment on prescription drugs. The program pays for 70% until the maximums are reached.

The main benefit of using a purely co-insurance model is to lessen the upfront costs to the program as users must pay before accessing drug benefits. This does reduce financial barriers to accessing necessary treatments. However, a co-insurance system without additional up-front fees such as deductibles or premiums, runs the risk of private insurance programs reducing or eliminating their programs.

The downside with the co-insurance model and why it is not favored, is that it does not provide for the equity of the mixed deductible co-insurance model that provides drug coverage to residents who are not eligible for other benefit programs. This model could potentially impact the insurance offered by other providers, and impacting financial sustainability of the public program, which is not the intention of the GNWT's new Drug Benefit Program.

See **Table 4** for the Co-Insurance Cost Sharing model with family thresholds.

See **Appendix A** for tables for alternative threshold options. Proposed family maximums would remain the same, the income thresholds would change depending on option chosen.

How cost sharing in a co-payment model would work. For residents with:

- **Income below the family adjusted low-income threshold** – no cost share, immediate access to program
- **Above low-income thresholds** - Residents pay 30% of prescription costs up to family maximums, with immediate access to program.
- **High Income** – Individuals and families above the high-income threshold, plus the family size adjustments, pay a co-payment up to a maximum of 4% of their income, with immediate access to the program.

Once family maximums are reached in all income levels, the Drug Benefit Program would pay 100% of eligible drug costs.

Table 4: Threshold A: Co-Insurance Cost Sharing model with family thresholds

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	70-30 co-insurance to this Family Maximum
\$32,601.01	\$42,052.01	\$51,503.01	\$60,954.01	\$70,405.01	\$79,856.01	\$-
\$34,638.57	\$44,089.57	\$53,540.57	\$62,991.57	\$72,442.57	\$81,893.57	\$240.00
\$36,803.48	\$46,254.48	\$55,705.48	\$65,156.48	\$74,607.48	\$84,058.48	\$400.00
\$39,103.70	\$48,554.70	\$58,005.70	\$67,456.70	\$76,907.70	\$86,358.70	\$600.00
\$41,547.68	\$50,998.68	\$60,449.68	\$69,900.68	\$79,351.68	\$88,802.68	\$750.00
\$44,144.41	\$53,595.41	\$63,046.41	\$72,497.41	\$81,948.41	\$91,399.41	\$850.00
\$46,903.44	\$56,354.44	\$65,805.44	\$75,256.44	\$84,707.44	\$94,158.44	\$1,000.00
\$49,834.90	\$59,285.90	\$68,736.90	\$78,187.90	\$87,638.90	\$97,089.90	\$1,150.00
\$52,949.59	\$62,400.59	\$71,851.59	\$81,302.59	\$90,753.59	\$100,204.59	\$1,300.00
\$56,258.93	\$65,709.93	\$75,160.93	\$84,611.93	\$94,062.93	\$103,513.93	\$1,400.00
\$59,775.12	\$69,226.12	\$78,677.12	\$88,128.12	\$97,579.12	\$107,030.12	\$1,600.00
\$63,511.06	\$72,962.06	\$82,413.06	\$91,864.06	\$101,315.06	\$110,766.06	\$1,800.00
\$67,480.50	\$76,931.50	\$86,382.50	\$95,833.50	\$105,284.50	\$114,735.50	\$2,000.00
\$71,698.04	\$81,149.04	\$90,600.04	\$100,051.04	\$109,502.04	\$118,953.04	\$2,150.00
\$76,179.16	\$85,630.16	\$95,081.16	\$104,532.16	\$113,983.16	\$123,434.16	\$2,300.00
\$80,940.36	\$90,391.36	\$99,842.36	\$109,293.36	\$118,744.36	\$128,195.36	\$2,500.00
\$85,999.13	\$95,450.13	\$104,901.13	\$114,352.13	\$123,803.13	\$133,254.13	\$2,700.00
\$91,374.08	\$100,825.08	\$110,276.08	\$119,727.08	\$129,178.08	\$138,629.08	\$2,900.00
\$97,084.96	\$106,535.96	\$115,986.96	\$125,437.96	\$134,888.96	\$144,339.96	\$3,100.00
\$103,152.77	\$112,603.77	\$122,054.77	\$131,505.77	\$140,956.77	\$150,407.77	\$3,300.00
\$109,599.82	\$119,050.82	\$128,501.82	\$137,952.82	\$147,403.82	\$156,854.82	\$3,600.00
\$116,449.81	\$125,900.81	\$135,351.81	\$144,802.81	\$154,253.81	\$163,704.81	\$3,850.00
\$123,727.92	\$133,178.92	\$142,629.92	\$152,080.92	\$161,531.92	\$170,982.92	\$4,200.00
\$131,460.91	\$140,911.91	\$150,362.91	\$159,813.91	\$169,264.91	\$178,715.91	\$4,500.00
\$139,677.22	\$149,128.22	\$158,579.22	\$168,030.22	\$177,481.22	\$186,932.22	\$4,900.00
\$148,407.05	\$157,858.05	\$167,309.05	\$176,760.05	\$186,211.05	\$195,662.05	\$5,600.00
\$157,682.49	\$167,133.49	\$176,584.49	\$186,035.49	\$195,486.49	\$204,937.49	\$6,200.00
>\$157,682.49					variable	4% of net income

Premium Model

Premiums are the least common cost sharing model for publicly funded pharmacare programs across Canada. This model most closely resembles private insurance, where clients buy in to access the program. This model simplifies managing program fees for users, however residents who want to access the benefit of low overall drug costs would still be required to pay the same premiums as residents with higher drug costs. This could discourage some residents from accessing needed drug benefits if they perceive the monthly premium costs as too high. Additionally, a premium model would be more complex and costly to manage administratively.

How a Premium model would work:

- Residents would pay up front to access drug benefits.
- Established family maximums would be split into regular payments that program users would pay in either monthly, quarterly, or annual payments.

Like the pure co-insurance model, the premium model conflicts with the policy objectives of the proposed policy framework in that it is not equitable between all program users. Some program users would pay the same amount to access program benefits while not needing as much support as other program users with more expensive drug costs. For this reason, this model is not being considered.

See **Table 5** for the Premium Cost Sharing model with family thresholds

See **Appendix A** for tables for alternative threshold options. Proposed monthly premiums and family maximums would remain the same, the income thresholds would change depending on option chosen.

Table 5: Threshold A: Premium Cost Sharing Model

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Monthly Premium	Family Maximum
\$32,601.01	\$42,052.01	\$51,503.01	\$60,954.01	\$70,405.01	\$79,856.01	\$-	\$-
\$34,638.57	\$44,089.57	\$53,540.57	\$62,991.57	\$72,442.57	\$81,893.57	\$20	\$240.00
\$36,803.48	\$46,254.48	\$55,705.48	\$65,156.48	\$74,607.48	\$84,058.48	\$33	\$400.00
\$39,103.70	\$48,554.70	\$58,005.70	\$67,456.70	\$76,907.70	\$86,358.70	\$50	\$600.00
\$41,547.68	\$50,998.68	\$60,449.68	\$69,900.68	\$79,351.68	\$88,802.68	\$63	\$750.00
\$44,144.41	\$53,595.41	\$63,046.41	\$72,497.41	\$81,948.41	\$91,399.41	\$71	\$850.00
\$46,903.44	\$56,354.44	\$65,805.44	\$75,256.44	\$84,707.44	\$94,158.44	\$83	\$1,000.00
\$49,834.90	\$59,285.90	\$68,736.90	\$78,187.90	\$87,638.90	\$97,089.90	\$96	\$1,150.00
\$52,949.59	\$62,400.59	\$71,851.59	\$81,302.59	\$90,753.59	\$100,204.59	\$108	\$1,300.00
\$56,258.93	\$65,709.93	\$75,160.93	\$84,611.93	\$94,062.93	\$103,513.93	\$117	\$1,400.00

Base Income Thresholds	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Monthly Premium	Family Maximum
\$59,775.12	\$69,226.12	\$78,677.12	\$88,128.12	\$97,579.12	\$107,030.12	\$133	\$1,600.00
\$63,511.06	\$72,962.06	\$82,413.06	\$91,864.06	\$101,315.06	\$110,766.06	\$150	\$1,800.00
\$67,480.50	\$76,931.50	\$86,382.50	\$95,833.50	\$105,284.50	\$114,735.50	\$167	\$2,000.00
\$71,698.04	\$81,149.04	\$90,600.04	\$100,051.04	\$109,502.04	\$118,953.04	\$179	\$2,150.00
\$76,179.16	\$85,630.16	\$95,081.16	\$104,532.16	\$113,983.16	\$123,434.16	\$192	\$2,300.00
\$80,940.36	\$90,391.36	\$99,842.36	\$109,293.36	\$118,744.36	\$128,195.36	\$208	\$2,500.00
\$85,999.13	\$95,450.13	\$104,901.13	\$114,352.13	\$123,803.13	\$133,254.13	\$225	\$2,700.00
\$91,374.08	\$100,825.08	\$110,276.08	\$119,727.08	\$129,178.08	\$138,629.08	\$242	\$2,900.00
\$97,084.96	\$106,535.96	\$115,986.96	\$125,437.96	\$134,888.96	\$144,339.96	\$258	\$3,100.00
\$103,152.77	\$112,603.77	\$122,054.77	\$131,505.77	\$140,956.77	\$150,407.77	\$275	\$3,300.00
\$109,599.82	\$119,050.82	\$128,501.82	\$137,952.82	\$147,403.82	\$156,854.82	\$300	\$3,600.00
\$116,449.81	\$125,900.81	\$135,351.81	\$144,802.81	\$154,253.81	\$163,704.81	\$321	\$3,850.00
\$123,727.92	\$133,178.92	\$142,629.92	\$152,080.92	\$161,531.92	\$170,982.92	\$350	\$4,200.00
\$131,460.91	\$140,911.91	\$150,362.91	\$159,813.91	\$169,264.91	\$178,715.91	\$375	\$4,500.00
\$139,677.22	\$149,128.22	\$158,579.22	\$168,030.22	\$177,481.22	\$186,932.22	\$408	\$4,900.00
\$148,407.05	\$157,858.05	\$167,309.05	\$176,760.05	\$186,211.05	\$195,662.05	\$467	\$5,600.00
\$157,682.49	\$167,133.49	\$176,584.49	\$186,035.49	\$195,486.49	\$204,937.49	\$517	\$6,200.00
>\$157,682.49						variable	4% of net income