

Health Benefits when Leaving Social Assistance

There are many reasons why someone may stop receiving social assistance. When people transition off of social assistance because they start getting more income from another source, they often cannot afford health-related expenses that were previously covered by their benefits. Ontario Works (OW) and the Ontario Disability Support Program (ODSP) both offer programs that extend health benefits to those who are no longer receiving money from social assistance. But OW and ODSP rules are complex, and many people miss out on these health benefits.

The information in this document is from a toolkit designed by the [Income Security Advocacy Centre \(ISAC\)](https://www.incomesecurity.org) called *Health Benefits for People Leaving Social Assistance* which was created for community legal clinic caseworkers to help assist their clients to access and keep health benefits. While the full toolkit is only available to community legal clinic caseworkers, this document includes useful resources for members of the public. For more information about accessing health benefits when exiting social assistance, contact your local community legal clinic. Find your local clinic here: <https://www.legalaid.on.ca/legal-clinics/>.

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Summary of Benefits: Eligibility and Coverage

Benefit	Eligibility*	Coverage
ODSP Extended Health Benefits (EHB)	<ol style="list-style-type: none"> 1. Recipient no longer eligible for money from ODSP due to increase in other income; 2. Recipient's health costs are greater than the difference between their income from outside sources and the money they normally receive from ODSP; 3. Recipient met criteria (1) and (2) in the month after exiting ODSP; and 4. Recipient remains otherwise eligible for ODSP. 	<ul style="list-style-type: none"> • prescription drugs • dental care • vision care • hearing care • mobility device repairs and batteries • consumer contribution for an assistive device or eligibility assessment under the Assistive Devices Program • Mandatory Special Necessities, including: <ul style="list-style-type: none"> - diabetic, incontinence, prosthetic, and surgical supplies - medical transportation costs over \$15 per month per benefit unit

<p><u>OW Extended Health Benefits (EHB)</u></p>	<ol style="list-style-type: none"> 1. Recipient no longer eligible for money from OW due to increase in other income; 2. Recipient's health costs are greater than the difference between their income from outside sources and the money they receive from OW 3. Recipient met criteria (1) and (2) in the month after exiting OW; and 4. Recipient remains otherwise eligible for OW. 	<ul style="list-style-type: none"> • prescription drugs • vision care (frames and lenses) for dependent children • dental care for children aged 17 years and under whose families are residing in a First Nations community (including children in temporary care) • diabetic supplies, surgical supplies and dressings • medical transportation costs over \$15 per month per benefit unit • consumer contribution for an assistive device and eligibility assessment under the Assistive Devices Program • batteries and necessary repairs for mobility devices • routine eye examinations once in every 24-month period
<p><u>Transitional Health Benefit (THB)</u></p>	<ol style="list-style-type: none"> 1. Recipient's income from outside sources is greater than the amount they normally receive from ODSP; 2. Recipient's income includes earnings from employment, self-employment, or paid training; and 3. Recipient's employer does not provide comparable benefit coverage to the benefits available under ODSP. 	<ul style="list-style-type: none"> • prescription drugs • dental benefits • vision care benefits, including routine eye examinations once every 24 months where not covered by OHIP • batteries and repairs for mobility devices
<p><u>Extended Employment Health Benefit (EEHB)</u></p>	<ol style="list-style-type: none"> 1. Recipient is exiting OW due to employment, self-employment income, or paid training; 2. Recipient is not eligible for EHB (this requirement does not apply in the first month of ineligibility for income assistance); 	<p>EEHB covers the same benefits as OW EHB above, plus discretionary benefits that are normally covered by OW.</p> <p>But EEHB lasts only six months. EEHB coverage can be extended by an additional six months (for all health costs except drug costs and discretionary benefits) if not extending the benefit would:</p>

	<p>3. The benefits payable under the EEHB are not covered, partially or completely, under a benefit plan available from an employer; and</p> <p>4. Recipient meets all other conditions of eligibility for income assistance, except income, assets, and participation requirements.</p>	<ul style="list-style-type: none"> • be harmful to the health of a member of the benefit unit; or • may jeopardize the employment of a member of the benefit unit. <p>The benefits the person wants extended must not be provided under an employer health plan.</p>
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*There are other groups that are eligible because they fall into certain legacy categories. For more information about these legacy categories, contact your local community legal clinic. Find your local clinic here: <https://www.legalaid.on.ca/legal-clinics/>.

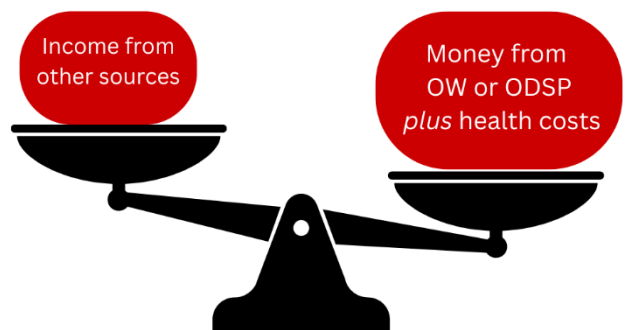
Quick Facts and Examples

What is the purpose of Extended Health Benefits?

Extended Health Benefits (EHB) let people keep health benefits for themselves and their families when they leave social assistance. EHB and similar benefits are only available when someone leaves OW or ODSP because they start receiving more money from a source outside social assistance. According to ODSP, EHB and similar benefits are designed to encourage recipients to become self-sufficient and to support people who were recipients in remaining self-sufficient.

How is eligibility for Extended Health Benefits calculated?

Eligibility is determined by the difference between a recipient's excess income (how much more they are getting from another income source than they used to get from OW/ODSP) and their average monthly health costs. If their health costs are greater than their excess income, they are eligible for EHB. In other words, a person qualifies for EHB if their **monthly health costs exceed the amount of their new extra income**. You are going to have to collect receipts for health costs and do some math. **See the examples below.**



What's the difference between Extended Health Benefits and the other OW/ODSP health benefit programs?

EHB covers a wider range of health services and products. So, in many cases, individuals are better off receiving ODSP/OW's EHB than ODSP's Transitional Health Benefit (THB) or OW's Extended Employment Health Benefit (EEHB). EHB eligibility also does not depend on whether a person or their family has private health benefits.

THB or EEHB may be a good option for people with employment or self-employment income without access to comprehensive employer benefits. They can also be helpful for people whose assets are higher

than the OW or ODSP asset limits. This is because THB and EEHB do not require people to be “otherwise eligible” for ODSP or OW, respectively.

What if I need emergency health benefits?

If your ODSP or OW is suspended but you have urgent medical needs (like life-sustaining medication), OW/ODSP can sometimes temporarily reinstate health benefits. Talk directly with your OW/ODSP caseworker or a manager as soon as possible.

How can I qualify for EHB?

Ensure you are getting the maximum amount of ODSP/OW you are entitled to, including the Special Diet Allowance and other allowances. Maximizing the amount you get from OW/ODSP will make it easier to qualify for EHB. Including all eligible health expenses in the calculation will also help you qualify.

Eligible health expenses may include:

- prescription drugs
- dental care
- vision care
- hearing care
- mobility device repairs and batteries
- consumer contribution for an assistive device or eligibility assessment under the Assistive Devices Program
- diabetic, incontinence, prosthetic, medical self-care and surgical supplies
- medical transportation costs over \$15 per month per benefit unit

You will need to prove your expenses with receipts, pharmacy records, health care providers’ letters, or forms that OW/ODSP will ask your health care provider to fill out.

Example: Determining Extended Health Benefits (EHB) eligibility for a person leaving ODSP

Marie, a single person living with a disability, receives \$1,400 from ODSP. Marie has diabetes. Without ODSP coverage, she would have spent an average of \$200 per month on her prescription medication and diabetic supplies (e.g., insulin, insulin syringes, test strips, etc.).

She starts receiving CPP-Disability benefits of \$1,500 per month. The CPP-Disability benefits are deducted dollar for dollar from ODSP. This means she is no longer eligible to receive any income support from ODSP. Her CPP-Disability benefits exceed her ODSP benefits by \$100.

EHB is available where a person’s health costs exceed their “excess income”. Marie provides her ODSP caseworker with a pharmacy printout and an invoice from the company that provides her diabetic supplies to show the costs for the last 12 months.

- Marie’s health costs: \$200 per month
- Difference between Marie’s CPP-Disability income and ODSP income: \$100
- Health costs of \$200 > Difference in income of \$100
- She is otherwise eligible for ODSP because she still has a disability, lives in Ontario and has under \$40,000 in assets.

Based on these factors, Marie is eligible for EHB. EHB will cover all the costs associated with her prescription drugs and diabetic supplies, **and any other eligible health costs she has in the future.**

Example: Determining Transitional Health Benefit (THB) eligibility for a person exiting ODSP

Carlos used to receive \$1,400 from ODSP. He found a job where he earns \$3,000 per month. He is no longer eligible for ODSP because his income is too high. His new job offers benefits that cover 80% of the cost of prescription drugs. ODSP covers 100% of the cost of prescription drugs. Carlos's health costs are currently low, but he is worried about losing benefits when he leaves ODSP.

He reports his employment earnings to ODSP by uploading his paystubs on MyBenefits. He also sends his ODSP caseworker his benefits booklet from his employer showing he will have 80% coverage for prescription drugs. He does not have to provide proof of his health costs. Carlos is eligible for THB. His ODSP caseworker grants him THB for one year.

Carlos is eligible for THB because:

- He has earnings from employment;
- His earnings make him ineligible for ODSP income support;
- He does not have comparable health benefits from his employer; and
- He is not eligible for EHB because he has low health costs.

Example: Determining Eligibility for OW's Extended Employment Health Benefit (EEHB)

Avi has been receiving OW income assistance of \$733 per month but starts working as a self-employed delivery driver, netting \$1,700 per month after business expenses. Avi has no benefits through their work. Their health costs are currently low, but Avi is worried about losing benefits when they leave OW. After starting their job, Avi's income will be higher than what they used to receive from OW and their assets will exceed the \$10,000 limit for a single person on OW, but they will otherwise still qualify for OW.

Avi asks their OW caseworker about keeping their health benefits when they exit OW. The caseworker asks for proof of Avi's income from self-employment and Avi provides screenshots of their delivery app payments, as well as gas and car maintenance receipts to show their business expenses. Avi tells their caseworker that the app company offers no benefits. They provide a printout from their pharmacy from the last 12 months showing that their prescription medication costs \$30 per month.

Avi is eligible for EEHB because they:

- have income from self-employment that is higher than what they used to receive from OW, and that is the reason they are exiting OW,
- are otherwise eligible for OW, except for the amount of their income and assets,
- cannot cover their health costs under an employer benefit plan, and
- are not eligible for EHB because of low health costs.