



Health Risk Services Inc.

*"Providing Your Innovative
Benefits Solutions"*

ELIGIBLE MEDICAL EXPENSES

PLEASE NOTE: *The above eligible and ineligible expenses for both Extended Health Care and Dental are presented as a guide only. All claims submitted for re-imburement or payment will first be verified as eligible under the Canada Revenue Agency Guidelines. If there is a concern regarding eligibility, we will contact you. If you have any questions regarding eligibility of a proposed expense, please contact HEALTH RISK SERVICES INC. first for affirmation of eligibility prior to actually incurring the cost.*

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(PRESENTED AS A GUIDE ONLY)

PREMIUMS FOR HEALTH CARE PLANS:

Premiums paid to any non-government medical or hospital care plan. e.g. Blue Cross, Empire Life, Great West Life, etc.

PROFESSIONAL SERVICES:

Any services that are performed by a qualified medical practitioner but not limited to:

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

NB: A qualified medical practitioner is a person who is authorized to practice in accordance to the laws of the province and certified according to the practitioner's governing body.

LABORATORY EXAMINATIONS AND TESTING:

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| Blood Tests | Cardiographs | Metabolism Tests |
| Spinal Tests | Stool Examination | Urine Analyses |
| X-ray Examination | | |

HOSPITAL SERVICES:

Anesthetist
Use of Operating Room

Hospital Bills
Vaccines

Oxygen Masks, Tent
X-ray Technician

MEDICINES:

Any non-prescription medicines (over the counter), prescribed by a qualified medical practitioner and recorded by a licensed pharmacist.

ALL PRESCRIPTION DRUGS:

Insulin or Substitutes

Oxygen

Liver Extracts – injectible for pernicious anemia

Tapes or Tablets – for sugar content tests by diabetics if prescribed

Vitamin 12 – for pernicious anemia

PRESCRIBED MEDICAL TREATMENTS:

Blood Transfusion

Diathermy

Hydrotherapy

Pre-Natal, Post Natal Treatments

Speech Pathology or Audiology

Bone marrow or Organ Transplant

Electric Shock Treatments

Injections

Psychotherapy

Ultra-violet Ray Treatments

Insulin Treatments

Healing Services

Nursing by Reg. Nurse

Radium Therapy

X-ray Treatments

MATERIALS AND APPARATUS WHICH ARE PRESCRIBED BY A RECOGNIZED MEDICAL PRACTITIONER

An external breast prosthesis

Any device designed to assist walking where the individual has a mobility impairment

Contact lenses

Devices designed to assist a person to use bathtubs, showers or toilets

Devices designed to enable individuals with a mobility impairments to operate a vehicle

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 most individuals

Equipment that enable deaf or mute persons to make and receive telephone calls including visual ringing indicators, acoustic coupler, teletypewriter, which makes telephone communication possible with other persons.

Extremity pumps or elastic support hose to reduce lymph edema swelling

Eye Glasses

Heart monitors or pace makers

Hospital bed, if required at home

Inductive coupling osteogenesis stimulator

Infusion pumps for diabetes including peripherals

Monitors attached to babies identified as being prone to sudden infant death syndrome

Optical scanners or similar devices for a blind individual to enable him to read print

Orthopedic shoes or boots

Oxygen tent

Power-operated guided chair installation for stairways

Power-operated lifts and transportation equipment designed to allow access to buildings,

Power-operated lifts and transportation equipment designed to allow access to buildings vehicles or to allow wheelchair access to a vehicle
Synthetic speech systems, Braille printers and large print-on-screen devices that enable blind persons to utilize computers
Syringes
Television closed captioned 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, dentist , 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 device for diabetics
Brace for a limb
Catheters, catheter tray, tubing, diaper, disposable briefs required by incontinent persons
Colostomy pads
Crutches
Hernia truss
Ileostomy pads
Iron lung
Laryngeal speaking aid
Rocking bed for polio victim
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 (e.g. wheelchair 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 – to hospital, clinic or doctor's office to obtain services not otherwise available
Transportation, meals and accommodation (reasonable expenses for meals, accommodation and travel costs for a patient and an accompanying attendant may be deductible if: a) equivalent medical services are not available locally; b) the route traveled is reasonably direct; c) medical treatment is reasonable and distance traveled is at least 80 kilometers)

THE FOLLOWING EXPENDITURES WOULD **NOT BE COVERED UNDER THIS PLAN**

IMPORTANT – PROVINCIAL HEALTH CARE PREMIUMS ARE NOT ELIGIBLE EXPENDITURES

Acupuncture treatments if they are not performed by a licensed physician
Air conditioners, humidifiers, dehumidifiers or air cleaners

Antiseptic diaper service
 Health programs offered by resort hotels, health clubs
 Illegal operations, treatment or drugs
 Maternity clothes
 Medical expenses for which you are reimbursed or are entitled to be 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 and other conventional hygiene products
 Wigs – unless made to order for individuals who have suffered abnormal hair loss owing to disease, medical treatment or accident

ELIGIBLE DENTAL EXPENSES

ALL DENTAL SERVICES:

PREVENTIVE : dental procedures used to help prevent dental problems. They are procedures that a dentist performs regularly to maintain good dental health such as:

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| Complete examinations | X-rays | Cleaning |
| Polishing | Scaling | Disking |
| Topical fluoride treatment | Space Maintainers | Maintenance |

BASIC: procedure used to treat basic dental problems such as:

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| Fillings | Extractions | Retentive pins |
| Prefabricated metal or plastic restoration | | Pit & fissure sealant |

ENDODONTICS : root canal therapy , root canal fillings and treatment of the disease of the pulp tissue. Other treatments such as:

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|-----------------|-----------------|-------------|
| Root Amputation | Apicoectomy | Retofilling |
| Hemisection | Vital Pulpotomy | |

PERIODONTICS : the treatment of bone and gum disease, surgeries, such as:

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| Gingivoplasty | Gingivectomy | All other oral surgeries |
| Repairing, relining or rebasing dentures | | |

MAJOR : procedure to treat major dental problems such as:

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|---------------|--------------------|-----------------------|
| Crowns | Bridges | Gold foil restoration |
| Dentures | Inlays | Onlays |
| Veneers | Denture Adjustment | Tissue Conditioning |
| Fixed bridges | TMJ treatment | |

ORTHODONTIC : procedure to treat mis-aligned or crooked teeth such as:

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| Orthodontic examination | Appliances e.g. braces and services |
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