

Limitations and Exclusions to Health Benefits

No benefit is payable for:

- Expenses for which benefits are payable under a Workers' Compensation Act or a similar statute;
- Expenses incurred due to intentionally self-inflicted injuries;
- Out-of-province expenses for elective (non-emergency) medical treatment or surgery;
- Expenses for services and products, rendered or prescribed by a person who ordinarily resides in the patient's home or who is related to the patient by blood or marriage;
- Expenses for which benefits are payable under a government plan;
- Expenses for benefits which are legally prohibited by the government from coverage;
- Any services or supplies received by an insured person in their home country if their home country is not Canada;
- Expenses for drugs which, in the insurer's opinion, are experimental;
- Expenses for dietary supplements, vitamins and infant foods;
- Expenses for contraceptives (other than oral);
- Drugs for the treatment of erectile dysfunction;
- Expenses for drugs if they are used for the treatment of infertility;
- Expenses for the services of a homemaker;
- Expenses for items purchased solely for athletic use;
- Dental expenses, except those specifically provided under eligible expenses for treatment of accidental injuries to natural teeth;
- Utilization fees which are imposed by the Provincial Health Care Plan for the use of a service;
- Expenses for the regular treatment of an injury or disease which existed before the member's or dependant's departure from his/her province of residence;
- Expenses incurred due to civil disorder or war, whether or not war was declared;
- Immunizations and vaccines (except Hepatitis B and Gardasil Vaccine); or
- Any other exclusion identified in the policy contract.