



Private Health Services Plan Qualified Expenses

Premiums for Health Care Plans

Premiums paid to any non-government medical or hospital care plan. (ie. Blue Cross, Liberty Health, etc.)

Professional Services

Any services performed by a *qualified medical practitioner**, including but not limited to the following:

** A person who is authorized to practice in accordance to the laws of the province and certified according to the practitioner's governing body.*

Acupuncturist	All Optical Services	Chiroprapist	Chiropractor
Dermatologist	Dental Mechanic	Dentist	Gynecologist
Naturopath	Neurologist	Obstetrician	Oculist
Ophthalmologist	Optician	Optometrist	Orthodontist
Orthopedist	Osteopath	Pediatrician	Physician
Physiotherapist	Plastic Surgeon	Podiatrist	Practical Nurse(medical service)
Practitioner, Christian Science	Psychiatrist	Psychoanalyst	Psychologist (if licensed)
Registered Nurse	Speech Therapist (Pathological or Audiological)	Surgeon	Therapist

Laboratory Examination and Tests

Blood Tests	Cardiographs
Metabolism Tests	Spinal Fluid Tests
Stool Examinations	Urine Analysis
X-Ray Examination	

Dental Services

Dental X-Rays	Denture Repairs & Replacement
Examinations	Extracting Teeth
Filling Teeth	Gum Treatment
Oral Surgery	Straightening Teeth

Hospital Services

Anesthetist	Hospital Bills	Oxygen Masks/Tents
Vaccines	Use of Operating Room	X-Ray Technician

Medicines

Any non-prescription medicines (over the counter), vitamins and supplements, even if prescribed by a qualified medical practitioner and recorded by a licensed pharmacist are not eligible expenses.

All Prescription Drugs | Insulin or Substitutes | Liver Extract (injectable) | Oxygen | Vitamin B12 for pernicious anemia | Tapes or Tablets for sugar content tests by diabetics, if prescribed

Prescribed Medical Treatments

Blood Transfusion | Bone Marrow or Organ Transplant | Insulin Treatments | Diathermy | Electric Shock Treatment | Healing Services | Hydrotherapy | Injections | Lazer Eye Surgery | Nursing (by a Registered Nurse) | Prenatal and Postnatal | Psychotherapy | Radium Therapy | Speech Pathology or Audiology | Ultra-violet Ray Treatments | Whirlpool Baths | X Ray Treatment



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Materials & Apparatus Which Are Prescribed by a Recognized Medical Practitioner

An external Breast Prosthesis | Any device to assist walking for an individual with a mobility impairment | Contact Lenses | Devices designed to assist a person to use bathtubs, showers or toilets | Devices designed to enable the operation of a motor vehicle by individuals with mobility impairment | Devices used by individuals suffering from a chronic respiratory ailment or a severe chronic immune system deregulation | Electronic or Computerized Environmental Control Systems for individuals with severe and prolonged mobility restrictions | Electronic Speech Synthesizers for mute individuals | Equipment that enables deaf or mute individuals to make and receive phone calls - including visual ringing indicators, acoustic couplers and teletype | Extremity Pumps or Elastic Support Hose to reduce Lymph Edema Swelling | Eye Glasses | Heart Monitors or Pace Makers | Hospital Beds if required in-home | Inductive Coupling Osteogenesis stimulator | Infusion pumps for Diabetics, including peripherals | Monitors attached to babies identified as being prone to Sudden Infant Death Syndrome | Optical Scanners or similar devices to enable a visually challenged individual to read print | Orthopedic Shoes or Boots | Oxygen Tent | Power Operated Guided Chair installation for stairways | Power Operated Guided Lifts and transportation equipment designed to facilitate access to buildings, vehicles or to allow wheelchair access to a vehicle | Synthetic Speech Systems, braille printers and large print-on-screen devices to enable the visually challenged to use computers | Syringes | Television Closed Captioning Decoders | Wigs if required as a result of disease, accident or medical treatment

Other Materials and Apparatus Which Don't Require a Prescription

Any apparatus or material, paid to a Doctor, Nurse or Hospital | Any device to aid the hearing of a deaf person including bone conduction, telephone receivers, extra loud audible signals and devices to permit volume adjustment of telephone equipment above normal levels | Artificial Eye | Artificial Kidney Machine, including installation, operating costs | Artificial Limb | Blood sugar level measuring devices for diabetics | Brace for a Limb | Catheters, Catheter Trays, Tubing, Diapers, Disposable Briefs required by incontinent persons | Colostomy Pads | Crutches | Hernia Truss | Ileostomy Pads | Iron Lung | Laryngeal Speaking Aid | Spinal Brace | Wheelchair

Other Expenditures

Ambulance Charges | Home Maker Service and Home Care (attendant must be a non-relative) | Prescription Birth Control Pills | Reasonable costs for adapting a residence to accommodate a disabled person (Example: Wheel Chair Ramp, Lifts, Bath Facilities) | Rehabilitative Therapy, Lip Reading and Sign Language Training | Specially Trained Animals to assist Blind, Deaf or Severely Impaired persons, including the cost of its care and maintenance | Transportation costs only - to hospital, clinic or doctor's office to obtain services not otherwise available for patient and attendant may be deductible if: 1. Equivalent Services are not available locally; 2. The route traveled is reasonable direct; 3. Medical treatment is reasonable and distance traveled is at least 40 km | Transportation, Meals and Accommodations (reasonable expenses for meals, accommodation and travel costs) - to hospital, clinic or doctor's office to obtain services not otherwise available for a patient and an accompanying attendant may be deductible if: 1. Equivalent Services are not available locally; 2. The route traveled is reasonable direct; 3. Medical treatment is reasonable and distance traveled is at least 80 Kilometers

Expenditures NOT covered by this plan

Acupuncture Treatments if they are not performed by a Licensed Physician | Air Conditioners, Humidifiers, De-Humidifiers or Air Cleaners | Antiseptic Diaper Service | Health Programs offered by resort hotels or health or fitness clubs | Illegal operations, treatment or drugs | Maternity Clothes | Medical Expenses for which you are reimbursed from other plans | (Non-Prescription) Birth Control Devices | Payments to a municipality where the municipality employed a doctor to provide medical services to the residents of the municipality | Scales for weighing food | Special Foods or Beverages are not a deductible expense for Tax purposes. However, if said food or beverages are taken to alleviate or treat an illness, and not nutritional, they may be allowed. Such claims must be accompanied by a letter from a medical doctor. | Toothpaste | Wigs - unless made to order for Individuals who have suffered abnormal hair loss owing to disease, medical treatment or accident | Unnecessary medical procedures, including surgical and non-surgical, purely of a cosmetic nature incurred after March 4 2010. | Personal response system such as Lifeline and Health Line | Travel expenses for which you get reimbursed | Note: Provincial HealthCare Premium are NOT an Eligible Expenditure.