BRITISH COLUMBIA

Pharmaceutical Services Act

DRUG PLANS REGULATION

B.C. Reg. 73/2015

Deposited May 14, 2015 and effective June 1, 2015
Last amended June 5, 2020 by B.C. Reg. 123/2020

Consolidated Regulations of British Columbia

This is an unofficial consolidation.

B.C. Reg. 73/2015 (O.C. 231/2015), deposited May 14, 2015 and effective June 1, 2015, is made under the *Pharmaceutical Services Act*, S.B.C. 2012, c. 22, ss. 59, 60, 62 (1), 63 (1) and 65 (3), (4) and (5).

This is an unofficial consolidation provided for convenience only. This is not a copy prepared for the purposes of the *Evidence Act*.

This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at www.bclaws.ca.

See the User Guide for more information about the *Consolidated Regulations of British Columbia*. The User Guide and the *Consolidated Regulations of British Columbia* are available online at www.bclaws.ca.

Prepared by:
Office of Legislative Counsel
Ministry of Attorney General
Victoria, B.C.

Pharmaceutical Services Act

DRUG PLANS REGULATION

B.C. Reg. 73/2015

Contents

Pharmaceutical Services Act

DRUG PLANS REGULATION

B.C. Reg. 73/2015

PART 1 – INTERPRETATION

Definitions

1 In this regulation:

"Act" means the *Pharmaceutical Services Act*;

"dependent child" has the same meaning as in the Medical and Health Care Services Regulation;

"medicare beneficiary" means a person who is enrolled under section 7.2 of the *Medicare Protection Act* as a beneficiary within the meaning of that Act;

"notice of assessment" means the notice of assessment issued to an individual by the Canada Revenue Agency under the *Income Tax Act* (Canada);

"personal representative" means a person having authority under the common law or an enactment to make decisions on behalf of a beneficiary;

"PharmaNet" has the same meaning as in the Information Management Regulation;

"Plan" means a drug plan established under this regulation, those plans being Plans B, C, D, F, G, I, M, P, S, W, X and Z;

"spouse" has the same meaning as in the *Medicare Protection Act*.

[am. B.C. Regs. 221/2015, Sch. s. 1; 93/2017, s. 1; 98/2019, s. 1.]

Residency in British Columbia

2 (1) A person is a resident of British Columbia if the person

(a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,

(b) makes his or her home in British Columbia, and

(c) is physically present in British Columbia for at least 6 months in a calendar year.

(2) Despite subsection (1), a person is a resident of British Columbia if

(a) the person is deemed to be a resident for the purposes of the *Medicare Protection Act* under any of sections 2 to 5 of the Medical and Health Care Services Regulation, or

(b) the minister determines that the person demonstrates sufficient connection to British Columbia that the person should receive benefits under the *Pharmaceutical Services Act*.

PART 2 – GENERAL RULES FOR DRUG PLANS

Enrolment in drug plans

3 (1) A person is eligible to enrol in a drug plan if the person

(a) is a resident of British Columbia, and

(b) meets the requirements of the drug plan as set out in this regulation.

(2) A person who is deemed under section 67 (2) (c) of the Act to be enrolled as a beneficiary in a drug plan continues to be enrolled in the corresponding drug plan, as defined in section 66 of the Act, until the beneficiary's enrolment ends under section 10 *[when drug plan enrolment ends]* of this regulation.

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Assessment of claims

4 (1) Except in relation to a benefit listed on the formulary for Plan D, the minister may assess a claim for a benefit under one drug plan only.

(2) Regardless of any other drug plan in which a beneficiary is enrolled, the minister must assess a claim for a benefit listed on the formulary for Plan D according to the limits and conditions of

(a) Plan D only, if the benefit is a digestive enzyme, and

(b) both Plan D and the first drug plan in which the beneficiary is enrolled, as listed under subsection (4), if the benefit is not a digestive enzyme.

(3) Regardless of any other drug plan in which a beneficiary is enrolled, the minister must assess a claim for a benefit listed on the formulary or related services list for

(a) Plan M according to the limits and conditions of Plan M only,

(a.1) Plan S according to the limits and conditions of Plan S only, and

(b) Plan X according to the limits and conditions of Plan X only.

(4) Subject to subsections (2) and (3), if a beneficiary is enrolled in more than one drug plan, the minister must assess a claim for a benefit according to the limits and conditions of the first drug plan in which the beneficiary is enrolled, and that has the benefit listed on its formulary, to appear in the following list:

(a) Plan B;

(a.1) Plan W;

(b) Plan P;

(c) Plan G;

(d) Plan F;

(e) Plan C;

(f) Plan I;

(g) Plan Z.

[am. B.C. Regs. 221/2015, Sch. s. 2; 93/2017, s. 2; 98/2019, s. 4.]

General limits on payment of claims

5 The minister is authorized to pay 100% of a claim made under a drug plan subject to

(a) any provision to the contrary in this regulation,

(b) any applicable limits set out in section 8 of the Drug Price Regulation, and

(c) any limit or condition set by the minister under section 20 (1) of the Act.

No payment for benefits covered under other Acts or programs

6 (1) A beneficiary is not entitled to payment under the Act for any part of the cost of a drug, device, substance or related service for which the beneficiary is eligible for payment under

(a) an enactment listed in subsection (2),

(b) an enactment of another jurisdiction of Canada that has, as one of its primary purposes, an equivalent purpose to that of an enactment listed in subsection (2), or

(c) an enactment of Canada listed in subsection (3).

(2) The enactments for the purposes of subsection (1) (a) and (b) are as follows:

(a) *Hospital Insurance Act*;

(b) *Insurance (Vehicle) Act*;

(c) *Workers Compensation Act*.

(3) The enactments of Canada for the purposes of subsection (1) (c) are as follows:

(a) *Canadian Forces Members and Veterans Re-establishment and Compensation Act*;

(b) *Civilian War-related Benefits Act*;

(c) *Corrections and Conditional Release Act*;

(d) *Department of Veterans Affairs Act*;

(e) *Government Employees Compensation Act*;

(f) *Merchant Seamen Compensation Act*;

(g) *National Defence Act*;

(h) *Pension Act*;

(i) *Royal Canadian Mounted Police Pension Continuation Act*;

(j) *Royal Canadian Mounted Police Superannuation Act*.

(4) A beneficiary is not entitled to payment under the Act for any part of the cost of a drug, device, substance or related service for which the beneficiary is eligible for payment under

(a) the NIHB program, as that term is defined in the Provider Regulation, or

(b) the Interim Federal Health Program as delivered through Citizenship and Immigration Canada for the purpose of providing, to refugees in Canada, financial assistance for health-related goods and services.

(5) A beneficiary is not entitled to payment under the Act for any part of the cost of a drug, device, substance or related service provided to the beneficiary while held in custody in

(a) a correctional centre under the *Correction Act*, or

(b) a youth custody centre under the *Youth Justice Act*.

[am. B.C. Reg. 93/2017, s. 3.]

No payment for benefits covered under personal injury damages

7 A beneficiary is not entitled to payment under the Act for any part of the cost of a drug, device, substance or related service if

(a) the injury, illness or other condition giving rise to the need for the drug, device, substance or related service is alleged to have been caused by an action or omission of another person, and

(b) as a result of the allegations,

(i) a court has awarded damages to the beneficiary,

(ii) the beneficiary is entitled to compensation under a settlement agreement, or

(iii) the beneficiary is entitled to compensation under a plan of private insurance or another legal instrument.

No payment for benefits provided by non-enrolled persons

8 A beneficiary is not entitled to payment under the Act for any part of the cost of a drug, device, substance or related service provided by a person who is not a provider.

Must give notice if address changes

9 (1) If a beneficiary's address changes, the beneficiary must give to the minister, within 10 days of the change, notice of both the previous and new addresses.

(2) Subsection (1) does not apply to a beneficiary enrolled only in Plan X.

When drug plan enrolment ends

10 A person's enrolment in a drug plan ends on the earliest of the following dates:

(a) on the date the person ceases to be eligible to be enrolled in the drug plan;

(b) if the person gives notice to the minister stating the person's desire to cancel that person's enrolment, on the later of

(i) the date stated in the notice, if any, and

(ii) the date the notice is received by the minister;

(c) on the date set by the minister on cancelling the person's enrolment under section 10 (1) of the Act.

[am. B.C. Reg. 98/2019, s. 3.]

PART 3 – PLAN I (FAIR PHARMACARE)

Division 1 – Establishment of Plan I

Definitions

11 In this Part:

"applicable Schedule" means the following:

(a) Schedule 1, if both a registrant and the registrant's spouse, if any, were born in or after 1940;

(b) Schedule 2, if either a registrant or the registrant's spouse, if any, was born before 1940;

"exempt beneficiary" means a beneficiary to whom section 19 (1) *[calculation of family net income of exempt beneficiaries]* applies, unless section 27 (4) (b) (i) *[redetermination if change to family unit of exempt beneficiary]* applies;

"family deductible" means the total amount towards a deductible that must be paid each year by a family unit;

"family member", in relation to a beneficiary, means

(a) a spouse who is eligible to be enrolled under Plan I, and

(b) a dependent child, other than a dependent child who is enrolled under Plan I as a dependent child of a guardian other than the beneficiary;

"family net income" means the family net income of a family unit as calculated under section 18 *[calculation of family net income generally]* or 19 *[calculation of family net income of exempt beneficiaries]*, as applicable;

"family unit" means

(a) a registrant and all family members, or

(b) a registrant only, if the registrant has no family members;

"income-based coverage" means the payment scheme of the minister through which amounts payable towards deductibles and co-payments in respect of Plan I claims is based on family net income;

"maximum family co-payment" means the total amount of co-payments that must be paid each year by a family unit;

"MDPO" means the program of the minister known as the Monthly Deductible Payment Option;

"monthly instalment" means the amount towards a family deductible payable by a family unit each month under section 31 (3) *[paying monthly instalments]*;

"personal health number" means the unique identity number issued by the Medical Services Commission under the *Medicare Protection Act* to a beneficiary under that Act;

"Plan I claim" means a claim, or a portion of a claim, submitted under Plan I;

"private insurer" has the same meaning as in section 43 (1) of the Act;

"registrant" means a person described in section 12 (3) (b) *[Plan I (Fair PharmaCare)]*.

Plan I (Fair PharmaCare)

12 (1) The drug plan known as "Plan I" is established for the purposes of the Act.

(2) A person is enrolled in Plan I if the person is a medicare beneficiary.

(3) Persons enrolled in Plan I are classed as follows:

(a) beneficiaries, being persons who

(i) have not applied for income-based coverage, and

(ii) must pay a deductible in respect of Plan I claims in accordance with Division 2 *[If Not Registered for Income-Based Coverage]*;

(b) registrants, being persons whose family unit

(i) is the subject of an application, or is registered, for income-based coverage, and

(ii) must pay a family deductible and a maximum family co-payment in respect of Plan I claims in accordance with Divisions 3 *[Registering for Income-Based Coverage]* and 4 *[Income-Based Coverage]*.

Division 2 – If Not Registered for Income-Based Coverage

If not registered for income-based coverage

13 (1) This section applies to a beneficiary if neither the beneficiary nor any of his or her family members have applied to register for income-based coverage.

(2) The minister may make payments in respect of Plan I claims made by a beneficiary to whom this section applies as follows:

(a) each year, the beneficiary must pay a deductible of $10 000;

(b) after the deductible is paid, the minister may pay 100% of a Plan I claim made by the beneficiary in respect of that year.

Division 3 – Registering for Income-Based Coverage

Application for income-based coverage

14 (1) A beneficiary may apply for income-based coverage

(a) if no other family member has applied for income-based coverage, and

(b) by giving to the minister the information set out in subsection (2) in respect of

(i) the beneficiary,

(ii) the beneficiary's spouse, if any and regardless of whether the spouse is eligible to be enrolled under Plan I, and

(iii) each dependent child of the beneficiary, if any, who is not already enrolled under Plan I as a dependent child of another guardian.

(2) An application made under this section must include all of the following:

(a) for each person referred to in subsection (1) (b),

(i) information sufficient to identify the person, and

(ii) the person's personal health number;

(b) for each person referred to in subsection (1) (b) (i) and (ii),

(i) the person's social insurance number, and

(ii) a statement of the person's income for the year that is 2 years previous to the current year.

(3) An application made under this section is deemed to be made on behalf of each of the applicant's family members.

Temporary income-based coverage on making application

15 (1) On receiving an application for income-based coverage, the minister must

(a) register the applicant and each of the applicant's family members for income-based coverage, and

(b) provide to the registrant's family unit temporary income-based coverage.

(2) For the purpose of determining temporary income-based coverage, the minister must

(a) calculate the family net income of the registrant's family unit using the income amounts stated under section 14 (2) (b) (ii) *[application for income-based coverage]*, and

(b) apply section 20 *[determination of deductibles and co-payments]*.

(3) Temporary income-based coverage begins on the date on which the minister receives the registrant's application for income-based coverage.

(4) Temporary income-based coverage ends on the earliest of the following dates:

(a) the date that the 60 day period referred to in section 16 (1) *[consent to income disclosure required]* ends, if consent as required by that section is not provided;

(b) the date that the 60 day period referred to in section 16 (4) ends, if the registrant fails to comply with that subsection to the satisfaction of the minister;

(c) the date that income-based coverage begins under section 21 *[when income-based coverage begins]*.

Consent to income disclosure required

16 (1) Within 60 days after applying for income-based coverage, a registrant and the registrant's spouse, if any, must give to the minister written consent to the

disclosure, by the Canada Revenue Agency, to the minister of personal information relevant to the person's income.

(2) On receiving consent under subsection (1), the minister may request the Canada Revenue Agency to disclose to the minister the information, for the year that is 2 years previous to the current year, that the minister needs for the purposes of section 18 (1) *[calculation of family net income generally]*.

(3) The minister must notify the registrant if advised by the Canada Revenue Agency that

(a) the registrant or the registrant's spouse, if any, did not file a federal income tax return for the year that is 2 years previous to the current year, or

(b) an error or other administrative issue related to a federal income tax return filed by the registrant or the registrant's spouse is adversely affecting

(i) the ability of the Canada Revenue Agency to disclose information to the minister, or

(ii) the completeness or accuracy of disclosed information.

(4) Within 60 days of receiving notification under subsection (3), the registrant must

(a) file with the Canada Revenue Agency a federal income tax return for the year 2 years previous to the current year, or

(b) take any other step necessary to address an error or issue identified under subsection (3) (b).

(5) The minister may make further requests under subsection (2) as necessary for the purposes of section 18 (1).

Alternative proof of income

17 (1) A registrant may give to the minister proof of income under this section in respect of the registrant or the registrant's spouse, if any, if

(a) that registrant or spouse could not file a federal income tax return for the year 2 years previous to the current year because that registrant or spouse was

(i) not a resident of Canada,

(ii) a dependent child,

(iii) a diplomat, or the spouse of a diplomat, accredited to represent another country in Canada, or

(iv) a member of a religious order who took a vow of poverty and whose remuneration was paid directly or by that registrant or spouse to the order, or

(b) the minister permits the registrant to provide proof of income under this section.

(2) Subject to subsection (4), proof of income under this section must be

(a) a notice of assessment for the year previous to the current year, if available, or

(b) if a notice of assessment described in paragraph (a) is not available, a notarized affidavit, signed by the person who is the subject of the affidavit and attesting to that person's net income, stated in Canadian dollars, for the year previous to the current year.

(3) A registrant who provides proof of income under this section in respect of a person described in subsection (1) (a) (iv) must also give to the minister a letter from the person's religious order confirming that all of the person's remuneration was paid directly or by the person to the order.

(4) The minister may waive or modify one or more requirements of subsection (2) or (3) in respect of a registrant or a group of registrants if the minister is satisfied that

(a) income can reasonably be determined through another form of proof,

(b) the registrant or a family member of a registrant would suffer undue hardship if another form of proof were not accepted, or

(c) it would otherwise be in the public interest to do so.

Calculation of family net income generally

18 (1) On receiving income information satisfactory to the minister under section 16 (2) *[consent to income disclosure required]* or 17 *[alternative proof of income]*, the minister must calculate the family net income of a registrant's family unit as follows:

(a) add the incomes of the registrant and the registrant's spouse, if any, as reported on

(i) Line 236 and, if applicable, Line 303 or 5105 of each notice of assessment, and

(ii) each affidavit or other form of proof permitted by the minister;

(b) deduct from the amount calculated under paragraph (a) all amounts, if any, reported on Line 117 or 125 of each notice of assessment.

(2) If the minister is unable to obtain income information satisfactory to the minister, the family net income of the registrant's family unit is deemed to be within the range set out in the final row of the applicable Schedule.

Calculation of family net income of exempt beneficiaries

19 (1) A beneficiary and all of the beneficiary's family members are exempt beneficiaries if, after applying for income-based coverage and providing consent to the minister to the disclosure, by the Canada Revenue Agency, to the minister of personal information relevant to the beneficiary's income, the beneficiary was identified by the minister in 2003 as a person

(a) who was 75 years of age or older,

(b) who received premium assistance under the Medical and Health Care Services Regulation, and

(c) whose income, or whose spouse's income, if any, in respect of the 2001 taxation year could not be verified because

(i) the beneficiary or spouse did not file a federal income tax return for the 2001 taxation year, or

(ii) an error or other administrative issue related to a federal income tax return in respect of the 2001 taxation year filed by the beneficiary or spouse adversely affected the ability of the Canada Revenue Agency to disclose information to the minister or the completeness or accuracy of disclosed information.

(2) The family net income of an exempt beneficiary's family unit is deemed to be as follows:

(a) if the exempt beneficiary has no spouse, $12 000;

(b) if the exempt beneficiary has a spouse and

(i) the income of neither of them could be verified for the 2001 taxation year, $18 000, or

(ii) the income of one of them was verified for the 2001 taxation year, the higher of $18 000 and the verified income;

(c) if an income review is requested under section 25 *[request for income review]*, the family net income as redetermined by the minister under section 26 *[redetermination after income review generally]* or 27 *[redetermination if change to family unit of exempt beneficiary]*.

Determination of deductibles and co-payments

20 On calculating the family net income of a family unit, the minister must determine the family deductible and the maximum family co-payment payable by the family unit as follows:

(a) the family deductible is the amount set out in Column 2 of the applicable Schedule opposite the range, as set out in Column 1, within which the family net income of the family unit falls;

(b) the maximum family co-payment is the amount set out in Column 3 of the applicable Schedule opposite the range, as set out in Column 1, within which the family net income of the family unit falls.

When income-based coverage begins

21 Income-based coverage begins as follows:

(a) if a determination is made under section 20 *[determination of deductibles and co-payments]*, other than for the purposes of temporary income-based coverage under section 15 (2) (b) *[temporary income-based coverage on making application]*, before December 31 of the year in which an

application was made under section 14 *[application for income-based coverage]*, on the date the application was made;

(b) in any other case, on January 1 of the year in which the determination is made.

Division 4 – Income-Based Coverage

Payment of claims under income-based coverage

22 (1) The minister may make payments in respect of a Plan I claim made by a member of a family unit as follows:

(a) the minister may not make any payments until the family unit has paid the family deductible, if any, for the year;

(b) after the family deductible, if any, is paid but before the maximum family co-payment for the year is paid, the minister may pay

(i) 70% of the claim if Schedule 1 is the applicable Schedule, or

(ii) 75% of the claim if Schedule 2 is the applicable Schedule;

(c) after both the family deductible for the year and the maximum family co-payment for the year are paid, the minister may pay 100% of the claim.

(2) Despite subsection (1), the minister may make a payment before the family deductible for the year is paid if the family unit is enrolled in the MDPO.

Continuing income-based coverage

23 (1) Income-based coverage for a family unit continues each year until the family unit's enrolment in Plan I ends.

(2) Each year that income-based coverage continues, the minister must redetermine

(a) the family net income of the family unit, and

(b) the amounts of the family deductible and maximum family co-payment that apply to the family unit.

(3) Sections 16 *[consent to income disclosure required]* to 20 *[determination of deductibles and co-payments]* apply to a redetermination as if an application for income-based coverage were made in the year that is the subject of the redetermination, except that no new consent is required under section 16 (1) if consent

(a) was given under that subsection previously, and

(b) was not withdrawn, or was withdrawn but given again in the same year.

[am. B.C. Reg. 98/2019, s. 3.]

Application of continuing income-based coverage

24 (1) This section applies in respect of a redetermination of the family net income of a family unit under section 23 (2) *[continuing income-based coverage]*.

(2) If a redetermination is completed between January 1 and March 1, the amounts of the family deductible and maximum family co-payment that apply to the family unit are as follows:

(a) from January 1 to the date of redetermination, the amounts payable based on the family unit's family net income as determined the previous year;

(b) as of the date of redetermination, the amounts as redetermined by the minister, which are then deemed to have applied as of January 1.

(3) If a redetermination is completed between March 2 and December 31, the amounts of the family deductible and maximum family co-payment that apply to the family unit are as follows:

(a) before the redetermination is made,

(i) from January 1 to March 1, the amounts payable based on the family unit's family net income as determined the previous year, and

(ii) from March 2 to the date of redetermination, the amounts that would apply as if the family unit's family net income fell within the range set out in the final row of the applicable Schedule;

(b) after the redetermination is made, the amounts as redetermined by the minister, which are then deemed to have applied as of January 1.

(4) If the minister is unable to complete a redetermination because the minister is unable to obtain income information satisfactory to the minister, the family deductible and maximum family co-payment that apply to the family unit are as follows:

(a) from January 1 to March 1, the amounts payable based on the family unit's family net income as determined the previous year;

(b) from March 2 to December 31, the amounts that would apply as if the family unit's family net income fell within the range set out in the final row of the applicable Schedule.

Request for income review

25 (1) Despite sections 20 *[determination of deductibles and co-payments]*, 23 *[continuing income-based coverage]* and 24 *[application of continuing income-based coverage]*, the amounts of the family deductible and maximum family co-payment that apply to a family unit may be changed by the minister after an income review.

(2) A registrant may request the minister to conduct an income review by

(a) making an application to the minister,

(b) in the case of an exempt beneficiary whose family unit has changed by the removal or addition of a spouse, giving to the minister proof acceptable to the minister of the removal or addition, and

(c) giving to the minister one or more of the following for the current or previous year, or both, as requested by the minister:

(i) a notice of assessment;

(ii) a form T3, T4 or T5, completed and filed with the Canada Revenue Agency;

(iii) a record of wages provided by an employer;

(iv) proof of receipt of income or disability assistance, or a pension;

(v) proof of amounts paid in respect of a registrant enrolled in Plan B to a Plan B facility as defined in section 33 *[definitions]*;

(vi) other proof acceptable to the minister.

Redetermination after income review generally

26 (1) On receiving a request for an income review under section 25 *[request for income review]*, other than a request made by an exempt beneficiary with respect to a change to the exempt beneficiary's family unit, the minister must determine if a condition set out in subsection (2) or (3) of this section is met.

(2) If satisfied that the family unit's family net income for the current year is, or for the previous year was, at least 10% less than that determined under

(a) section 18 *[calculation of family net income generally]*,

(b) section 19 (2) (b) (ii) *[calculation of family net income of exempt beneficiaries]*, if the verified income was higher than $18 000, or

(c) section 23 *[continuing income-based coverage]*,

the minister must redetermine the family unit's family net income using the income information provided under section 25 (2) as the basis for a calculation under section 18 or 19, as applicable.

(3) If satisfied that the registrant or the registrant's spouse, if any, is enrolled in Plan B, the minister must redetermine the family unit's family net income by

(a) excluding from income the amounts referred to in section 25 (2) (b) (v) for the purposes of a calculation under section 18 or 19, and

(b) if the family net income under paragraph (a) is less than $42 000, recalculating family net income by excluding the income of the person enrolled in Plan B.

Redetermination if change to family unit of exempt beneficiary

27 (1) In this section, **"relevant income information"** means income information satisfactory to the minister respecting the income of an exempt beneficiary for

(a) the year in which a request for an income review is made, or

(b) for the year previous to the year in which a request for an income review is made.

(2) On receiving a request for an income review under section 25 *[request for income review]* made by an exempt beneficiary with respect to a change to the exempt beneficiary's family unit, the minister must determine whether the minister is

satisfied that the exempt beneficiary's family unit has changed by the removal or addition of a spouse.

(3) If satisfied that the condition set out in subsection (2) of this section is met, the minister must redetermine the family unit's family net income using the income information provided under section 25 (2) as the basis for a calculation under subsection (4) or (5), as applicable.

(4) If a spouse has been removed from the family unit and the minister is

(a) unable to obtain relevant income information for the remaining spouse, the family net income of the remaining spouse's family unit is deemed to be $12 000, or

(b) able to obtain relevant income information for the remaining spouse,

(i) the remaining spouse is no longer an exempt beneficiary, and

(ii) the family net income of the remaining spouse's family unit is that calculated under section 18 *[calculation of family net income generally]*.

(5) If a spouse has been added to the family unit and the minister is

(a) unable to obtain relevant income information for either spouse, the family net income of the family unit is deemed to be $18 000, or

(b) able to obtain relevant income information for at least one spouse, the family net income of the family unit is the higher of $18 000 and that calculated under section 18.

When redetermination after income review applies

28 The amounts of the family deductible and maximum family co-payment that apply to a family unit after a redetermination made in accordance with section 26 *[redetermination after income review generally]* or 27 *[redetermination if change to family unit of exempt beneficiary]* apply as of January 1 of the year in which the request for an income review is made.

Division 5 – Calculating Payment of Deductibles and Co-payments

Amounts paid by private insurers or to non-enrolled persons

29 (1) In this section, **"reimbursement"** means an amount paid by a private insurer to any of the following as reimbursement of the cost of a benefit:

(a) a beneficiary;

(b) a member of a family unit;

(c) a provider in respect of a benefit provided to a beneficiary or a member of a family unit.

(2) In determining the amount paid towards a deductible, co-payment, family deductible or maximum family co-payment, the following rules apply:

(a) subject to paragraph (b), the minister must include the amount of a reimbursement as if that amount were paid by the beneficiary or member of the family unit who received the benefit;

(b) if the amount of a reimbursement is greater than the amount the minister may pay under the Act if the minister were entitled to pay 100% of a claim for the benefit, the minister may include under paragraph (a) only the amount the minister may pay under the Act;

(c) the minister must not include any amount paid by a beneficiary or a member of family unit towards the cost of a drug, device, substance or related service provided by a person who is not a provider.

Division 6 – Monthly Deductible Payment Option Program

Applying to pay deductibles in instalments

30 (1) A registrant may apply to have the family deductible payable by the registrant's family unit payable in instalments.

(2) A family unit is enrolled in the MDPO on application unless ineligible under subsection (3).

(3) A family unit is not eligible to enrol in the MDPO if

(a) a private insurer pays any part of the cost of benefits received by a member of the family unit, or

(b) a member of the family unit

(i) has been the subject of proceedings to recover a debt due to the government for failing to pay all or part of a monthly instalment, or

(ii) owes, at the time of applying to enrol in the MDPO, an amount equalling 3 or more monthly instalments, excluding interest and fees, if any.

[am. B.C. Reg. 98/2019, s. 2.]

Paying monthly instalments

31 (1) A family unit is enrolled in the MDPO as follows:

(a) if the application to enrol in the MDPO is made on or before September 30, beginning the first day of the month that follows the month in which the application was made;

(b) if the application to enrol in the MDPO is made between October 1 and December 31, beginning January 1 of the following year.

(2) On enrolling a family unit in the MDPO, the minister must give notice to the family unit setting out

(a) the monthly instalment amount, and

(b) when monthly instalments are payable.

(3) A family unit enrolled in the MDPO must pay monthly instalments in accordance with the notice provided under subsection (2).

(4) The minister must apply amounts received from a family unit under subsection (3) towards the family deductible of the family unit.

[am. B.C. Reg. 98/2019, s. 2.]

End of enrolment in MDPO

32 (1) A family unit's enrolment in the MDPO ends on the earliest of the following dates:

(a) December 31;

(b) if the registrant gives notice to the minister stating the registrant's desire to cancel the enrolment of the registrant's family unit in the MDPO, on the later of

(i) the date stated in the notice, if any, and

(ii) the date the notice is received by the minister;

(c) on the date set by the minister on cancelling the family unit's enrolment in the MDPO.

(2) The minister may cancel the enrolment of a family unit in the MDPO in any of the following circumstances:

(a) if a member of the family unit commits an offence under the Act;

(b) if

(i) the minister gives notice to the family unit that family unit owes an amount equalling 3 or more monthly instalments, excluding interest or fees, if any, and

(ii) the family unit does not pay the full amount owing within 30 days of the time stated in the notice;

(c) if the family unit has failed, as of March 1, to pay an amount owing toward a monthly instalment that

(i) was due in the previous year, and

(ii) totals more than $10.

(3) A family unit must, immediately on the end of enrolment in the MDPO, pay all amounts, including interest and fees, if any, owing toward monthly instalments.

(4) The total amount that a person is liable to pay under subsection (3) is a debt due to the government and may be

(a) deducted from any subsequent payment that may be made to the person under the Act, or

(b) recovered in a court of competent jurisdiction.

(5) On the end of enrolment in the MDPO, the minister must pay to the person who enrolled a family unit in the MDPO the amount by which the family unit's

monthly instalment payments exceeded the cost of benefits paid by the minister under the Act, if that amount is $5 or more.

[am. B.C. Reg. 98/2019, s. 3.]

PART 4 – OTHER DRUG PLANS

Division 1 – Plan B (Residential Care)

Definitions

33 In this Division:

"community care facility" means a community care facility within the meaning of the *Community Care and Assisted Living Act*;

"facility number" means a facility number assigned under section 34 *[Plan B facilities]* for the purposes of this Division;

"licensed hospital" means a licensed hospital within the meaning of Part 2 of the *Hospital Act*;

"licensee" means the holder of a licence under

(a) the *Community Care and Assisted Living Act* in respect of a community care facility, or

(b) Part 2 of the *Hospital Act* in respect of a licensed hospital;

"long term care" means long term care as described in section 2 (2) (c) of the Residential Care Regulation, B.C. Reg. 96/2009;

"person in care" has the same meaning as in the *Community Care and Assisted Living Act*;

"Plan B facility" means any of the following that have been assigned a facility number:

(a) a community care facility that provides to adult persons in care

(i) long term care, or

(ii) other care, if approved under section 34 (2) *[Plan B facilities]* for the purposes of this Division;

(b) a licensed hospital that provides care to adult patients;

"Plan B provider" means a pharmacy provider enrolled in the Plan B provider sub-class within the meaning of the Provider Regulation.

Plan B facilities

34 (1) In this section, **"application"** means an application made for the purposes of this section by

(a) a licensee, or

(b) a provider who provides benefits to persons in care or to patients of a licensed hospital.

(2) On receiving an application in respect of a community care facility providing care other than long term care, the minister may

(a) approve the community care facility as a facility whose persons in care, if adults, may be enrolled in Plan B, and

(b) assign to the licensee's community care facility a unique facility number.

(3) On receiving an application in respect of a community care facility providing long term care or in respect of a licensed hospital, the minister may assign to the community care facility or licensed hospital a unique facility number.

Plan B (Residential Care)

35 (1) The drug plan known as "Plan B" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan B if the person meets both of the following conditions:

(a) the person is an adult;

(b) the person receives

(i) long term care or care as a person in care in a Plan B facility, or

(ii) care as a patient of a Plan B facility.

(3) An eligible person's enrolment in Plan B begins on the date that the conditions under subsection (2) are met.

(4) A person who makes a claim for benefits under Plan B must include the facility number assigned to the Plan B facility that provides care to the beneficiary.

(5) In addition to payments made with respect to claims under Plan B, the minister may pay to a Plan B provider an amount towards the cost of providing related services to beneficiaries enrolled in Plan B as follows:

(a) the amount may be paid no more than once each month;

(b) the amount is $43.75 per month for each bed in the Plan B facility that, at any time in the month, was assigned to a beneficiary enrolled in Plan B;

(c) if more than one Plan B provider provides, in a month and through a single Plan B facility, related services to beneficiaries enrolled in Plan B, a payment under this subsection in respect of that month and that Plan B facility may be made to one Plan B provider only.

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Division 2 – Plans C, D, F, P, S, W, X and Z

Plan C (Income Assistance)

36 (1) The drug plan known as "Plan C" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan C if the person is one of the following:

(a) a person who receives income assistance or hardship assistance under the *Employment and Assistance Act*;

(b) a person who receives disability assistance or hardship assistance under the *Employment and Assistance for Persons with Disabilities Act*;

(c) a person who is described as being eligible for health supplements under Division 5 of Part 5 of the Employment and Assistance Regulation, unless the person is eligible for benefits under only section 76 of that Division;

(d) a person who is described as being eligible for health supplements under Division 4 of Part 5 of the Employment and Assistance for Persons with Disabilities Regulation, unless the person is eligible for benefits under only section 69 of that Division;

(e) a person who is a member of a family unit, within the meaning of the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*, of a person described in any of paragraphs (a) to (d) of this subsection;

(f) a person who is a child in care within the meaning of the *Child, Family and Community Service Act*;

(g) a person who is a child and who is the subject of an agreement made under section 8 of the *Child, Family and Community Service Act*;

(h) a person who is a youth and who is a party to an agreement made under section 12.2 of the *Child, Family and Community Service Act*.

(3) An eligible person's enrolment in Plan C begins on the date the minister receives notice of the person's eligibility from the applicable ministry of the minister responsible for the administration of an enactment referred to in subsection (2).

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Plan D (Cystic Fibrosis)

37 (1) The drug plan known as "Plan D" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan D if the person meets both of the following conditions:

(a) the person is a medicare beneficiary;

(b) the person has cystic fibrosis.

(3) An eligible person's enrolment in Plan D begins on the date the minister receives notice of the person's eligibility from a person acting on behalf of a cystic fibrosis clinic provided by one of the following:

(a) B.C. Children's Hospital (Vancouver);

(b) Royal Jubilee Hospital (Victoria);

(c) St. Paul's Hospital (Vancouver);

(d) Victoria General Hospital (Victoria).

(4) The minister may pay a claim in respect of benefits listed on the formulary for Plan D only if

(a) the benefits are provided by a provider, and

(b) the claim is entered into PharmaNet at the time the benefits are provided.

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Plan F (Children in the At Home Program)

38 (1) The drug plan known as "Plan F" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan F if the person meets all of the following conditions:

(a) the person is a medicare beneficiary;

(b) subject to subsection (4), the person is less than 18 years of age;

(c) the person is the subject of payments made through the program known as the "At Home Program" administered by the ministry of the minister responsible for the administration of the *Child, Family and Community Service Act*.

(3) An eligible person's enrolment in Plan F begins on the date the minister receives notice of the person's eligibility from a director under the *Child, Family and Community Service Act* that the person is eligible to be enrolled in Plan F.

(4) Without limiting section 10 *[when drug plan enrolment ends]*, a person's enrolment in Plan F ends on the last day of the month in which the person reaches 18 years of age.

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Plan P (Palliative Care)

39 (1) The drug plan known as "Plan P" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan P if the person meets all of the following conditions:

(a) the person is a medicare beneficiary;

(b) the person is not enrolled in Plan B;

(c) a medical practitioner or nurse practitioner providing health care to the person certifies that the person

(i) has been diagnosed, by any medical practitioner or nurse practitioner, as having an illness or condition that will likely result in that person's death within 6 months from the time of certification, and

(ii) is receiving health care primarily for the purpose of palliative care rather than to treat the illness or condition.

(3) An eligible person's enrolment in Plan P begins on the date the minister receives a copy of the certificate referred to in subsection (2) (c) from the certifying medical practitioner or nurse practitioner.

[am. B.C. Reg. 98/2019, ss. 2 and 3.]

Plan S (Nicotine Replacement Therapies)

39.1 (1) The drug plan known as "Plan S" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan S if the person meets all of the following conditions:

(a) the person is a medicare beneficiary;

(b) the person uses tobacco as that term is defined in the *Tobacco and Vapour Products Control Act*;

(c) the declaration referred to in subsection (3) is the first declaration received from the person by any provider in the calendar year.

(3) An eligible person's enrolment in Plan S begins on the date the minister first receives notice from a pharmacy provider, within the meaning of the Provider Regulation, of a declaration that

(a) is made by the person or the person's personal representative,

(b) is made in respect of the receipt, by the person, of a nicotine replacement therapy that is a benefit under Plan S, and

(c) states that the person

(i) is eligible to enrol in Plan S, and

(ii) intends to use a nicotine replacement therapy that is a benefit under Plan S for the purpose of reducing or stopping the use of tobacco by that person.

(4) The minister may pay a claim made under Plan S as follows:

(a) the minister may pay no more than 3 claims, in a calendar year, in respect of a fee charged to dispense a nicotine replacement therapy that is a benefit under Plan S;

(b) the minister may pay a claim made under Plan S only in respect of those nicotine replacement therapies dispensed before the person's enrolment in Plan S ends;

(c) the minister may not pay a claim made under Plan S if a claim has been paid, in whole or in part and within the calendar year, under any other drug plan with respect to benefits prescribed by a practitioner for the purpose of reducing or stopping tobacco use, or with respect to related services.

(5) Subsection (4) (b) applies regardless of whether, throughout the person's enrolment in Plan S, the same or different nicotine replacement therapies are used.

(6) Without limiting section 10 *[when drug plan enrolment ends]*, a person's enrolment in Plan S ends on the earliest of the following dates:

(a) 84 days after the person's enrolment in Plan S begins;

(b) December 31 of the year in which the person's enrolment in Plan S begins.

(7) A person whose enrolment in Plan S ends may not enrol again in Plan S in the same calendar year.

(8) Despite section 6 (1) (c) and (4) *[no payment for benefits covered under other Acts or programs]*, those provisions do not apply with respect to a nicotine replacement therapy or a related service that is a benefit under Plan S.

[en. B.C. Reg. 221/2015, Sch. s. 4; am. B.C. Regs. 221/2015, s. (b); 98/2019, ss. 2 and 3.]

Plan W (First Nations Health Benefits)

39.2 (1) In this section:

"comprehensive reimbursement program" means a program that provides payments to or on behalf of persons participating in the program for the costs of drugs, devices, substances or related services;

"FNHA" means the First Nations Health Authority, a society incorporated under the *Societies Act*.

(2) The drug plan known as "Plan W" is established for the purposes of the Act.

(3) A person is eligible to enrol in Plan W if the person meets all of the following conditions:

(a) the person is a medicare beneficiary;

(b) the person is not disqualified under subsection (4);

(c) the person is either

(i) registered as an Indian under the *Indian Act* (Canada), or

(ii) a child, within the meaning of the *Indian Act* (Canada), of a person described in subparagraph (i), and who is less than 24 months of age.

(4) A person is disqualified from enrolling in Plan W if the person is eligible to participate in a comprehensive reimbursement program under either of the following types of arrangements:

(a) a treaty and land claims agreement within the meaning of sections 25 and 35 of the *Constitution Act, 1982* (Canada), unless

(i) the first nation that is the subject of the treaty and land claims agreement has entered into an agreement with the FNHA under which the FNHA administers a comprehensive reimbursement program on behalf of the members of the first nation, and

(ii) the treaty and land claims agreement is identified by order of the minister as a treaty and land claims agreement that is excluded for the purposes of this section;

(b) a written contribution arrangement between a first nations organization and a government of a province or of Canada,

(i) under which the government provides funding to the organization for the purpose of enabling the organization to administer a comprehensive reimbursement program on behalf of its aboriginal members, and

(ii) that has been identified by order of the minister as a contribution arrangement for the purposes of this section.

(5) An eligible person's enrolment in Plan W begins on the date the minister receives notice of the person's eligibility from a person acting on behalf of the FNHA that the person is eligible to be enrolled in Plan W.

[en. B.C. Reg. 93/2017, s. 5; am. B.C. Regs. 68/2019; 98/2019, s. 2; 123/2020.]

Plan X (HIV/AIDS)

40 (1) In this section:

"Centre for Excellence" means the BC Centre for Excellence in HIV/AIDS;

"Drug Treatment Program" means the HIV/AIDS Drug Treatment Program provided through the Centre for Excellence.

(2) The drug plan known as "Plan X" is established for the purposes of the Act.

(3) A person is eligible to enrol in Plan X if the person is enrolled in the Drug Treatment Program.

(4) An eligible person's enrolment in Plan X begins on the date the person enrols in the Drug Treatment Program.

(5) For the purposes of making payments under the Act in respect of a benefit provided to a beneficiary under Plan X,

(a) payments must be in accordance with a funding agreement between the minister and the Centre for Excellence, and

(b) section 5 (b) and (c) *[general limits on payment of claims]* does not apply.

(6) Despite section 3 *[enrolment in drug plans]*, the minister may authorize a person to be enrolled in Plan X if the minister is satisfied that the person is no longer a resident of British Columbia but remains enrolled in the Drug Treatment Program.

[am. B.C. Reg. 98/2019, ss. 2, 3 and 6.]

Plan Z (Assurance)

40.1 (1) The drug plan known as "Plan Z" is established for the purposes of the Act.

(2) A person is enrolled in Plan Z if the person is a medicare beneficiary.

[en. B.C. Reg. 98/2019, s. 7.]

Division 3 – Plan G (Psychiatric Medications)

Plan G (Psychiatric Medications)

41 (1) The drug plan known as "Plan G" is established for the purposes of the Act.

(2) A person is eligible to enrol in Plan G if the person meets both of the following conditions:

(a) the person is a medicare beneficiary;

(b) the person has been prescribed a psychiatric drug that is a benefit under Plan G.

[am. B.C. Reg. 98/2019, s. 2.]

Conditions of enrolment

42 (1) An eligible person's enrolment in Plan G begins on the date the minister receives both

(a) the certificate described in subsection (2), and

(b) the declaration described in subsection (3).

(2) Before a person may be enrolled in Plan G, a medical practitioner or nurse practitioner must provide to the minister a certificate stating that the practitioner has prescribed a psychiatric drug to the person and that

(a) the person has been hospitalized for treatment related to a psychiatric condition, or

(b) without the prescribed psychiatric drug, it is likely that

(i) the person will be hospitalized for treatment related to a psychiatric condition, or

(ii) the person, or another person, will suffer serious physical or psychological harm or economic loss.

(3) Before a person may be enrolled in Plan G, the person must make a declaration that

(a) the person has no other insurance that will cover the cost of the prescribed psychiatric drug referred to in the certificate described in subsection (2),

(b) the person is eligible to receive supplemental services under section 11 of the Medical and Health Care Services Regulation, and

(c) the cost of the prescribed psychiatric drug is a barrier to obtaining the prescribed psychiatric drug.

[am. B.C. Regs. 208/2017, s. (a); 98/2019, s. 3; 180/2019, App. 1.]

End of enrolment

43 Without limiting section 10 *[when drug plan enrolment ends]*, a person's enrolment in Plan G ends on the earlier of

(a) the date, if any, stated in a certificate provided under section 42 (2) *[conditions of enrolment]* as the date on which enrolment should end, and

(b) one year after the minister receives both the certificate and declaration under section 42.

[am. B.C. Reg. 98/2019, s. 3.]

Division 4 – Plan M (Medication Management)

Definitions

44 In this Division:

"clinical need" means any of the following circumstances:

(a) a person has multiple illnesses or a chronic disease;

(b) a person's medication regimen includes one or more

(i) non-prescription drugs or substances,

(ii) natural health products within the meaning of the Natural Health Products Regulations (Canada), SOR/2003-196, or

(iii) drugs or substances that require monitoring through laboratory services;

(c) the person was a patient in a hospital and was discharged within the previous 14 days;

(d) the person has, or may have, a drug therapy problem;

(e) more than one practitioner is prescribing drugs or substances for the person;

(f) a practitioner who is prescribing drugs or substances for a person requests a review, by a pharmacist, of the person's medication regimen;

"drug therapy problem" means any of the following circumstances in respect of a person:

(a) drug therapy is not clinically indicated;

(b) additional drug therapy to that already prescribed is required to treat or prevent a medical condition;

(c) drug therapy is clinically indicated, but is not optimally effective to produce the desired medical outcome;

(d) the dosage of a drug or substance is

(i) too low to produce the desired medical outcome, or

(ii) too high, resulting in undesirable effects;

(e) a drug or substance is causing an adverse reaction;

(f) a medication regimen is not being followed appropriately;

"medical history" has the same meaning as in the Information Management Regulation;

"medication review" means a review, by a pharmacist, of a person's medication regimen;

"qualifying medication" means any of the following, if provided to a beneficiary and entered into the beneficiary's medical history in PharmaNet:

(a) a drug or substance that is listed in Schedule I of the Drug Schedules Regulation;

(b) a compound drug or substance that

(i) contains an ingredient listed in Schedule I of the Drug Schedules Regulation, and

(ii) is prescribed by a practitioner, other than a veterinarian;

(c) insulin.

[am. B.C. Reg. 221/2015, Sch. s. 5.]

Plan M (Medication Management)

45 (1) The drug plan known as "Plan M" is established for the purposes of the Act.

(2) The minister is not required to establish a formulary for Plan M.

(3) In establishing a list of related services for Plan M, the minister must classify related services in respect of medication review as primary or follow-up services for the purposes of section 46 *[claims under Plan M in respect of medication reviews]*.

(4) In addition to residents of British Columbia, a person is eligible to be enrolled in Plan M if the person is

(a) a member of the Canadian Armed Forces, and

(b) stationed in British Columbia, regardless of where the person is deployed.

(5) A person enrolled in Plan B may not be enrolled in Plan M.

Claims under Plan M in respect of medication reviews

46 The minister may pay a claim made under Plan M in respect of a medication review if all of the following conditions are met:

(a) the beneficiary has been provided with at least 5 different qualifying medications within the 6 month period before a benefit under Plan M in respect of a medication review is provided;

(b) if the claim is in respect of a primary service, no claim was made for any primary service within the previous 6 months;

(c) if the claim is in respect of a follow-up service,

(i) the beneficiary received a primary service within the previous 12 months, and

(ii) no claim was made for any follow-up service within the previous 3 months;

(d) before providing the benefit, a pharmacist assessed the beneficiary and determined that the beneficiary was in clinical need of the benefit;

(e) on receiving the benefit, the beneficiary or the beneficiary's personal representative confirmed in writing that the benefit was received.

SCHEDULE 1

[en. B.C. Reg. 134/2018.]

PLAN I (NO REGISTRANT BORN BEFORE 1940)

(section 20 [determination of deductibles and co-payments])

Item	Column 1 Family Net Income ($) (of registrant and spouse, if any)			Column 2 Family Deductible ($) (minister makes no payment until family unit pays this amount)	Column 3 Maximum Family Co-payment ($) (after deductible is paid, minister pays 70% until family unit pays this amount)
1	0.00	–	1 875.00	0.00	0.00
2	1 875.01	–	3 125.00	0.00	0.00
3	3 125.01	–	4 375.00	0.00	0.00
4	4 375.01	–	6 250.00	0.00	0.00
5	6 250.01	–	8 750.00	0.00	0.00
6	8 750.01	–	11 250.00	0.00	0.00
7	11 250.01	–	13 750.00	0.00	0.00
8	13 750.01	–	15 000.00	0.00	100.00
9	15 000.01	–	16 250.00	0.00	200.00
10	16 250.01	–	18 750.00	0.00	300.00
11	18 750.01	–	21 250.00	0.00	400.00
12	21 250.01	–	23 750.00	0.00	500.00
13	23 750.01	–	26 250.00	0.00	600.00
14	26 250.01	–	28 750.00	0.00	700.00
15	28 750.01	–	30 000.00	0.00	800.00
16	30 000.01	–	31 667.00	650.00	250.00
17	31 667.01	–	35 000.00	800.00	350.00
18	35 000.01	–	38 333.00	950.00	400.00
19	38 333.01	–	41 667.00	1 100.00	400.00
20	41 667.01	–	45 000.00	1 300.00	400.00
21	45 000.01	–	48 333.00	1 400.00	475.00
22	48 333.01	–	51 667.00	1 500.00	500.00
23	51 667.01	–	55 000.00	1 600.00	550.00
24	55 000.01	–	58 333.00	1 700.00	575.00
25	58 333.01	–	61 667.00	1 800.00	600.00
26	61 667.01	–	65 000.00	1 900.00	650.00
27	65 000.01	–	70 833.00	2 000.00	675.00
28	70 833.01	–	79 167.00	2 250.00	750.00

Item	Column 1 **Family Net Income ($)** (of registrant and spouse, if any)			Column 2 **Family Deductible ($)** (minister makes no payment until family unit pays this amount)	Column 3 **Maximum Family Co-payment ($)** (after deductible is paid, minister pays 70% until family unit pays this amount)
29	79 167.01	–	87 500.00	2 500.00	850.00
30	87 500.01	–	95 833.00	2 750.00	925.00
31	95 833.01	–	108 333.00	3 000.00	1 000.00
32	108 333.01	–	125 000.00	3 500.00	1 175.00
33	125 000.01	–	141 667.00	4 000.00	1 350.00
34	141 667.01	–	158 333.00	4 500.00	1 500.00
35	158 333.01	–	183 333.00	5 000.00	1 675.00
36	183 333.01	–	216 667.00	6 000.00	2 000.00
37	216 667.01	–	250 000.00	7 000.00	2 350.00
38	250 000.01	–	283 333.00	8 000.00	2 000.00
39	283 333.01	–	316 667.00	9 000.00	1 000.00
40	316 667.01	–	999 999 999.00	10 000.00	0.00

SCHEDULE 2

[en. B.C. Reg. 134/2018.]

PLAN I (AT LEAST ONE REGISTRANT BORN BEFORE 1940)

(section 20 [determination of deductibles and co-payments])

Item	Column 1 **Family Net Income ($)** (of registrant and spouse, if any)			Column 2 **Family Deductible ($)** (minister makes no payment until family unit pays this amount)	Column 3 **Maximum Family Co-payment ($)** (after deductible is paid, minister pays 75% until family unit pays this amount)
1	0.00	–	3 000.00	0.00	0.00
2	3 000.01	–	5 000.00	0.00	0.00
3	5 000.01	–	7 000.00	0.00	0.00
4	7 000.01	–	10 000.00	0.00	0.00
5	10 000.01	–	14 000.00	0.00	0.00
6	14 000.01	–	18 000.00	0.00	200.00
7	18 000.01	–	22 000.00	0.00	250.00

Item	Column 1 **Family Net Income ($)** (of registrant and spouse, if any)	Column 2 **Family Deductible ($)** (minister makes no payment until family unit pays this amount)	Column 3 **Maximum Family Co-payment ($)** (after deductible is paid, minister pays 75% until family unit pays this amount)
8	22 000.01 – 26 000.00	0.00	300.00
9	26 000.01 – 30 000.00	0.00	350.00
10	30 000.01 – 33 000.00	0.00	400.00
11	33 000.01 – 37 500.00	350.00	350.00
12	37 500.01 – 42 500.00	400.00	400.00
13	42 500.01 – 47 500.00	450.00	450.00
14	47 500.01 – 50 000.00	500.00	500.00
15	50 000.01 – 52 500.00	1 000.00	500.00
16	52 500.01 – 57 500.00	1 100.00	550.00
17	57 500.01 – 62 500.00	1 200.00	600.00
18	62 500.01 – 67 500.00	1 300.00	650.00
19	67 500.01 – 72 500.00	1 400.00	700.00
20	72 500.01 – 77 500.00	1 500.00	750.00
21	77 500.01 – 82 500.00	1 600.00	800.00
22	82 500.01 – 87 500.00	1 700.00	850.00
23	87 500.01 – 92 500.00	1 800.00	900.00
24	92 500.01 – 97 500.00	1 900.00	950.00
25	97 500.01 – 106 250.00	2 000.00	1 000.00
26	106 250.01 – 118 750.00	2 250.00	1 125.00
27	118 750.01 – 131 250.00	2 500.00	1 250.00
28	131 250.01 – 143 750.00	2 750.00	1 375.00
29	143 750.01 – 162 500.00	3 000.00	1 500.00
30	162 500.01 – 187 500.00	3 500.00	1 750.00
31	187 500.01 – 212 500.00	4 000.00	2 000.00
32	212 500.01 – 237 500.00	4 500.00	2 250.00
33	237 500.01 – 275 000.00	5 000.00	2 500.00
34	275 000.01 – 325 000.00	6 000.00	3 000.00
35	325 000.01 – 375 000.00	7 000.00	3 000.00
36	375 000.01 – 425 000.00	8 000.00	2 000.00
37	425 000.01 – 475 000.00	9 000.00	1 000.00
38	475 000.01 – 999 999 999.00	10 000.00	0.00