



## APPENDIX B – List of Eligible Expenses

*NOTE: If you have any questions regarding eligibility of medical expenditures for tax purposes please call Olympia Trust company*

### PREMIUMS FOR HEALTH INSURANCE PLANS

Premiums for any *non-government* group medical or hospital care plan. e.g. Blue Cross, Greenshields, any insurance company health plans (including spousal share of health & dental group premium), etc.

### PROFESSIONAL SERVICES

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

- |                                  |                          |   |  |
|----------------------------------|--------------------------|---|--|
| • Acupuncturist                  | • Gynecologist           | • <b>Orthodontist</b>                   | • <b>Psychiatrist</b>  |
| • <b>All Optical Services</b>    | • <b>Massage Therapy</b> | • Orthopedist                           | • Psychoanalyst  |
| • Chiropodist                    | • <b>Naturopath *</b>    | • Osteopath                             | • Psychologist (if licensed)                                     |
| • <b>Chiropractor</b>            | • Neurologist            | • Pediatrician                          | • Registered Nurse   |
| • Christian Science Practitioner | • Obstetrician           | • Physician                             | • Speech Therapist (if treated for Pathological or audiological) |
| • Dental Mechanic                | • Oculist                | • <b>Physiotherapist</b>                | • <b>Surgeon</b> (eg. laser eye surgery)                         |
| • <b>Dentist</b>                 | • Ophthalmologist        | • <b>Plastic Surgeon</b>                | • Therapist  |
| • Dermatologist                  | • <b>Optician</b>        | • Podiatrist                            |  |
|                                  | • Optometrist            | • Practical Nurse (for medical service) |  |

*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.*

### ALL DENTAL SERVICES

**(+ ALL GOLD WORK + ORTHODONTICS + COSMETIC)**

- |                                 |                    |                 |                                    |
|---------------------------------|--------------------|-----------------|------------------------------------|
| • Dental X-rays                 | • Examinations     | • Filling Teeth | • Oral Surgery (e.g. root canal)   |
| • Denture Repairs & Replacement | • Extracting Teeth | • Gum Treatment | • Straightening Teeth (e.g. brace) |

### LABORATORY EXAMINATION AND TESTS

- |                |                      |                     |                           |
|----------------|----------------------|---------------------|---------------------------|
| • Blood Tests  | • Metabolism Tests   | • Stool Examination | • <b>MRI's / CT Scans</b> |
| • Cardiographs | • Spinal Fluid Tests | • Urine Analyses    | • X-Ray Examination       |

### HOSPITAL SERVICES

- |                  |                         |            |                    |
|------------------|-------------------------|------------|--------------------|
| • Anesthetist    | • Oxygen Masks, Tent    | • Vaccines | • X-Ray Technician |
| • Hospital Bills | • Use of Operating Room |            |                    |

### MEDICINES

- |  |  |  |  |
|--|--|--|--|
| • <i>Any non-prescription medicines</i> (over the counter), prescribed by a qualified medical practitioner * and recorded by a licensed pharmacist | • <b>All Prescription Drugs</b>                    |  |  |
|  | • Insulin or Substitutes                           |  | • Tapes or Tablets-for sugar content tests by diabetics, if prescribed |
|  | • Liver Extract - injectable for pernicious anemia |  | • Vitamin B12 - for pernicious anemia                                  |
|  | • Oxygen   |  |  |

### PRESCRIBED MEDICAL TREATMENTS

- |  |                                 |                                    |                               |
|--|---------------------------------|------------------------------------|-------------------------------|
| • Blood Transfusion                      | • Healing Services              | • Pre-Natal, Post Natal Treatments | • Ultra-violet Ray Treatments |
| • Bone Marrow or <b>Organ Transplant</b> | • Hydrotherapy                  | • Psychotherapy                    |                               |
| • Insulin Treatments                     | • Injections                    | • <b>Radium Therapy</b>            | • Whirlpool Baths             |
| • Diathermy                              | • Nursing (by Registered Nurse) | • Speech Pathology or Audiology    | • X-Ray Treatments            |
| • Electric Shock 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 impairment to operate a vehicle
  - Devices used by individuals suffering from a chronic respiratory ailment or a severe chronic immune system dysregulation
  - 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, teletyping, 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 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 for a blind individual to enable him/her 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 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 captioning decoders
  - Wigs if required as a result of disease, accident, or medical treatment
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## **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
  - Colostomy pads
  - Iron lung
  - Laryngeal speaking aid
  - Spinal Brace
  - Wheelchair
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## **OTHER EXPENDITURES**

- **Ambulance** Charges
  - Home Maker Service and Home Care (attendant must be a non-relative)
  - Prescription (+ **Birth Control Pills / Viagra**)
  - 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 accommodations (Reasonable expenses for meals, accommodation and travel costs for a patient and an accompanying attendant may be deductible if: 1. equivalent medical services are not available locally; 2. the route traveled is reasonably direct; 3. medical treatment is reasonable and distance traveled is at least 80 kilometers)
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## **THE FOLLOWING EXPENDITURES WOULD NOT BE COVERED UNDER THIS PLAN**

- 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
  - Wigs - unless made to order for individuals who have suffered abnormal hair loss owing to disease, medical treatment. or accident.
  - **IMPORTANT** - Provincial Health Care Premiums ARE **NOT** eligible expenditures (ie. **MSP**).
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