

Provincial Health Plan Summary

Province of Ontario

These highlights from the Ontario Health Insurance Plan are for general reference only and are subject to change, corrections and updates. Other government programs may also be available. We cannot guarantee the accuracy of this information.

For more information on the latest coverage details, please contact:

Ontario Health Insurance Plan
Phone: 416-314-5518
Toll Free in Ontario: 1-800-268-1154
TTY: 1-800-387-5559

Web site: www.health.gov.on.ca

Prescription Drugs

- ❖ Coverage under the Ontario Drug Benefit Plan Program for seniors and Social Assistance recipients only. Covers drugs listed on the Ontario drug formulary.
- ❖ Catastrophic coverage under the Trillium Program after a deductible has been satisfied. The deductible is based on family net income. Covers drugs listed on the Ontario drug formulary.

Ambulance

- ❖ Coverage after the patient pays \$45 per transport.

Dental Benefits

- ❖ **NO COVERAGE** for routine or major services (i.e. cleanings, fillings, extractions, endodontics, periodontics, crowns, bridges, dentures, etc.)
- ❖ Coverage for services provided by a dental surgeon, for specific procedures performed in hospital only.
- ❖ **NO COVERAGE** for treatment of accidental injury to teeth.

Visioncare

- ❖ **NO COVERAGE** for glasses or contact lenses.
- ❖ Coverage for one eye exam every 24 months for residents ages 20 to 64, and every 12 months for residents under age 20 and over age 64.

Hospital

- ❖ Coverage for standard ward rooms only.

Paramedicals

- ❖ **NO COVERAGE** for psychologist, massage therapy or naturopath services.
- ❖ Coverage for chiropractor services up to an annual maximum of \$150; osteopath services up to an annual maximum of \$155; and podiatrist services up to an annual maximum of \$135.
- ❖ Coverage for speech therapy services when performed in hospital only.
- ❖ Coverage for physiotherapy when services are provided in a small number of registered clinics.

Hearing Aids

- ❖ Coverage under the Assistive Devices Program. Must apply for a grant.

Nursing Benefits and Home Care

- ❖ Some coverage based on need.

Medical Supplies

- ❖ Some coverage under the Assistive Services Program.

Accidental Death and Dismemberment

- ❖ **NO COVERAGE.**

Out of Country

- ❖ Coverage for emergencies only. In-patient services are covered up to \$400 per day, and out-patient services are covered up to \$50 per day.