



Financial Assistance Programs for People Living with Diabetes ONTARIO

Ontarians with diabetes often incur medical costs that are two to three times higher than those without diabetes. The following financial assistance programs may help to offset some of the costs associated with your diabetes management. Proper diabetes care and management is important for helping to prevent or delay complications. For more information about diabetes and its management, please visit www.diabetes.ca or contact us at 1-800-BANTING (226-8464) or info@diabetes.ca

Prescription Drugs	
Program: Ontario Drug Benefit (ODB) Program - Ministry of Health and Long-term Care Tel: 1-866-532-3161 Web: http://www.health.gov.on.ca/en/public/programs/drugs/	
Who qualifies? <ul style="list-style-type: none">Seniors 65 years of age or olderOntario Disability Support Program (ODSP) and Ontario Works (OW) recipientsTrillium Drug Program clients (<i>see also page 2</i>)Residents of long-term care homes or Homes for Special CareIndividuals enrolled in the Home Care Program	What does the program cover? <ul style="list-style-type: none">Program covers most of the cost of 4,400 prescription drug products, some blood glucose test strips and some nutritional productsMaximum number of blood glucose test strips reimbursed in any 365-day period:<ul style="list-style-type: none">3000 strips for individuals using insulin400 strips for individuals using oral diabetes medications with a high-risk of causing low blood sugar200 strips for individuals using oral diabetes medications with a low-risk of causing low blood sugar200 strips for individuals managing their diabetes through diet/lifestyle modification alone <p>Individuals with <i>exceptional clinical circumstances</i> may be eligible for additional test strips; contact your doctor or pharmacist for more information.</p>

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Additional information (ODB):

- Seniors 65+ with a yearly *net* income of \$19,300 or more, or a combined income of \$32,300 or more for a couple, must pay an annual deductible of \$100 and a co-pay of up to \$6.11 per prescription. If your income is lower than these amounts, apply to the **Seniors Co-Payment Program** to have the deductible waived and your co-pay reduced to \$2 per prescription.
- Drug products, blood glucose test strips and nutritional supplements must be listed on the *Ontario Drug Benefit Formulary* to qualify for coverage through ODB. You also must have a prescription for all products, including your test strips. ODB does **not** cover pen needles, syringes or lancets.
- Products not listed on the Formulary *may* be considered for coverage on an individual basis through the **Exceptional Access Program (EAP)**. If the medication you have been prescribed is not listed on the Formulary, please contact your doctor for more information. Note: Not all prescription drug products are eligible for EAP consideration.

Prescription Drugs (continued)

Program: Trillium Drug Program - Ministry of Health and Long-term Care

Tel: 1-800-575-5386 Web: www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx

Who qualifies?

Ontario residents *under* 65 years of age who have high prescription drug costs relative to their household income, and have no private health insurance OR private insurance does not cover 100% of prescription drug costs

What does the program cover?

- Coverage for Trillium clients is provided through the Ontario Drug Benefit (ODB) program. See ODB information in previous section.
- Maximum number of blood glucose test strips reimbursed in any 365-day period: **3000** strips for individuals using insulin; **400** strips if using oral diabetes medications with a high-risk of causing low blood sugar; **200** strips if using oral diabetes medications with a low-risk of causing low blood sugar *OR* managing with diet/lifestyle modification alone. Individuals with *exceptional clinical circumstances* may be eligible for additional test strips. Contact your doctor or pharmacist for more information.

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Additional information (Trillium Drug Program):

- Coverage begins only after you have paid the deductible set by Trillium; the deductible is split into four equal amounts over the course of the year. **Example:** If your annual deductible is \$800, this will be split into four parts (\$200 every 3 months). You will be asked to pay the first \$200 of your prescription medication costs every three months; any *eligible* costs over and beyond that will be covered through Trillium.
- Trillium calculates your deductible based on the income reported to the Canada Revenue Agency (CRA) in the previous tax year. If your household income has changed – decreased by at least 10% - you can send a letter to Trillium to request that your deductible be based on your new (lower) household income. You will need to submit supporting documentation.
- Products must be listed on the *Ontario Drug Benefit Formulary* to qualify for coverage. You also must also have a prescription for all products, including your test strips. Trillium does **not** cover pen needles, syringes or lancets.
- Products that are not listed on the Formulary *may* be considered for funding on an *individual basis* through the **Exceptional Access Program (EAP)**. If the product you have been prescribed is not listed on the Formulary, please contact your doctor for more information. Note: Not all prescription drug products are eligible for EAP consideration.

Prescription Drugs (continued)

Program: Healthcare Benefits Program (POC 10 - Prescription Drugs) – Veterans Affairs Canada

Tel: 1-866-522-2122 Web: <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Who qualifies?

Veterans, retired CF members, retired RCMP members, etc. who are in receipt of specific disability or income support benefits. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

What does the Program cover?

- Prescription drugs and some over-the-counter medications listed on the VAC Drug Formulary for eligible clients. Coverage for less common or higher cost drugs also may be available through *Special Authorization*.

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Prescription Drugs (continued)

Program: Non-Insured Health Benefits (NIHB) - First Nations and Inuit Health Branch - Health Canada

Tel: 1-800-640-0642 Web: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php>

Who qualifies?

To be eligible for NIHB benefits, recipient must be identified as a resident of Canada **and** one of the following:

- a registered Indian according to the *Indian Act*; *OR*
- an Inuk recognized by an Inuit Land Claims org; *OR*
- an infant less than one year old whose parent is an eligible recipient.

What does the program cover?

- Prescription drug products listed on the NIHB Drug Benefit List (DBL). Coverage for drug products not listed on the DBL may be available; doctor must complete **Exception Drugs Request Form**.
- If you have other coverage (e.g. employer health plan or other government program) your claim must be submitted to that program first, before submitting to NIHB. Please contact NIHB for more information.

Program: Pharmaceutical Companies – Patient Assistance Programs

Example: **Lilly Canada Patient Support Program** or **Sanofi Compassionate Care Program**

Please contact your doctor or diabetes education team for more information

Who qualifies?

Assistance is normally limited to low-income individuals who do not have coverage for the specific medication required through private health insurance or government assistance programs.

What does the program cover?

A limited-time supply of prescription drugs for eligible patients.

Examples include:

- *Sanofi-Aventis Compassionate Care Program* – contact 1-800-265-7927 to request form to be sent to doctor's office
- *Lilly Canada Patient Support Program (insulin and Glucagon)* general information contact Lilly at 1-888-545-5972; **doctor** must contact 1-877-545-5922 to request application form

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Diabetes Supplies

NOTE: Seniors 65+, ODSP and OW recipients and Trillium Drug Program clients receive coverage for their blood glucose test strips through the Ontario Drug Benefit (ODB) Program. For more information, please see pages 1-3 of this resource or contact your pharmacist.

Program: Monitoring for Health Program (MFHP)

Funded by the Assistive Devices Program of the Ministry of Health and Long-term Care; administered by the Canadian Diabetes Association (Ontario) Tel: 1-800-361-0796 Email: mfhp@diabetes.ca Web: www.diabetes.ca/mfhp-ontario

Who qualifies?

Ontario residents who use insulin or have gestational diabetes (diabetes during pregnancy) **AND** who do not have any other coverage, in whole or in part, for their diabetes testing supplies through other government programs (e.g. Trillium Drug Program), employer health plans, or private insurance

What does the program cover?

- 75% of the cost of blood glucose test strips and lancets, up to a maximum of \$920 per year.
- 75% of the cost of a blood glucose meter, up to a maximum of \$75, once every five years
- 75% of the cost of a talking meter, up to a maximum of \$300, once every five years (visually-impaired clients only)

Note: The program does not cover pen needles or syringes.

Additional information:

- The Monitoring for Health Program year runs from April 1st to March 31st (e.g. April 1, 2016 – March 31, 2017). **Year-end deadline:** All claims and receipts must be received at the Monitoring for Health Program office by no later than March 31st
- Your **first** claim form to the program must be signed by a doctor or nurse practitioner to confirm insulin use or gestational diabetes. Subsequent claims do not have to be signed.
- Supplies must be purchased at an Ontario pharmacy; receipts/invoices from medical supply companies will **not** be accepted.

(continued on next page)

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Additional information (Monitoring for Health Program – cont’d):

- Contact your pharmacist to ask if the pharmacy participates in **Third Party Billing** for the program. With Third Party Billing, you pay only the 25% not covered by the program and the pharmacy submits directly for the 75% reimbursement.
- If Third Party Billing is not available at your pharmacy, purchase your supplies and submit your claim directly to the program with your receipts. Receipts must clearly show the date of purchase, name of item(s) purchased and amount paid, as well as the name, address and contact information of the pharmacy
- Claim forms and receipts must be originals; photocopies will not be accepted.
- Please do not alter your receipts or the program claim form in any way; receipts that have been altered (e.g. cut, information added by hand, etc.) will not be accepted
- The program claim form is **not** available for download online. Please contact the Monitoring for Health Program line at **1-800-361-0796** or email mfhp@diabetes.ca to request a claim form and information package. Your local pharmacy may also have claim forms available.

NOTE: The Monitoring for Health Program will only reimburse for **lancets**, and a meter once every 5 years, for the following client groups: Seniors 65 years or older, Trillium Drug Program clients, and social assistance recipients. Test strips for these client groups are covered through Ontario Drug Benefit (ODB). Residents living in long-term care facilities are not eligible for reimbursement through the program.

Program: Insulin Syringes for Seniors - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

Tel: 1-800-268-6021 Web: Information sheet and application form available online at

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-1429-67E>

Who qualifies?

Ontario residents 65 years or older who use pen needles or syringes on a daily basis to inject insulin. (Note: Seniors living in long-term care facilities or hospitals are not eligible).

What does the program cover?

Eligible seniors receive a yearly grant of \$170 to help pay for pen needles or syringes. Once approved, you will receive a renewal form in the mail every 2 years; you must complete and submit this form to continue receiving the benefit.

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Diabetes supplies (continued)

Program: Ontario Disability Support Program (ODSP) – Health Benefits and Mandatory Special Necessities (MSN) Benefit

Ministry of Community and Social Services (MCSS) Tel: Contact your case worker or local ODSP office

General Health Benefits information:

http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/benefits/odsp_Health.aspx

Mandatory Special Necessities (MSN) Benefit – Diabetes Supplies

http://www.mcsc.gov.on.ca/documents/en/mcsc/social/directives/odsp/income_Support/9_12.pdf

Who qualifies?

Ontario Disability Support Program (ODSP) Income Support recipients ONLY.

What does the program cover?

- Prescription drug coverage for ODSP clients is provided through the Ontario Drug Benefit (ODB) Program.
- Maximum number of test strips reimbursed by ODB in any 365-day period: **3000** strips for individuals using insulin; **400** strips for those using oral diabetes medications with a high-risk of causing low blood sugar; **200** strips if using oral diabetes medications with a low-risk of causing low blood sugar *OR* managing through lifestyle modification alone.

Note: Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information

- ODSP also provides monthly amounts for pen needles or syringes, lancets, alcohol swabs etc. through [Income Support Directive 9.12 – Mandatory Special Necessities \(MSN\)](#). See “Additional Information” below and ask your caseworker for an MSN application form.

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Additional information (ODSP):

- The basic monthly amounts available for pen needles/syringes, lancets, etc. are set out in a chart called the “Diabetic and Surgical Supply Schedule” (see [ODSP Income Support Directive 9.12](#)). If the **actual** amount you spend every month is *more* than this chart amount, let your caseworker know. You may be asked to show sample receipts for one month to confirm amount spent. You should then start receiving the **actual** amount you spend on these items every month.
- If you use **insulin**, your caseworker may ask you to apply to the *Monitoring for Health Program* to help cover 75% of the cost of your **lancets**; for more information about this program, please see page 5-6 of this handout or visit www.diabetes.ca/mfhp-ontario. The other 25% of the cost of your lancets should be covered by ODSP and added to the monthly amount you receive through Mandatory Special Necessities (MSN) for your diabetes supplies.
- [Extended Health Benefit](#): If you are no longer eligible for ODSP Income Support because your income is too high AND you have high health costs, you may be eligible for the Extended Health Benefit; income restrictions apply. Ask your caseworker for more information.
- [Transitional Health Benefit](#): If you are leaving ODSP for paid work AND you do not have comparable health coverage from your employer AND you are not eligible for Extended Health Benefit (*see above*), you may be eligible to receive health coverage (e.g. prescription drugs coverage, basic dental and vision care) through the Transitional Health Benefit. Ask your caseworker for more information.
- [Special Diet Allowance](#): The Special Diet Allowance (SDA) provides a monthly amount to help cover *some* of the extra cost of special diets/healthy foods for ODSP recipients with certain medical conditions such as **diabetes, prediabetes**, heart disease, high blood pressure, high cholesterol, etc. Ask your caseworker for more information and an application form.
- CPP Disability clients in Ontario may be eligible for an ODSP ‘top-up’, depending on various eligibility criteria. If eligible for the top-up, you will also receive health benefits through ODSP. Please contact the ODSP office nearest you for more information.

Diabetes Supplies (continued)

Program: Ontario Works – Health Benefits

Ministry of Community and Social Services (MCSS) Tel: Contact your case worker or local OW office directly

Web: http://www.mcss.gov.on.ca/en/mcss/programs/social/ow/help/benefits/health_benefits.aspx (general information)

<http://www.mcss.gov.on.ca/documents/en/mcss/social/directives/ow/0702.pdf> (OW Directive 7.2)

Who qualifies?

Ontario Works (OW) recipients ONLY

What does the program cover?

- Prescription drug coverage for OW clients is provided through the Ontario Drug Benefit (ODB) Program.
- Maximum number of test strips reimbursed by ODB in any 365-day period: **3000** strips for individuals using insulin; **400** strips if using oral diabetes medications with a high-risk of causing low blood sugar; **200** strips if using oral diabetes medications with a low-risk of causing low blood sugar OR managing through diet/lifestyle modification alone.

Note: Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information.

Additional information (Ontario Works):

- OW also provides monthly amounts for diabetes supplies not covered through your ODB drug card or other programs, including syringes, pen needles and lancets. See [OW Directive 7.2](#) and contact your caseworker for more information.
- [Special Diet Allowance](#): The Special Diet Allowance provides a monthly amount to assist with some of the extra cost of special diets/healthy foods for social assistance recipients with certain medical conditions such as **diabetes, prediabetes**, heart disease, high blood pressure, high cholesterol, etc. Contact your case worker for more information and a Special Diet Allowance application form. [Travel to medical appointments](#): If you spend \$15 or more every month to travel to medical appointments, you may be able to get this money back. Ask your case worker for more information.

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Diabetes Supplies (continued)

Program: Insulin Pump & Supplies Program - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

Tel: 1-800-268-6021 Email: adp@ontario.ca Web: http://www.health.gov.on.ca/en/public/programs/adp/insulin_pamp.aspx

Who qualifies?

Ontario residents with type 1 diabetes who have been unable to achieve good blood glucose control with multiple daily injections and who meet specific eligibility criteria. Note: There are different eligibility criteria for children and adults.

What does the program cover?

- 100% of the cost of an insulin pump; paid directly to the vendor by the program once funding is approved
- \$2400 per year to help cover cost of insulin pump supplies; paid to program clients in four installments per year (ie. \$600 every 3 months)

Note: ADP does not provide funding for Continuous Glucose Monitors (CGM).

Additional information: You can only apply for insulin pump funding through a Diabetes Education Program registered with the ADP. For more information, please contact your diabetes healthcare team or visit the program website for more information. You must continue to meet specific eligibility criteria to continue to receive funding through the program. A renewal form will be mailed out to you every year.

Program: Provincial / Federal Government Programs for Specific Client Groups

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>;

Non-Insured Health Benefits (NIHB) <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php>

Healthcare Benefits Program – Veterans Affairs Canada: Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles) listed on the VAC Drug Formulary for *eligible* Veterans, retired CF members, etc. Benefit coverage may vary.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles, pump supplies) listed on the NIHB Drug Benefit List for eligible First Nations and Inuit recipients. Contact NIHB directly for more information.

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Assistive Devices

Program: Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

Tel: 1-800-268-6021 Email: adp@ontario.ca Web: <http://www.health.gov.on.ca/en/public/programs/adp>

Who qualifies?

Ontario residents who have a long-term physical disability (lasting 6 months or longer).

What does the program cover?

- ADP provides partial coverage for more than 8,000 pieces of assistive equipment and supplies including wheelchairs, mobility aids, specialized seating systems, prosthetic limbs, hearing aids, visual aids, oxygen delivery systems, etc
- ADP normally covers up to 75% of the cost of these items or contributes a fixed amount. You will be asked to pay the remaining amount. If you live on a fixed/limited income, organizations such as the Lions Club, March of Dimes or your local place of worship may be able to help

Program: Assistive Devices Program - Ontario March of Dimes

Tel: 1-866-765-7237 Email: adp@marchofdimes.ca Web: www.marchofdimes.ca

Who qualifies?

Ontario residents 19 years of age or older in financial need (specific income limits apply). The program is aimed at providing funding for devices that assist adults with disabilities that restrict their mobility and prevent them from living safely in their homes; enable discharge from a hospital/rehab centre; help avoid job loss; or enable community participation, etc.

What does the Program cover?

Program provides funding for purchase and maintenance of equipment such as: manual/power wheelchairs, scooters, home and bath aids, personal aids, seating inserts, walking aids, etc. The program does **not** fund installation costs or devices such as foot orthotics, hearing or vision aids, artificial limbs or cosmetic prostheses, etc. Individuals needing assistance must first access any other funding sources available to them (e.g. Assistive Devices Program, Ministry of Health)

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Assistive Devices (continued)

Program: Adult Amputee Program – National Amputee Centre – The War Amps

Tel: 1-877-622-2472 Email: nac@waramps.ca Web: <http://www.waramps.ca/nac/programs.html>

Who qualifies?

Canadian amputees (18+)

What does the Program cover?

The Adult Amputee Program provides financial assistance towards the cost of artificial limbs. Individuals needing assistance must first access any other funding sources available to them (e.g. Assistive Devices Program, Ministry of Health and Long-Term Care). The program also provides educational resources related to amputations including information about artificial limbs, daily living aids, driving, returning to the workforce, etc.

Program: Provincial / Federal Government Programs for Specific Client Groups ONLY

ODSP http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/odsp_device.aspx

Ontario Works (OW) - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) - <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

NIHB <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

ODSP and OW recipients must apply to the Assistive Devices Program (ADP) of the Ministry of Health and Long-Term Care for coverage of assistive devices such as wheelchairs, walkers, prosthetic limbs, hearing aids, etc. *See page 11 of this guide.* Once the application is approved, ADP will pay either a fixed amount or 75% of the cost of the device; the remaining amount will be billed back to ODSP/OW directly. Specific maximums (\$) may apply. **Note:** ODSP and OW also will cover assessment fees, repairs, etc and also may cover the cost of assistive devices not covered by ADP through *Discretionary Benefits*.

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Healthcare Benefits Program (POC 1 – Aids for Daily Living) – Veterans Affairs Canada

Program provides coverage for purchase and repair of assistive devices for *eligible* Veterans, retired CF members, etc. Eligible devices include devices designed to assist in the activities of daily living (e.g. canes, bathroom aids), hearing aids, prostheses, orthoses, hospital beds, walkers, etc. Benefit coverage may vary. Contact VAC directly for more information.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health - Health Canada

When not covered by another plan or program, NIHB provides coverage for general medical supplies and equipment such as mobility aids (e.g. walkers, wheelchairs), prostheses (breast, eye, limbs), bathing and toileting aids, lifting and transfer aids, low vision aids, oxygen supplies, hearing aids and supplies, wound dressing supplies, etc for eligible First Nations and Inuit recipients. Contact NIHB directly for more info at 1-800-640-0642 or visit the web link listed above.

Vision Care (Eye Exams)

Ontarians with diabetes are covered by OHIP for a routine eye exam by an optometrist or physician *once every 12 months*. Any follow-up assessments that may be required for medical reasons are also covered. **Note** that some newer optional diagnostic tests (e.g. HRT for glaucoma) offered by optometrists are not covered by OHIP. If you have questions about eye care services that you have been charged for, please contact the Ministry of Health and Long-Term Care at 613-536-3103 or toll-free at 1-888-662-6613.

Eyeglasses

Program: Provincial / Federal Government Programs for Specific Client Groups ONLY

ODSP: http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/odsp_vision.aspx

Ontario Works - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

NIHB – <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

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Ontario Disability Support Program (ODSP) – Income Support recipients

Program covers the cost of prescription eyeglasses (lenses and frames) once every 3 years for eligible ODSP recipients, their spouses and children under 18 years of age. Additional coverage may be available sooner if prescription changes, especially for children. Contact your caseworker for more information and a Vision Care benefit authorization form.

Ontario Works (OW) – Dependent children of OW recipients receive coverage for prescription eyeglasses as a mandatory benefit once every 3 years; additional coverage may be available sooner if prescription changes. Specific maximums (\$) apply. Coverage for *adult* OW recipients may be available through *Discretionary Benefits*, if there has been a significant change in prescription or if it would support the recipient’s employability or participation requirements. Contact your caseworker for more information.

Healthcare Benefits Program (POC 14 – Vision Care) - Veterans Affairs Canada (VAC)

Program covers lenses, frames and accessories for *eligible* Veterans, retired CF members, retired RCMP members, etc. Benefit coverage may vary. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above.

Non-insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

When not covered by another plan or program, NIHB covers the cost of prescription eyeglasses once every 2 years for eligible First Nations and Inuit recipients over the age of 19, and once every year for eligible First Nations and Inuit recipients *under* the age of 19. If any major change in prescription, may be eligible for coverage sooner. Contact NIHB directly for more information.

Program: LensCrafters – Gift of Sight Program

Tel: Contact your nearest LensCrafters store for more information. Store locator search tool available at www.lenscrafters.ca

Who qualifies?

Low-income individuals who do not have coverage for prescription eyeglasses through other sources (e.g. government programs or employer health plan)

What does the Program cover?

Program provides free lenses and frames to individuals in need. You will need a recent prescription and a letter of referral from a registered charity (e.g. community agency, place of worship, etc) The organization providing the referral must contact the LensCrafters *store* closest to where you live (not head office).

Eyeglasses (continued)

Program: See also “*Discretionary Benefits*” for low-income residents on page 20 of this resource.

Dental Care

Program: Provincial / Federal Government Programs for Specific Client Groups ONLY

ODSP http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/odsp_dental.aspx

Ontario Works - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

NIHB - <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) – Income Support recipients

ODSP clients are eligible for basic dental benefits. The program covers a range of dental services and a dental card is provided monthly to eligible recipients. Additional coverage may be available through the *Dental Special Care Plan* for eligible ODSP recipients whose dental needs result from a specific medical condition (including diabetes), disability or medical treatment.

Ontario Works (OW) – Dependent children of OW recipients receive basic dental coverage as a mandatory benefit. Adult OW recipients may receive coverage through *Discretionary Benefits* for emergency dental care and for dental care that “supports the person’s employability or participation requirements”.

Healthcare Benefits Program (POC 4 – Dental Services) – Veterans Affairs Canada (VAC)

Program provides coverage for basic dental care and other pre-authorized comprehensive dental services for *eligible* Veterans, retired CF members, retired RCMP members, etc. Specific annual maximums (\$) may apply. Benefit coverage may vary.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Provides coverage for a wide range of dental services for *eligible* First Nations and Inuit clients, when not covered by any other program or insurance plan. Eligibility for dental services is determined on an individual basis. Contact NIHB directly.

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Dental Care (continued)

Program: See also “*Discretionary Benefits*” for low-income residents on page 20 of this resource.

Program: Public Health Units – Programs and eligibility vary by region
Contact your local Public Health Unit for more information. For a listing of Public Health Units in Ontario please see:
<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

Who qualifies?

Eligibility varies depending on Program. Contact your local Public Health Unit for more information.

What does the Program cover?

Many Public Health Units across Ontario offer free or low-cost dental programs for low-income seniors and/or adults. Some programs may be limited to emergency dental care, while others may cover basic dental services for specific client groups such as low-income seniors. Programs vary by region.

Program: University of Toronto / University of Western Ontario – Dental Clinics

University of Toronto Dental Program: <http://www.dentistry.utoronto.ca/patient-clinics>

Western University – Schulich Dentistry: http://www.schulich.uwo.ca/dentistry/dental_clinics/becoming_a_patient/index.html

Services are provided by student dentists within the Faculty of Dentistry, under the supervision of licensed dentists. Services are generally offered at a lower-cost than at regular dentists. Contact the individual university program directly for more information about services offered and dental fees.

Foot Care Services / Custom-made Orthotics & Footwear

Program: Ontario Health Insurance Plan (OHIP) – Ministry of Health and Long-term Care

Tel: 1-800-268-1154 Web: <http://www.health.gov.on.ca/en/public/programs/diabetes/recent/coverage.aspx>

Who qualifies?

Ontario residents with a valid health card.

What does Program cover?

OHIP covers assessment of the feet by a physician and medically-necessary treatments performed by a specialist (e.g. orthopedic surgeon); also limited partial coverage for some services provided by a podiatrist. General foot care services such as cutting or trimming of toenails by other healthcare professionals (e.g. chiropodist) are normally **not** covered; however OHIP covered services may be available for specific client groups through various hospital or community-based foot care programs. See section below.

Note: OHIP also does not cover orthopedic shoes/insoles or custom-made orthotics.

Program: Community-based foot care programs – Coverage and eligibility criteria vary by program. Contact your local Diabetes Education Program or Community Health Centre for more information.

A number of Community Health Centres (CHCs) throughout Ontario offer foot care services through a chiropodist for eligible patients with diabetes. Some hospital-based clinics also offer chiropody services for people at high-risk of foot complications. Eligibility for these programs vary. For more information on foot care services and programs available in your community, please contact your nearest Diabetes Education Clinic/Program or your local Canadian Diabetes Association [branch](#).

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Lower-cost basic foot care services (e.g. trimming of toenails) also may be available in your community through community care agencies (e.g. VON) and other community organizations. ***Always consult with your doctor or diabetes nurse educator first to determine if the foot care services offered by these organizations are appropriate for you AND ensure that all foot care services are provided by a trained health professional with training in diabetes foot care.***

Foot Care Services / Custom-made Orthotics & Footwear (continued)

Program: Provincial / Federal Government Programs for Specific Client Groups ONLY

ODSP – contact caseworker for more information

Ontario Works (OW) – contact caseworker for more information

Veterans Affairs Canada (VAC) - <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

NIHB - <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Coverage for custom-made orthotics and footwear *may* be available for eligible clients. **Note:** There is no mandatory coverage for items such as custom-made orthotics and shoes under ODSP/OW regulations. However, some municipalities will approve coverage for these items through OW *Discretionary Benefits*, available to both OW and ODSP clients. Contact your caseworker to see if coverage is available in your municipality. *See also “Discretionary Benefits” section below*

Healthcare Benefits Program (POC 11 – Prosthetics and Orthotics) - Veterans Affairs Canada (VAC)

Program covers basic or advanced foot care services for *eligible* Veterans, retired CF members, etc. Program also provides coverage for orthotics, arch supports/insoles, custom-built orthotics /shoes/winter boots, modifications to regular footwear, etc. Benefit coverage may vary. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

When not covered by any other plan or program, NIHB covers custom-made orthotics and footwear for *eligible* First Nations and Inuit clients. Specific maximums (\$) may apply. Contact NIHB directly for more info at 1-800-640-0642 or visit the web link above

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Discretionary Benefits – ODSP and OW recipients; low income residents

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Under Ontario Works (OW) [Directive 7.7](#), OW may approve costs not normally covered through OW or ODSP, through Discretionary Benefits. In addition to an approved list of items/services, the Administrator also has the discretion to authorize the provision of special services, items or payments for “Health-related purposes (excluding the cost of prescription drugs) where the Administrator has made a determination of need based on verifiable documentation, and failure to provide would result in a detriment to the health of the recipient or a member of the benefit unit.” **Note:** If your application for funding through Discretionary Benefits is denied you can ask for an Internal Review by the Administrator (within 30 days), but the decision cannot be appealed to the Social Assistance Tribunal.

Low-income residents (not receiving assistance through OW or ODSP)

Municipalities normally have limited funds to help low-income residents who cannot afford specific costs related to their health, housing or basic needs. Residents must be in financial need; income limits apply. Eligibility is determined on a case-by-case basis and the services/costs covered are determined by the municipality and may vary by municipality. For more information, please contact your nearest Ontario Works office or municipal social services department. Examples: Ottawa – [Essential Health and Social Supports \(EHSS\)](#); Hamilton – [Special Supports Program](#) (Community Services Department), etc.

Medical Travel Assistance

Program: Northern Health Travel Grant (NHTG) - Ministry of Health and Long-term Care

Tel: 705-675-4010 / 1-800-461-4006 Web: <http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx>

Who qualifies?

- Ontario residents with a valid health card whose primary place of residence is in the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming or Thunder Bay; **AND**

What does the program cover?

- Travel cost:** The amount you receive is based on the two-way road distance (km) between your area of residence and the nearest medical specialist or Ministry-designated health care facility able to treat you. The grant is calculated at 0.41 cents per kilometer, regardless of whether you travel by car, airplane, train or bus. There is a “deductible” of 100 km, so

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<ul style="list-style-type: none"> ▪ The nearest medical specialist or Ministry-designated health care facility able to provide the type of care you need in Ontario or Manitoba is at least 100 km away (one-way) from your area of residence. <p>Individuals who have their medical travel covered by another government program or organization (e.g. First Nations Band/Federal Government) are not eligible for the NHTG.</p>	<p>the first 100 km of your trip is not counted.</p> <ul style="list-style-type: none"> ▪ Accommodation: \$100 allowance for accommodation if the nearest medical specialist or Ministry-designated health care facility able to treat you is at least 200 km away (one-way) from your area of residence.
<p>Additional information:</p> <ul style="list-style-type: none"> ▪ The health care service/treatment needed must be an insured (OHIP covered) service under the <i>Health Insurance Act</i>. ▪ You must have a referral and travel must be approved in advance. 	

Medical Travel Assistance (continued)

Program: Provincial/Federal Government Programs for Specific Client Groups ONLY

ODSP http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/info_sheets/doctor.aspx

Ontario Works (OW) http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/tb-coverage-travel>

NIHB <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medtransport/index-eng.php> (First Nations and Inuit)

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Eligible ODSP/OW recipients who spend \$15 or more every month to travel to medical appointments or treatment may be able to get this money back. Travel must be using the most economical mode of transportation that your doctor or other healthcare professional indicates you can use and that is readily available in your community. Program may also cover cost of out-of-town travel for medically-necessary healthcare services not available in your home community. Contact your caseworker directly for more information.

Healthcare Benefits Program (POC 2 – Ambulance / Medical Travel Services) – Veterans Affairs Canada

Program provides coverage for costs related to travel for health care services/medical treatment for *eligible* Veterans, retired CF members, retired RCMP members, etc. Eligible expenses include items such as transportation, parking, meals, lodging, approved out-of-province travel and, when required, someone to accompany you while you are travelling for treatment. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Program covers cost of travel for medically-necessary health services not available in your local community (e.g. travel for doctor’s appointments, hospital care, health programs available to other Ontario residents, other eligible NIHB healthcare services, alcohol/solvent/drug abuse and detox treatment programs). Treatment must be at nearest healthcare facility able to treat you, using the most economical and efficient means of transportation (appropriate to your medical condition). Program may also provide assistance to cover cost of meals and accommodation. Access to Medical Transportation Benefits requires approval in advance, *except in emergency situations*. Contact NIHB directly for more information.

Medical Travel Assistance (continued)

Organization: Hope Air

Tel: 1-877-346-HOPE (4673) Web: www.hopeair.ca

Who qualifies?

Canadians in **financial need** who require assistance with cost of air travel to access medically-necessary healthcare services not available in their home community. The healthcare service must be an approved service or treatment, covered by your provincial health plan, and doctor must confirm that you are “medically fit” to fly.

What does the program cover?

Hope Air is Canada’s only nation-wide charity providing free flights to people who cannot afford the cost of an airline ticket to get specialized medical care outside their home communities. Flights are provided free-of-charge to eligible clients and are arranged through Canada’s national and regional airlines or on private planes.

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Tax Credits / Deductions

Program: Tax Credits and Deductions - Canada Revenue Agency (CRA)

Tel: 1-800-959-8281 Web: <http://www.cra-arc.gc.ca/>

Canadians with diabetes may be eligible for a number of health-related tax credits and deductions including but not limited to:

- **Disability Tax Credit (DTC)** - Individuals with diabetes using insulin whose doctor certifies that they spend at least 14 hours per week on specific activities related to determining and administering insulin (e.g. monitoring blood glucose levels, preparing and administering insulin, calibrating necessary equipment, maintaining log book) may qualify; DTC certificate must be completed and signed by a physician.
- **Child Disability Benefit (CDB)** – If your child qualifies for the Disability Tax Credit (DTC) and you receive the Canada Child Tax Benefit (CCTC), you may also be eligible to receive the CDB depending on net household income.
- **Medical Expenses Tax Credit** – You can claim eligible medical expenses for you, your spouse/common-law-partner or dependents under the Medical Expenses line of your income tax return
- **Refundable Medical Expense Supplement** – For working individuals with low incomes and high medical expenses
- **Attendant Care or Care in an Establishment** - If you, your spouse/common-law-partner or dependent required attendant care either at home or in an institution (e.g. retirement home, group home, special school, etc), you may be able to claim some of your attendant care expenses
- **Travel Expenses** - If you must travel at least 40 km one-way to access medical services not available in your community, you may be able to claim public transportation costs or vehicle expenses, if public transportation is not readily available in your community. You may also be able to claim some of your meal and accommodation expenses.
- **Healthy Homes Renovation Tax Credit (Ontario)** – A refundable personal income tax credit for seniors or family members who live with them, to help with the cost of improving safety and accessibility of your home; see also Medical Expense tax credits.

Please contact an accountant or the Canada Revenue Agency (CRA) directly for more information. **Note:** Individuals with low-income may be eligible for free income tax preparation assistance at tax clinics offered in the community during February and March each year. These clinics are normally offered through local social service agencies, seniors' community centres, libraries, food banks, etc. with the help of the Institute of Chartered Accountants of Ontario.

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Registered Disability Savings Plan (RDSP)

Program: Registered Disability Savings Plan (RDSP) - Canada Revenue Agency

Tel: 1-800-959-8281 **Web:** <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/rdsp-reei/menu-eng.html>

Who qualifies?

Canadian residents **under age 60** who have a long-term disability **AND** who receive the Disability Tax Credit (DTC).

How does the program work?

The RDSP is a long-term savings plan designed to help Canadians with disabilities and their families save for the future. If you are under 60 years of age and receive the Disability Tax Credit (DTC), you can open an RDSP for yourself, or a parent/guardian can open an RDSP on behalf of child with a disability who receives the DTC. With written permission from the RDSP account holder, anyone can contribute to the RDSP on behalf of the beneficiary (e.g. grandparents, other family members, friends, etc). Earnings accumulate tax-free in your RDSP until the money is taken out.

Additional information:

- There is no *annual* contribution limit to the RDSP, but there is a lifetime contribution limit of \$200,000.
- **Canada Disability Savings Grant:** To help you save, the federal government offers a matching grant of *up to* \$3500 per year (with a lifetime limit of \$70,000), depending on the amount contributed into the RDSP each year and the beneficiary's family income. **Canada Disability Savings Bond:** The federal government also contributes up to \$1,000 per year (with a lifetime limit of \$20,000) to the RDSP's of low-income and modest-income Canadians, *even if no other contributions are made to the RDSP.*
- Grants and bonds contributed by the government must remain in the RDSP for at least 10 years (exceptions may apply)
- Grants and bonds are only contributed by the government until the year in which the beneficiary turns 49 yrs old
- As of July 2011, the proceeds from a deceased parent or grandparent's Registered Retirement Savings Plan, Registered Pension Plan or Registered Income Fund can be rolled-over into the RDSP of a financially-dependent child or grandchild with a disability.
- Earnings in an RDSP have no impact on eligibility for other benefits such as Old Age Security or social assistance
- **NOTE:** If you lose eligibility for the DTC, the RDSP must be closed within 2 years and any grants contributed by the federal government within the last 10 years must be returned.
-

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Home & Vehicle Modification Assistance

Program: Home & Vehicle Modification Program - Ontario March of Dimes

Funded by the Ministry of Community and Social Services; administered by the Ontario March of Dimes

Tel: 1-800-263-3463 Web: <http://www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx>

Who qualifies?

Ontario residents (of any age) with a disability that restricts mobility and results in substantial restriction of daily activities (personal care and functioning in the community); impairment must be expected to last at least one year or more.

NOTE: Program is intended to serve those most in need and to be a program of last resort; all applicants must first access any available sources of private or public funding before being considered eligible.

What does the program cover?

Provides funding for basic home or vehicle modifications to allow children/adults with disabilities to continue living safely in their home, avoid job loss and participate in the community. One-time only funding, except in special circumstances. Grant limits: up to \$15,000 max for home modifications; up to \$15,000 every 10 yrs for vehicle modifications. Modifications must be pre-approved. Contact Program directly for more info.

See also: Tax credits for home modifications at: <http://www.cra-arc.gc.ca/tx/ndvdl/sgmnts/hmwnr/menu-eng.html> and Ontario Healthy Homes Renovation Tax Credit at <http://www.ontario.ca/seniors/healthy-homes-renovation-tax-credit>

Medical ID Bracelets / Medical Alert Service

Program: Membership Assistance Program - Canadian MedicAlert Foundation

Tel: 1.800.668.1507 Web: <http://www.medicalert.ca/en/about/assistance.asp>

Who qualifies?

Canadians with diabetes (and other potentially life-threatening medical conditions) who are in financial need; must have a referral from your physician, nurse, pharmacist or social worker.

What does the program cover?

Program provides a partial subsidy for the MedicAlert membership fee and the cost of a stainless-steel MedicAlert bracelet.

Program: No Child Without Program - Canadian MedicAlert Foundation

Tel: 1-866-679-3220 Email: nochildwithout@medicalert.ca Web: <http://www.nochildwithout.ca/>

Who qualifies?

Canadian children ages 4-14 with diabetes or other medical conditions; program operates in a large number of schools across the country (child must be attending a school that is registered with the program).

What does program cover?

Program covers the cost of MedicAlert membership for children ages 4-14 with medical conditions, at participating schools. Program is funded by the MedicAlert Foundation, the Government of Canada and Lions Clubs.

Scholarships (for post-secondary students with type 1 diabetes)

Organization: Diabetes Hope Foundation

Tel: 905-670-0557 Email: info@diabeteshopefoundation.com Web: www.diabeteshopefoundation.com

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