

Health benefits when you go off Ontario Works



If you no longer qualify for income support from Ontario Works (OW) because your income from other sources is too high, you still might be able to get help to pay for drugs and other medical costs.

If you speak French

Ask a lawyer or a community legal clinic about your language rights. You may have the right to get your OW-related government services in French.

If you are appealing a decision about your right to social assistance from OW, this could mean that you have the right to a hearing before a French-speaking member of the Social Benefits Tribunal, as well as other French-language services. Information about appealing a decision starts on page 8.

Ontario Works (OW) provides health benefits for people who qualify for income support.

If you were getting OW income support, but are going off it because you have other income, you still might qualify for one of these health benefits from OW:

- the Extended Health Benefit, or
- the Extended Employment Health Benefit.

To begin getting these health benefits, you must have received OW income support in the previous month. There are other rules about qualifying for these benefits. We explain them starting on page 3.



What is the Extended Health Benefit?

The Extended Health Benefit (EHB) pays for:

- Most prescription drugs—you get a monthly drug card for this.
- Routine eye exams every 24 months.
- Diabetic and surgical supplies.

- Batteries and necessary repairs for mobility devices, such as wheelchairs.
- Transportation costs for travel to medical appointments if these costs are \$15 or more in a month.
 - Note:** These costs could include the cost of going to counselling appointments or meetings, such as Alcoholics Anonymous meetings.
- The co-payment that you would pay for an assistive device or an eligibility assessment under the Assistive Devices Program of the Ministry of Health and Long-Term Care.

Only your dependent children are covered for:

- dental care, and
- vision care.



Who can get the Extended Health Benefit?

If the only reason you do not qualify for income support is that you have excess income, you might be able to get the EHB from Ontario Works.

OW rules say you have **excess income** when the total amount of your income from other sources is more than your entitlement. Some examples of income from other sources are earnings from a job, self-employment or business income, or Employment Insurance benefits.

Your **entitlement** is the maximum amount of income support you could get from OW for a month, before they make any deductions. The amount of your entitlement is shown on the left side of your OW cheque stub.

Here are 3 steps to help you figure out whether you are eligible for the EHB:

1. Figure out how much your excess income is. To do this, take your total income from other sources for the month, and subtract your OW entitlement. If the answer is more than zero, you have excess income and cannot get income support. But you still might be eligible for the EHB.
2. Add up your eligible monthly health-related costs. Items in the list on pages 1 and 2 are eligible.
3. Compare your eligible monthly health-related costs to your excess income. If these costs are more than your excess income, you might be eligible for the EHB.

You can keep getting the EHB as long as your eligible monthly health-related costs are greater than your excess income for the month.

For advice or help to calculate whether you are eligible for the EHB, you can contact a community legal clinic. See page 12 for information about finding a legal clinic.



What if I do not qualify for the Extended Health Benefit?

If you do not qualify for the EHB, you might qualify for the Extended Employment Health Benefit (EEHB). The EEHB covers the same costs as the EHB shown on pages 1 and 2. The EEHB may also cover dental and vision care for adults, prosthetic devices, and other health-related costs approved by OW.

You can get the EEHB only if:

- you are going off OW because of income from a job or a training program, and
- you do not qualify for the EHB, and
- your job or training program does not provide you with health benefits.

If you get some health benefits from your job, you could still get the EEHB for other health-related expenses that your job does not cover. For example, if you get only dental coverage, you could get the EEHB for prescription drugs or other health-related expenses.



How long can I get the Extended Employment Health Benefit?

You can get the EEHB for up to 6 months. If you lose your job before the end of the 6-month period, and you do not qualify for OW income support, you may still be able to get the EEHB for the 6 months.

In **exceptional circumstances** you can keep getting the EEHB for up to 12 months. But you cannot get a drug card beyond the first 6 months.

OW rules say there are exceptional circumstances when they believe that cutting off the EEHB would:

- harm your health or make it hard for you to keep your job, or
- affect someone else in your household in this way.



How do I apply?

When you go off OW, your worker is supposed to decide if you are eligible for the Extended Health Benefit.

It is up to you to prove that you are eligible for the EHB. You will need proof of your drug costs and other medical expenses.

Ask your pharmacist for a print-out of your prescriptions for the last 6 to 12 months. Figure out the average monthly cost of your medications and other items listed on pages 1 and 2.

For an item that you pay for just once a year, calculate the average monthly cost by dividing the amount you paid by 12.

If you are not eligible for the EHB, your worker should figure out whether you qualify for the Extended Employment Health Benefit.



What if I am refused or cut off the EHB or the EEHB?

Ask for the decision in writing immediately.

You can appeal to the Social Benefits Tribunal (SBT). The SBT is independent from OW and has the power to make a different decision.

But first you must **write** to the OW office that made the decision to refuse or cut off the benefit and ask for an **internal review**. An internal review means that a different person reviews the original decision and decides whether or not to change it.

On the next few pages we give basic information about internal reviews, appeals, and the time limits that apply to them. For more details and a blank form-letter that you can use to request an internal review, see CLEO's pamphlet called **Appeals and Internal Reviews**. Turn to the back cover of this pamphlet to find out how to order it. It is also available on CLEO's web site at www.cleo.on.ca.

Ask OW for an internal review

Your request must be made **in writing**. You must ask for an internal review within **30 days** from the date you receive the decision to refuse or cut off the benefit.



Note about mail

The rules assume that if a letter is mailed to you, you receive it **3 days** after it is mailed. The mailing date should be stamped on the envelope by Canada Post. It might not be the same as the date on the letter, so keep both the letter and the envelope.

It is important to try to meet the time limit. If you miss it, you should still ask for an internal review. Make sure you ask for an extension of time in your request for an internal review and explain why your request is late.

The OW office is supposed to make a decision on your internal review within **10 days** from the date your request is received.

Appeal to the Social Benefits Tribunal

If you get an internal review decision and it says that you are still refused or cut off, you have **30 days** from the date of this decision to file an appeal with the SBT.



Some decisions about health benefits cannot be appealed to the SBT. If you are not sure whether a decision can be appealed, go ahead and appeal. It is also a good idea to contact your community legal clinic for information and advice. See page 12 for information about finding a legal clinic.

If you do not get an internal review decision within the 10 days, you can go ahead and appeal the original decision to the SBT. You must appeal within **40 days** from the date of your request for an internal review.

To make your appeal, you must use the SBT's Appeal Form. You can get one from your OW office, a community legal

clinic, or by calling the Social Benefits Tribunal at:

Toll-free **1-800-753-3895**

Toll-free TTY **1-800-268-7095**

The Appeal Form is also available on the SBT's web site at <**www.sbt.gov.on.ca**>. Look in the "forms" section.

If you miss the time limit for appealing, you can still appeal to the SBT. In the Appeal Form, ask the SBT for more time and explain why you missed the time limit.



How do I get legal help?

For advice or help dealing with OW, contact a community legal clinic, your local Legal Aid office, or a lawyer.

Here are a few ways to find the nearest community legal clinic or local Legal Aid office:

- Look in CLEO's booklet called **Getting legal help: Community Legal Clinics in Ontario**. Turn to the back cover of this pamphlet to find out how to order it. It is also available on CLEO's web site at **<www.cleo.on.ca>**.
- Check Legal Aid Ontario's web site at **<www.legalaid.on.ca>**.
- Phone Legal Aid Ontario at:
 - Toll-free **1-800-668-8258**
 - Toll-free TTY **1-866-641-8867**
 - In Toronto **416-979-1446**
 - TTY in Toronto.... **416-598-8867**
- Try looking in your phone book under "Legal Aid" or "Lawyers".

The law can change, and policies and practices can also change or vary. This pamphlet contains general information. It is not a substitute for getting legal advice about your particular situation.

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