

List Of Allowable Medical Expenses

- * Premiums paid to any non-government medical or hospital care plan such as Canadian Spectrum.
 - * Any services performed by a qualified medical practitioner including but not limited to the following:
 - * Physician
 - * Dentist
 - * Dental Mechanic
 - * Orthodontist
 - * Optometrist
 - * Ophthalmologist
 - * Optician
 - * Physiotherapist
 - * Gynecologist
 - * Neurologist
 - * Obstetrician
 - * Osteopath
 - * Orthopedist
 - * Pediatrician
 - * Plastic Surgeon
 - * Podiatrist
 - * Registered Nurse
 - * Surgeon
 - * Therapist
 - * Naturopathist
 - * Chiropractor
 - * Chiropodist
 - * Dermatologist
 - * Psychiatrist
 - * Psychoanalyst
 - * Psychologist (if licensed)
 - * Oculist
 - * Acupuncturist (if qualified medical practitioner)
 - * Christian Science Practitioner
 - * Speech Therapist (if treated for Pathological or Audiological)
 - * Practical Nurse (for medical services)
- Note: A qualified medical practitioner means a person who is authorized to practice in accordance to the laws of the province and certified according to the practitioner's governing body.

DENTAL SERVICES

- * Extracting teeth
- * Straightening Teeth
- * Gum Treatment
- * Examinations
- * Filling Teeth
- * Dental x-rays
- * Oral Surgery
- * Surgical Services
- * Denture Repair & Replacement
- * Endodontics
- * Appliances

LABORATORY EXAMINATIONS AND TESTS

- * Blood tests
- * X-ray examination
- * Stool examination
- * Cardiographs
- * Urine analyses
- * Spinal fluid tests
- * Metabolism test

HOSPITAL SERVICES

- * Hospital bills
- * X-ray technician
- * Use of operating room
- * Vaccines
- * Anesthetist
- * Oxygen masks, tent

MEDICINES

- * Prescription Drugs
- * Insulin or substitutes
- * Tapes or tablets for sugar content tests by diabetics, if prescribed
- * Vitamin B12 - for pernicious anemia
- * Liver extract - injectable for pernicious anemia
- * Oxygen
- * Any non-prescription medicines, prescribed by a qualified medical practitioner and recorded by a licensed pharmacist.

MATERIALS AND APPARATUS THAT DON'T REQUIRE A PRESCRIPTION

- * Crutches
- * Artificial limb
- * Brace for a limb
- * Artificial eye
- * Colostomy pads
- * Ileostomy pads
- * Wheelchair
- * Hernia truss
- * Spinal Brace
- * Rocking bed for polio victim
- * Laryngeal speaking aid
- * Iron lung
- * Blood sugar level measuring devices for diabetics.
- * Artificial kidney machine, including installation, operating costs.
- * Any apparatus or material, paid to a doctor, dentist, nurse or hospital.
- * Catheters, catheter trays, tubing, diapers, disposable briefs required by incontinent persons.
- * Reasonable expenses relating to renovations to a dwelling for patients with severe and prolonged mobility impairment.
- * 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.

PRESCRIBED MEDICAL TREATMENTS

- * Whirlpool baths
- * X-ray treatments
- * Nursing (by Registered Nurse)
- * Ultra-violet ray treatments
- * Pre-natal; Post natal treatments
- * Radium therapy
- * Speech pathology or audiology
- * Bone marrow or organ transplant
- * Electric shock treatments
- * Insulin treatments
- * Psychotherapy
- * Blood transfusion
- * Diathermy
- * Injections
- * Hydrotherapy
- * Healing services

MATERIALS AND APPARATUS PRESCRIBED BY A RECOGNIZED MEDICAL PRACTITIONER

- * Eye glasses
- * Orthopedic shoes or boots
- * Hospital bed, if required in home
- * Television closed captioned decoders
- * Electronic speech synthesizers for mute individuals
- * Infusion pumps for diabetes including peripherals
- * Wigs if required as a result of disease, accident or medical treatment
- * Devices designed to assist a person to use bathtubs, showers, or toilets
- * Extremity pumps or elastic support hose to reduce lymph edema swelling
- * Optical scanners or similar devices for a blind individual to enable him to read print
- * Any device designed to assist walking where the individual has a mobility impairment
- * Monitors attached to babies identified as being prone to sudden infant death syndrome
- * 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 dysregulation
- * Synthetic speech systems, Braille printers and large print-on-screen devices that enable blind persons to utilize computers
- * Electronic or computerized environmental control systems for individuals with severe and prolonged mobility restrictions
- * Power-operated lifts and transportation equipment designed to allow access to buildings, vehicles or to allow wheelchair access to a vehicle
- * 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.
- * Contact lenses
- * Syringes
- * Heart monitors or pace makers
- * An external breast prosthesis
- * Inductive coupling osteogenesis stimulator
- * Power-operated guided chair installation for stairways
- * Oxygen tent

OTHER EXPENDITURES

- * Ambulance charges.
- * Canadian Red Cross - Home Maker Service.
- * Rehabilitative therapy, lip reading and sign language training.
- * Transportation costs - to hospital, clinic or doctor's office to obtain services not otherwise available.
- * Specially trained animals to assist blind, deaf or severely impaired persons including the cost of its care and maintenance.
- * Victorian Order of Nurses - home care.
- * Prescription birth control pills.

THE FOLLOWING EXPENDITURES WOULD NOT BE COVERED UNDER THIS PLAN

- * Antiseptic diaper service
- * Air conditioners, humidifiers, dehumidifiers or air cleaners.
- * Health programs offered by resort hotels, health clubs
- * Acupuncture treatments unless performed by a licensed physician.
- * Medical expenses for which you are reimbursed or are entitled to be reimbursed from other plans.
- * Wigs - unless made to order for individuals who have suffered abnormal hair loss owing to disease, medical treatment or accident.
- * Cost of special food or beverages - unless they have no nutritional value to you and are taken only to treat or alleviate an illness.
- * Payments to a municipality where the municipality employed a doctor to provide medical services to the residents of the municipality.
- * Maternity clothes
- * Scales for weighing food
- * Illegal operations, treatments or drugs
- * (Non-prescription) birth control devices
- * Toothpaste