



# General Information

**Private Health  
Services Plan (PHSP)  
Serving all of Canada**



**ONLY 5% ADMINISTRATION FEE**

**To enrol, visit [www.costplus.ca](http://www.costplus.ca) and click on Client Forms**

**[www.costplus.ca](http://www.costplus.ca) • [info@costplus.ca](mailto:info@costplus.ca)**

**Head Office - Calgary: 403-282-3776 • 1-800-651-3776**

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# Your Cost Efficient Benefit Plan Information Booklet

There are more small businesses and home offices today than ever before. Growth in this business sector has resulted in more choice of benefits available to the small business.

Cost Plus is a specialty health and dental program designed for individuals (sole proprietors) and owners of small companies. Cost Efficient Benefit Plan provides the Cost Plus service at very reasonable rates.



## What is Cost Plus?

Cost Plus is a Private Health Services Plan (PHSP). It was introduced as a cost efficient and tax effective means of providing health and dental benefits for small and medium sized businesses. If you have an incorporated business or operate as a sole proprietorship, you qualify. The size of the business does not matter. There may be one or numerous employees. Cost Plus provides up to 100% coverage on all health, dental and vision care related expenses not eligible under your group insurance plan.

Cost Plus can supplement existing health care plans that do not offer full coverage. Alternative benefit plans normally do not provide the coverage desired or are simply not as cost efficient. Cost Plus fills the gap. You never pay for the coverage you don't use or need. The plan covers all health-related

expenses eligible under the Canada Revenue Agency Income Tax Act. Cost Plus is an inexpensive way for incorporated employers and sole proprietors to provide tax free health and dental services for themselves and their dependents, as well as their employees and their dependents. These services, available through Cost Efficient Benefit Plan, are 100% tax deductible to the corporation or the sole proprietor.

Using Cost Plus, the employer decides which employees participate and sets the level of coverage. Cost Plus offers flexible coverage as defined under the Income Tax Act. The health and dental expenses of one's parents or grandparents may now be covered under Cost Plus. Please contact Cost Efficient Benefit Plan for more information.



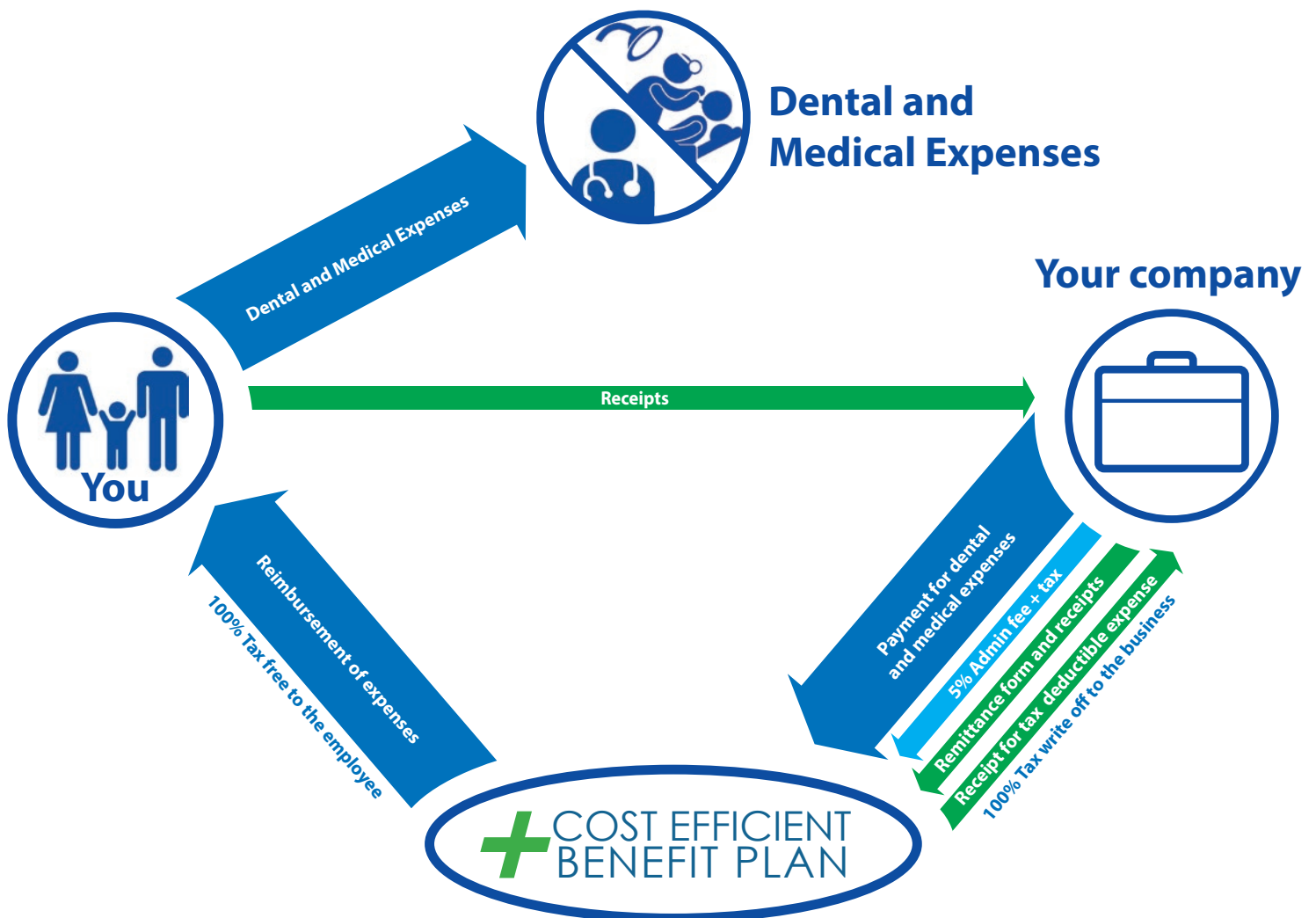
# How Does Cost Plus Work?



You pay your health and dental expenses as you normally would.

Your business then pays Cost Efficient Benefit Plan (the plan administrator) a payment to cover the health

and dental expenses plus an 5% administration fee (both of which are tax deductible). Cost Efficient Benefit Plan then provides you (the employee) with a tax-free reimbursement of the health and dental expenses incurred.



**100% Tax free to the employee**  
**100% Tax write off to the business**

**Your yearly benefit cap is set by your employer.**

# Eligible Expenses

## Which Qualify for the Cost Plus Plan

In general, any service by a qualified practitioner is an eligible expenditure. To be a qualified medical practitioner, the person must be authorized to practice in accordance with the laws of the province/state in which he/she resides, and certified according to that practitioner's governing body.

### Premiums for health care plans

Premiums Paid to any non-government medical or hospital care plan,  
e.g. Blue Cross, Manulife, etc.

**IMPORTANT:** Provincial Health Care Premiums **are not** eligible expenditures.

### Professional services

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

Acupuncturist	Obstetrician	Plastic Surgeon	Registered Nurse
Chiroprapist	Occupational Therapist	Podiatrist	Speech-Language Pathologist or
Chiropractor	Oculist	Practical Nurse (for medical service)	Speech-Language Audiologist (if treatment is for pathological or audiological impediments)
Dental Hygienist	Ophthalmologist	Psychiatrist	
Dental Mechanic	Optician	Psychoanalyst	Surgeon
Dentist	Optometrist	Psychologist (if licenced)	Therapist or Therapist
Dermatologist	Orthodontist		
Dietician, Registered (Registered Nutritionist in AB, BC & QC)	Osteopath		
	Orthopedist		
Gynecologist	Pediatrician		
Massage Therapist	Pharmacist		
Naturopath	Physician		
Neurologist	Physiotherapist		



## Laboratory examination and tests

Blood Tests

Spinal Fluid Tests

Urine Analysis

Cardiographs

Stool Examination

X-Ray Examinations

Metabolism Tests

## Hospital services

Anesthetist

Oxygen Masks Tent

Vaccines

Hospital Bills

Use of Operating Room

X-Ray Technician

## Medicines

All prescription Drugs

Insulin or Substitutes

Vitamin B12 – for pernicious anemia

Oxygen

Any non-prescription medicines (over the counter) prescribed by a qualified medical practitioner and recorded by a licensed pharmacist.



Liver Extract – injectable for pernicious anemia.

Tapes or Tablets for sugar content test by diabetics, if prescribed.

## Prescribed medical treatments

Blood Transfusion

Insulin Treatments

X-Ray Treatment

Electric Shock Treatments

Injection

Pre-Natal, Post Natal Treatments

Whirlpool Baths

Bone Marrow or Organ Transplants

Healing Services

Speech Pathology or Audiology

Hydrotherapy

Nursing  
(by Registered Nurse)

Radium Therapy

Ultraviolet Ray

Diathermy

Treatments

Psychotherapy

**Materials and apparatus (including repairs and replacement batteries),  
prescribed by a recognized medical practitioner**

An external breast prosthesis

Any device designed to assist in 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 chronic respiratory ailment or a severe chronic immune system dysregulation

Electronic or computerized environmental control systems for individuals with severe or prolonged mobility restrictions

Electronic speech synthesizers for mute individuals

Equipment that enables deaf or mute persons to make and receive phone 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

Hearing aids

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, vehicle 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

Swelling syringes

Television closed captioning decoders

Wigs, if required as a result of disease, accident, or medical treatment



## Materials and apparatus, which do not require a prescription

Any device to aid in 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

Colostomy pads

Crutches

Hernia truss

Ileostomy pads

Iron lung

Laryngeal speaking aid

Spinal brace

Wheelchair

Catheters, catheter trays, tubing, diapers, disposable briefs required by incontinent persons

## Other eligible expenditures

Ambulance charges

Homemaker services and home care for the disabled (attendant must be a non-relative)

Prescription birth control

Reasonable expenses relation to renovations to a dwelling for patients with severe and prolonged mobility impairment (e.g. wheelchair ramp, lifts, bath facilities) (see CRA guide for details).

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 locally available; distance one way must be at least 40 km (See CRA guide for limitations and details)  
Travel, meals, and accommodations costs (for a patient and an accompanying attendant) may be eligible if:

1. Equivalent medical services are not available locally;
2. The route travelled is reasonably direct;
3. Medical treatment is reasonable and distance travelled one way is at least 80 km. (See CRA guide for limitations and details)





**The following expenditures  
are not covered under this plan**

Air conditioners\*, humidifiers, dehumidifiers,  
or air cleaners

Antiseptic diaper service

Birth control devices (non prescription)

Blood Pressure Monitoring Devices

**Cosmetic Procedures**

Expenses must be for diagnostic, therapeutic  
or rehabilitative services. Expenses incurred for  
purely cosmetic procedures are not eligible medical  
expenses. Some cosmetic procedure qualify if  
required for medical or reconstructive purposes  
and must be so stated in writing by your medical  
practitioner.

Cost of missed appointments

Gym memberships

Health programs offered by resort hotels, health clubs

Homeopathic medicaments and herbal supplements

Hospital parking (unless it can be included in long  
distance travel)

Illegal operations, treatment, or drugs

Life insurance and accidental  
death premiums

Maternity clothes

Medical expenses which are reimbursed or are  
entitled to be reimbursed from other plans

Other-the-counter products (vitamins, supplements,  
aspirin, bandages etc.)



Payments to a municipality where the municipality  
employed a doctor to provide medical services to the  
residents of the municipality

Reiki practitioner

Rolf Therapy  
(unless paid to a physician)

Scales for weighing food

Special foods or beverages are not an eligible  
expense. 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, toothbrushes

Umbilical cord blood extraction  
and storage

*\*The first \$1,000 (or 50%, whichever is less) or an air conditioner  
is eligible if prescribed by a medical practitioner as being  
necessary to assist an individual in coping with a severe  
chronic ailment, disease or disorder*



# Cost Efficient Benefit Plan

(Div. of Paloma Ventures Ltd.)

234, 5149 Country Hills Blvd. NW, Ste. 513, Calgary, Alberta T3A 5K8  
Tel: 403-282-3776 Fax: 403-202-5046 Toll Free: 1-800-651-3776

Cambridge, ON: Toll Free: 1-866-965-2201

**Website:** [www.costplus.ca](http://www.costplus.ca)

## Enrollment Form

☐ **Company**

☐ Incorporated

☐ Sole Proprietor

☐ **Employee**

**Company:** \_\_\_\_\_ **Co. Year End:** \_\_\_\_\_

**(The employer) Bus. Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Bus. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Accountant:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

To enroll in the Plan please complete **Section One** and have employer complete **Section Two**.

### Section One

Employee Name (*please print*)

Home Address

Date of Birth

Home Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

e-mail: \_\_\_\_\_

City Prov. Postal Code

Listing of Dependents: *Please list all dependents that will be covered under this plan.*

Name of Dependent(s)	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependent(s) are defined as follows:

- a) A spouse who is either legally married to or living common-law with the employee and is publicly represented as the employee's partner.
- b) Any financially dependent member of the employee's household with whom the employee is connected by blood relationship, marriage or adoption.

I wish to participate in the **Private Health Services Plan (PHSP)** provided by **Cost Efficient Benefit Plan** and the above information is correct.

Date

Employee Signature:

\_\_\_\_\_

D / M / Y

X \_\_\_\_\_

### Section Two

### Employer Approval

*I hereby confirm that the employee mentioned above is an eligible employee*

Eligibility Effective Date:

Authorized Employer Signature

\_\_\_\_\_

D / M / Y

X \_\_\_\_\_

**One Time Company Enrollment Fee \$100.00 plus tax**  
**There is no cost for Employee Enrollments**



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Fax: (403) 202-5046  
Toll Free: 1-800-651-3776

## Eligible under the Tax Regulations:

Under current CRA tax regulations, incorporated businesses and eligible sole proprietors can use the services of a third party administrator to "Cost Plus" eligible medical expenses as defined in *The Income Tax Act*.

## Terms:

### 1. Coverage

The plan covers, for the people listed on the enrollment form, all hospital, medical and dental expenses that qualify as such expenses under the Income Tax Act of Canada (ITA) and are not prohibited by law.

### 2. Claim Submission, Approval and Payment

The Policyholder shall submit receipts and payment for all claims listed plus the administration fee and applicable tax. The Administrator (Cost Efficient Benefit Plan), on receipt of a claim from the employee of the Policyholder, shall determine whether the claim is for an expense covered by the plan. The Administrator shall issue payment for the eligible claim directly to the individual listed on the enrollment form and shall provide notification of such payment to Policyholder if they are not the same.

### 3. Consent to Communicate by E-Mail

The Policyholder, by providing the email address requested above, hereby gives consent under Canada's anti-spam legislation (CASL) to Cost Efficient Benefit Plan to send information relevant to our business relationship, including but not limited to reminders, announcements and clarification of claims and other information about our services. You have the ability to withdraw your consent at any time.

### 4. General

The laws in force in Alberta govern this agreement. If any provision of this agreement is changed by the Federal or Provincial Government, this will affect the agreement of this form.

## Policyholder:

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Administrator**  
**Cost Efficient Benefit Plan**

**(Office Use Only)**

Attach void cheque below (banking information for electronic payment of reimbursement):

Email: [info@costplus.ca](mailto:info@costplus.ca)

Web Site: [www.costplus.ca](http://www.costplus.ca)

A Private Health Services Plan (PHSP)

# **Cost Efficient Benefit Plan**

## **Head Office**

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