

Expenses which *ARE* deductible to the employer through Cost Plus OR A Health Spending Account *

Health/Dental Care Plans — Insured Premiums (e.g., Manulife, Great West Life, Travel Insurance, etc.)

Services Performed by Qualified or Licensed Medical Practitioners such as:

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| ▪ Acupuncturists | ▪ Neurologists | ▪ Physiotherapists |
| ▪ Chiroprodists | ▪ Obstetricians | ▪ Plastic Surgeons |
| ▪ Chiropractors | ▪ Ophthalmologists | ▪ Podiatrists |
| ▪ Christian Science Practitioners | ▪ Opticians | ▪ Practical and Registered Nurses |
| ▪ Dentists | ▪ Optical Services | ▪ Psychiatrists |
| ▪ Dental Technicians | ▪ Optometrists | ▪ Psychoanalysts |
| ▪ Dermatologists | ▪ Orthodontists | ▪ Psychologists |
| ▪ Gynecologists | ▪ Orthopedists | ▪ Speech Therapists |
| ▪ Laser Surgeons | ▪ Osteopaths | ▪ Surgeons |
| ▪ Naturopaths | ▪ Pediatricians | ▪ Massage Therapists |

Laboratory Tests and Examinations

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| ▪ Blood Tests | ▪ Spinal Fluid Tests | ▪ X-Ray Examinations |
| ▪ Cardiographs | ▪ Stool Examinations | ▪ Ultrasound, etc. |
| ▪ Metabolism Tests | ▪ Urine Analyses | |

Hospital Services

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| ▪ Anesthetists | ▪ Operating Room Charges | ▪ Oxygen and Masks and Tents |
| ▪ Accredited Hospital Technicians | ▪ Other Hospital Bills | ▪ Vaccines |

Medicines

- | | | |
|------------------------------------|----------|----------------------|
| ▪ Diabetic Supplies, if prescribed | ▪ Oxygen | ▪ Prescription Drugs |
| ▪ Insulin | | |

Medical Treatments (Prescribed)

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| ▪ Blood Transfusions | ▪ Injections | ▪ Radium Therapy |
| ▪ Bone Marrow or Organ Transplant | ▪ Insulin Treatment | ▪ Speech or Audio Therapy |
| ▪ Diathermy | ▪ Nursing (Registered Nurse, RN) | ▪ Ultra-violet |
| ▪ Electric Shock | ▪ Pre-natal/Post-natal | ▪ X-Ray Treatments |
| ▪ Hydrotherapy | ▪ Psychotherapy | ▪ Other Prescribed Healing Services |

*** Note: These are examples only. This is not intended to be a comprehensive list.**

Examples of Eligible Equipment and Materials *Requiring a Prescription and Prescribed by a Medical Professional:*

- Assisted Devices such as walking, breathing, driving, continence, hearing, speech, etc.
- Baby Monitors (In Danger of IDS)
- Eye Glasses and Contact Lenses
- Health Monitors or Pacemakers
- Hospital Bed
- Infusion Pumps for Diabetes
- Orthopedic Assists
- Oxygen Tents
- Power Operated Lifts for the Handicapped
- Prostheses
- Syringes
- TV Closed Captioned Decoders
- Speech Systems, Readers, Monitors, etc. for the Visually Handicapped
- Transportation Equipment for the Handicapped
- Wigs – as the result of disease, treatment of accident

Examples of Eligible Equipment and Materials *Not Requiring a Prescription:*

- Artificial Limbs or Eyes
- Colostomy and Ileostomy Supplies
- Crutches, Trusses and Braces
- Hearing Devices
- Home Care or Long Term Care Facility
- Kidney Machines and Related Costs
- Incontinence Supplies
- Iron Lung
- Speaking Devices
- Wheelchair Purchase or Rental

Other Eligible Expenses:

- Ambulance Charges
- Adaption of a Residence for a Handicapped Dependent
- Dependent Home Care or Long Term Care Facility
- Prescription Birth Control Pills
- Rehabilitation Facility
- Trained Animals and their Related Costs to assist the Blind, Deaf or Otherwise Handicapped
- Transportation costs to obtain medical Services not otherwise available
- Transportation, Meals and Accommodations (reasonable expenses) for patient and accompanying attendant if: a) equivalent medical services are not available locally; b) the route traveled is reasonably direct.; c) medical treatment is reasonable and distance travelled is at least 80 kilometers.

Eligible Dental Services - ALL

- Cleanings, Fillings, etc.
- Endodontic
- Extractions
- Orthodontic
- Periodontics
- X-Rays, Exams

Examples of Expenditures that *Would Not be Covered or Allowable as Expenses:*

- Air Conditioners, Air Cleaners or Humidifiers
- Cosmetic Surgery
- Illegal Drugs, Operations or Treatments
- Health Programs offered by Health Clubs or Resorts
- Over-the-Counter Vitamins or Drugs
- Medical Expenses for which you are entitled to reimbursement from other plans
- Non-Prescription Birth Control Devices
- Paramedical Treatments performed by Non-Professionally Accredited Practitioners
- Provincial Health Care Premiums
- Specialty Foods/Beverages unless they are used to treat a specific illness AND claims are accompanied by a physician's recommendation
- Teeth Whitening
- Wigs – unless made for individuals suffering from abnormal hair loss due to disease or medical treatment.