

Policy Summary Pages Comprehensive Program

Details of Covered Benefits

PRESCRIPTION DRUGS

Reimbursement Percentage

70% of the ingredient cost.

Annual Maximum per Insured Person

BENEFIT – Year One - \$1,000, Year Two - \$2,000, Subsequent Years - \$3,000

Senior Members and Provincial Government Prescription Drug Plans

After age 65, most senior Members will have many of their prescription drug costs paid through their provincial government's prescription drug plan. As some provinces require registration, senior Members (prior to reaching their 65th birthday), are encouraged to contact their provincial program or speak to their health care practitioner about any registration requirements; some provinces will require annual re-application. When a new prescription medication is being prescribed, senior Members may want to ask their pharmacist if it is covered under the provincial plan. If the medication is not covered, it may be appropriate to discuss possible options or alternatively submit a Special Authorization Request Form in order to determine if the prescription medication is covered under the AFBS formulary.

For assistance, please contact AFBS at 1.855.934.2355.

Members Residing in Quebec

For Members residing in Quebec, the requirements of the Régie de L'Assurance Maladie du Québec (RAMQ) will apply.

Eligible Prescription Drugs

A wide range of drugs which can be purchased on the written prescription of a Medical Doctor, dentist or nurse practitioner within the legislated scope of their practice are covered under the AFBS prescription drug managed formulary. A managed formulary means that every new prescription drug is evaluated by clinical pharmacists and a determination made as to its inclusion within the AFBS program.

The evaluation results in each drug being placed within the general formulary or being available only when certain criteria are met, which is called Special Authorization, or being excluded from coverage. While the prescription drugs within the AFBS formulary do change from time to time, the following highlights the number of drugs which are available under each category.

General Formulary - 9,500 DRUGS, Special Authorization - 450 DRUGS, Excluded - 50 DRUGS

AFBS Formulary

The AFBS formulary is also referred to as a generic drug plan. This means that when there is a generic drug that is interchangeable with a brand-name drug, the amount covered by AFBS will be based on the ingredient cost of the generic alternative. Normally, pharmacists will dispense the generic drug, however, you may wish to ask your doctor or pharmacist if there is a generic alternative at the time your prescription is being written or dispensed. If you choose to purchase the more expensive brand-name drug, you will be responsible for the full cost difference between the generic drug ingredient cost and the brand-name drug ingredient cost regardless of a 'no substitutions' indication on the prescription slip. The AFBS formulary continues to cover brand-name drugs when there is no interchangeable generic available or in those occasional situations where a Member has an adverse reaction to a generic drug and medical confirmation is on file with the clinical pharmacists.



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PRESCRIPTION DRUGS – NOT COVERED

- HIV/AIDS and multiple sclerosis medications are coordinated through your provincial health plan and are not eligible for reimbursement under the general AFBS formulary.
- Non-prescription drugs, over-the-counter medications and prescription drugs not included on the AFBS formulary are excluded from reimbursement.
- Dispensing fees.
- Atomizers, aero chambers, vaporizers, diagnostic aids.
- Infant formula.
- Vitamins (except injectibles when not used in conjunction with weight loss).
- Dietary food/supplements, aids, minerals, or electrolyte replacements whether prescribed or not, except by law where a prescription is required for their sale.
- Rogaine and all other topical preparations of Minoxidil.
- Drugs not approved for sale by Health Canada.
- Drugs not considered to be therapeutically useful by the Canadian Medical Association or by the medical association of the Insured Person's province of residence.
- Investigational or emergency release drugs.
- More than the customary supply of drugs prescribed by a physician or dentist or a 34-day supply, whichever is less, except maintenance drugs where a 90-day or 100-day supply may be dispensed.