














HSA - EXPENSE ELIGIBILITY

Eligible expenses are reasonable medical expenses not reimbursed by any government sponsored or private health care plan. Eligible expenses can also include expenses incurred outside your province of residence, deductibles, co-payments, and amounts above plan maximums.

COMMON ELIGIBLE EXPENSES

 Attendant Care (requires certification of need from physician)	<ul style="list-style-type: none"> Services provided in Home, Retirement Home, Nursing Home or Group Home 	Includes Fees from: <ul style="list-style-type: none"> Personal Care Worker Registered Nurse Respite Care 	Includes Fees for: <ul style="list-style-type: none"> Food Preparation Housekeeping Laundry Services
 Dental Services (excluding teeth whitening and cosmetic veneers)	<ul style="list-style-type: none"> Diagnostic Services (x-rays) Dentures Orthodontics 	<ul style="list-style-type: none"> Preventive Services, such as: Recall Examinations, Polishing and Application of Fluoride 	
 Diagnostic Services*	<ul style="list-style-type: none"> Diagnostic, Laboratory, Radiological Tests and Scans 		
 Drugs	<ul style="list-style-type: none"> Drugs requiring a prescription and/or dispensed by a pharmacist, physician or practitioner* 	<ul style="list-style-type: none"> Fertility Treatments Flu Shots Insulin* Liver Extract Injections* 	<ul style="list-style-type: none"> Smoking Cessation Drugs* Vaccines Vitamin B12 Injections*
 Facility Care (excluding television rentals and phone fees)	<ul style="list-style-type: none"> Convalescent Care Home Hospital 	<ul style="list-style-type: none"> Nursing Home Psychiatric Facility 	<ul style="list-style-type: none"> Substance Abuse Facility
 Medical Devices and Services*	<ul style="list-style-type: none"> Air Conditioners (required for severe chronic ailment, disease or disorder) Artificial Eyes and Limbs Blood Transfusion Fees Breast Prosthesis Cochlear Implants Crutches Diabetic Supplies 	<ul style="list-style-type: none"> Electronic Bone Healing Devices Electronic Speech Synthesisers Hearing Aids Heart Monitoring Devices Needles and Syringes Ostomy Supplies Oxygen Equipment Physician Fees 	<ul style="list-style-type: none"> Prosthetics Repairs to Eligible HSA Devices Respirators Scooters Trusses Walkers Wheelchairs (excluding accessories)
 Medical Practitioner Services	<ul style="list-style-type: none"> Acupuncturist Athletic Therapist Audiologist Chiropracist/Podiatrist Chiropractor Dental Hygienist Dentist 	<ul style="list-style-type: none"> Dietician Homeopath Massage Therapist** Naturopath Occupational Therapist Osteopath Personal Care Worker* 	<ul style="list-style-type: none"> Physiotherapist Psychiatrist Psychologist Registered Nurse Social Worker Speech Therapist
 Medical Transportation Services	<ul style="list-style-type: none"> Ambulance Services Bone Marrow Transplant Charges (patient and donor), such as transportation charges and meals and expenses 	<ul style="list-style-type: none"> Meals and Transportation Expenses, when patient transportation is required (plus one attending person - if required) 	<ul style="list-style-type: none"> Organ Donor Charges (patient and donor), such as transportation charges and meals and expenses
 Miscellaneous	<ul style="list-style-type: none"> Health and Dental Plan Premiums (private insurance) 	<ul style="list-style-type: none"> Home or Vehicle Modifications, when required for disabled persons 	<ul style="list-style-type: none"> Seeing Eye Dog Charges
 Rehabilitative Training	<ul style="list-style-type: none"> Lip Reading 	<ul style="list-style-type: none"> Sign Language 	
 Vision Care	<ul style="list-style-type: none"> Contact Lenses Eye Examinations 	<ul style="list-style-type: none"> Laser Eye Surgery 	<ul style="list-style-type: none"> Prescription Lenses and Frames

* Prescription required

** For therapeutic massage services only

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COMMON INELIGIBLE EXPENSES

- Adoption Fees
- Athletic or Fitness Club Fees
- Cosmetic procedures aimed at purely enhancing appearance, such as:
 - Augmentations
 - Botox Injections
 - Hair Replacement Procedures and Supplies (ex. hair plugs, hair extensions)
 - Laser Hair Removal
 - Liposuction
 - Tattoo Removal
 - Teeth Whitening
- Cosmetics and Hygiene Products, such as:
 - Contact Lens Solution
 - Lotions and Creams
 - Make-up
 - Sunscreen
 - Toothpaste
- Dietary Supplements, such as:
 - Food (except when required for enteral feeding)
 - Minerals and Supplements
 - Meal Replacements
- Esthetic Massage Therapy, such as:
 - Aromatherapy Massage
 - Body Wraps
- Fees for missed appointments
- Health Programs (ex. Weight loss program fees)
- Home Appliances, such as:
 - Air Conditioners
 - Air Purifiers
 - Dehumidifiers
 - Fans
 - Humidifiers (except when required for CPAP machines)
- Hot Tubs and Saunas
- Life and Disability Plan Premiums
- Over the counter medications, such as:
 - Acid Controllers
 - Allergy Medications
 - Cough and Cold Items
 - Creams and Lotions
 - Digestive Aids
 - Herbal Remedies
 - Pain Relievers
 - Smoking Cessation Products
 - Vitamins
- Personal Response Systems (ex. Lifeline and Health Line Services)
- Shoes (off-the-shelf or athletic)
- Sports Equipment, such as treadmills

WHO IS ELIGIBLE?

Dependents normally eligible under your Health and Dental benefits plan, plus dependents considered eligible under the Canada Revenue Agency. This could include financially dependent family members who are living with the member at some point in the year, such as parents or grandparents. This could also include your child, grandchild, brother or sister, by blood, marriage, common law partnership, or adoption (if under 18 years of age or physically or mentally disabled).

Coverage may vary by group.