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NON-INSURED HEALTH BENEFITS

First Nations and Inuit Health Branch

VISION CARE BENEFIT LIST 2012

The Non-Insured Health Benefits (NIHB) Program provides supplementary health benefits, including vision care benefits, for registered First Nations and recognized Inuit throughout Canada.

Visit our website at: www.healthcanada.gc.ca/nihb

Canada 

Health Canada

First Nations and Inuit Health Branch
Non-Insured Health Benefits

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VISION CARE BENEFIT LIST

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EYE AND VISION EXAMINATIONS

General Eye and Vision Examination (Full, Major, Routine)

(Only in Applicable Regions)

General eye and vision examinations are benefits under the Non-Insured Health Benefits (NIHB) Program when performed by an ophthalmologist or an optometrist in those regions where registered First Nations or recognized Inuit clients are not covered by provincial, territorial, private or other federal health care plans.

The general examination usually includes the following:

- case history
- external examination of the eye
- assessment of visual acuity
- confrontational visual fields
- posterior segment examination with pupil dilation
- profile of ocular motility
- objective and subjective measurement of refraction
- assessment of binocular coordination
- assessment of amplitude of accommodation, when required
- biomicroscopy and assessment of pupillary reflexes
- tonometry (if clinically indicated)
- direct ophthalmoscopy
- analysis and diagnosis of findings
- recommendations to the patient and, if necessary, prescription for treatment

Specific Examination

(Only In Applicable Regions)

Clients may be eligible for coverage under the NIHB Program when a severe abnormality in their ocular or visual condition (e.g. retinal detachment or tear) requires a thorough assessment using specific tests. This condition will have been detected at the general examination. Specific examinations will be performed by an ophthalmologist or an optometrist who must be able to attest to, in writing, the oculo-visual condition justifying this examination.

Specific examinations include at least one of the following tests:

- assessment of visual fields, using visual field analyzer
- colour blindness vision test
- examination of the peripheral retina under pupil dilation
- gonioscopy of the angle (when indicated)
- study of oculomotor imbalance, using the Hess-Lancaster test or corneal topographers
- study of contrast sensitivity function over at least six spatial frequencies
- measurement of aniseikonia using an eikonometer or afocal magnifying lenses
- precise assessment of visual impairment and trial of optical aids
- assessment of corneal topography using a computerized video-keratoscope

- trial contact lens and assessment of ocular reaction for eligible clients
- electroretinogram measurement or visually evoked potentials

Follow-Up Examination (Control, Minor)

(Only In Applicable Regions)

Clients may be eligible for a follow-up examination depending on their ocular or visual condition. The examination will be performed by an ophthalmologist or an optometrist who must be able to attest to, in writing, the oculo-visual condition justifying the examination. These examinations will be evaluated on a case-by-case basis.

The follow-up examination must include all of the following:

- case history;
- the repetition of one or more tests from the general examination in order to assess the condition or progression of the oculo-visual condition;
- diagnosis; and
- recommendations to the patient and, if necessary, a prescription for treatment.

Frequency Guidelines

Eye and Vision Examinations	Frequency Guidelines
Eye/vision exam, General (Full, Major, Routine)	Under 18 years old - 1 per 12 months 18 years old or over - 1 per 24 months Since the last date of service
Clients with diabetes (treated by means of tablets, injections, or diagnosed with retinal detachment or tear)	1 per 12 months Since the last date of service
Eye/vision exam, Follow-up (Control, Minor exam)	Reviewed on a case-by-case basis
Eye/vision exam, Specific examination	

*Please note that frequency guidelines only apply when eligible NIHB clients are not already covered by a provincial, territorial, private or other federal health care plans.

GLASSES

Glasses are comprised of one frame and two lenses.

Lenses (ophthalmic)

Description

An organic (plastic) lens guaranteed for two (2) years with a scratch resistant coating will be provided to clients.

Eligibility Criteria for Lenses

To be eligible for lenses within the frequency guidelines, the client must obtain a written prescription from an ophthalmologist or an optometrist. The lenses must correct at least one of the following oculo-visual conditions in at least one eye:

- refractive error (myopia, hypermetropia and/or astigmatism);

- presbyopia;
- oculo-motor imbalance.

and

the client's oculo-visual condition requires one of the following in at least one eye:

- spherical or cylindrical correction of at least 0.50 diopter;
- prismatic correction totaling at least 1.00 prism diopter vertically or at least 2.00 prism diopters horizontally (prismatic correction may be achieved in the form of a surfaced prism, a Fresnel prism or a compensatory prism for near vision);
- add power must be equal to or greater than 0.75 diopter for presbyopia.

Frequency Guidelines

Criteria for Lens (ophthalmic)	Frequency Guidelines
Unifocal (far distance or near vision)	Under 18 years old - 1 per 12 months 18 years old or over - 1 per 24 months Since the last date of service
Aspheric	
Bifocal	
High Index	
Polycarbonate lenses - for monocular clients <i>or</i> those who with the best possible correction have far vision acuity in the weaker eye which is equal to or less than 6/60 (20/200)	Reviewed on a case-by-case basis

Early Replacement Guidelines

If a replacement lens is required outside of the regular frequency guidelines, the NIHB Program will provide coverage when a prescription from an ophthalmologist or an optometrist demonstrates one of the following changes in one or both eyes:

- a negative or positive change of at least 0.50 diopter over the sphere, cylinder or addition and the new power meets the eligibility criteria for ophthalmic lenses;
- a change in axis greater than 15 degrees for cylinder power up to 2.00 diopters or greater than 10 degrees for a cylindrical power greater than 2.00 diopters;
- a change of at least 1.00 prism diopter vertically or at least 2.00 prism diopters horizontally and the new prism power meets the eligibility criteria for ophthalmic lenses.

***N.B.:** Outside of the replacement guidelines, consideration of replacements in the event of breakage, damage or loss, will require written justification and appropriate written proof (such as an incident, insurance, or police report). Replacements will not be provided as a result of misuse, carelessness or client negligence.

Eligibility Criteria for Specific Types of Lenses

Unifocal Lenses: Clients who need near or far distance vision correction may receive a unifocal lens, aspheric or non aspheric.

Aspheric Lenses: An organic lens whose front side is aspheric may be provided to clients who require unifocal correction.

Bifocal Lenses: Clients who require both near and far vision correction can receive a single pair of glasses with bifocal lenses if the prescription meets the following criteria:

- a refractive error for far vision of at least 0.50 diopter on the sphere or cylinder; and
- an add power equal to or greater than 0.75 diopter.

If the client is not eligible for bifocal lenses, it is possible that he/she may be eligible for unifocal lenses if the prescription meets NIHB Program criteria.

Trial of bifocals: Clients should attempt full-time wear of bifocals for a period of three (3) months. If unsuccessful, the frames used to fit the bifocals should be used to make reading glasses. A separate pair of distance glasses may be dispensed to the client who meets the eligibility criteria for vision care.

The NIHB Program may provide coverage for two (2) pairs of glasses (near and far distance), if there are contra-indications owing to a cervical or ocular mobility abnormality attested to by the optometrist or ophthalmologist.

High Index Lenses: Lenses made of a material with a refractive index of 1.67 may be provided to clients who require, in at least one eye, a correction whose minimum power in a meridian is ± 7.00 . The refractive index is 1.6 for clients requiring one bifocal lens.

Polycarbonate Lenses: Polycarbonate lenses may only be authorized in cases where the client has just one functional eye or for those clients who, with the best possible correction, have far visual acuity in the weaker eye which is equal to or less than 6/60 (20/200).

FRAMES

Warranty and Repairs

All frames provided will be of a type that can be repaired and carry a replacement warranty against defective workmanship and material for a minimum of one (1) year from date of issue or as per a negotiated regional agreement. Costs for frames will be covered in accordance with the relevant NIHB Program regional payment schedule.

Repairs to frames (minor or major*) are a benefit after the usual and customary guarantees have expired and may be covered in accordance with the NIHB Program regional payment schedule on the condition that:

1. The frame was covered by the NIHB Program;
2. The repairs render the frame acceptable for wear;
3. Repair costs do not exceed the price of a new frame; and
4. Only the most recently purchased vision item qualifies for repairs.

Please note: Repairs required as a result of misuse, carelessness or client negligence are not covered by the NIHB Program.

*For a definition of minor and major repairs, please see the table on the following page.

Frequency Guidelines

Frames and Frame Repairs	Frequency Guidelines
Regular frames (general purpose issue)	Under 18 years old - 1 per 12 months 18 years old or over - 1 per 24 months Since the last date of service
Frame repairs, minor (includes repairs to nose pads, hinges - up to 20% of the cost of a new frame) **Prescription is NOT required**	
Frame repairs, major (includes repairs to frame fronts, frame arms and replacement of one lens of the same prescription - more than 20% of the cost of a new frame and less than the cost of a new frame) **Prescription is NOT required**	

Early Replacement Guidelines

Consideration of replacements in the event of breakage, damage or loss will require written justification and appropriate written proof (such as an incident, insurance, or police report). Replacements will not be provided as a result of misuse, carelessness or client negligence.

Dispensing Fees

Providers may charge a dispensing fee if it is included in the relevant NIHB Program regional payment schedule.

Prescribers and providers should contact the Health Canada regional office in the province or territory where they practice to verify if a dispensing fee is an eligible benefit in that province or territory.

Dispensing Fees	Guidelines
Frame dispensing fee, client's own frames	Where applicable as per the NIHB Program regional payment schedule.
Frame dispensing fee, new	
Laboratory fee	
Lenses dispensing fee, bifocal	
Lenses dispensing fee, unifocal	
Delivery – remote areas, mailing and registration	

VISION CARE EXCEPTIONS AND CRITERIA FOR APPROVAL

Items which are not on the NIHB *Vision Care Benefit List* and are not exclusions under the NIHB Program may be considered on an exception basis.

***N.B.:** Eligible NIHB clients can obtain ocular prosthesis, scleral shell and low vision aids under the Medical Supplies and Equipment benefit. For more information, please contact your local Health Canada regional office.

For all exception items, a written prescription with proper medical justification by the ophthalmologist or optometrist is required as well as a completed NIHB Prior Approval form.

Items that may be provided on an exception basis may include contact lenses, tints and coatings and, in applicable regions, general, specific and follow-up examinations.

CONTACT LENSES

Clients may be eligible for a pair of rigid gas permeable or soft lenses when detailed medical justification or a prescription from an ophthalmologist or an optometrist demonstrates one of the following:

- astigmatism of at least 3.00 diopters in the glasses prescription;
- myopia or hypermetropia of at least 7.00 spherical diopters in the glasses prescription;
- anisometropia or antimetropia of at least 2.00 diopters;
- corneal irregularities;
- optometrist-prescribed treatment of certain ocular pathologies, if authorized by provincial/territorial legislation.

Extended-wear contact lenses may be authorized on an exception basis, if the client is eligible and has a neurological or arthritic condition which makes it difficult for them to physically handle contact lenses.

Contact lens wearers may be eligible for one back-up pair of glasses in accordance with the conditions and rates set out in the relevant NIHB Program regional payment schedule for glasses.

Frequency Guidelines

Contact Lenses	Frequency Guidelines
Regular soft Gas permeable	1 per 24 months or 12 pairs per year in the case of disposable lenses Since the last date of service
Extended wear, soft	Reviewed on a case-by-case basis

***Please note: Contact lens solution is an exclusion under the NIHB Program.**

Early Replacement Guidelines

If replacement contact lenses are required outside of the regular frequency guidelines, the NIHB Program will provide coverage when the prescription from the ophthalmologist or optometrist demonstrates one of the following:

- A negative or positive change of at least 0.50 diopter over the sphere or cylinder *and* the new power meets the eligibility criteria for contact lenses.
- A change of cylinder axis of more than 10 degrees in a toric contact lens.

Tints and Coatings for Lenses

When requesting any tints or coatings for lenses, details of the client's medical condition must be provided in writing by the attending ophthalmologist or optometrist to support these types of requests.

Anti-Reflective Coating: Multi-layer anti-glare treatment may be authorized on lenses with a refractive index equal to or greater than 1.67 diopters on the condition that the client is eligible for high index lenses. This coating must be guaranteed for two (2) years.

Scratch Resistant Coating: A scratch-resistant coating with a two (2) year guarantee must be applied to each lens.

Tints: Tinted lenses must have an average transmission over the visible spectrum of 40 percent, as long as the tinted lenses provide total ultraviolet (UV) protection. Tints may be authorized for the following conditions:

- albinism;
- aniridia;
- certain chronic conditions of the anterior segment of the eye causing photophobia;
- prolonged usage of some drugs that cause photosensitivity.

Ultraviolet Protection Filter: Ultraviolet protection is the incorporation of a filter which blocks UV rays up to 400nm, without changing lens transmission over the visible spectrum. These filters may be authorized for the following conditions:

- aphakia (without intra ocular lens);
- cataracts;
- retinal degeneration or dystrophy;
- prolonged usage of some drugs that cause photosensitivity.

FRAMES

Frequency Guidelines

Frames (Exceptions)	Replacement Guidelines
Flex frames (only for those who are neurologically compromised)	Reviewed on a case-by-case basis
Second frames (for clients who cannot wear bifocals)	
Oversize frames (56mm)	

EXCLUSIONS

Exclusions are goods and services which will not be covered by the NIHB Program under any circumstances and are not subject to the NIHB appeal process.

Exclusions include:

- Two pairs of glasses, except in the situations listed under “bifocal lenses”
- Vision care goods and services covered by the provincial/territorial insurance plan in the province/territory of residence of the client or any other third party
- Additional carrying cases for glasses or contact lenses (one is usually dispensed with the initial purchase)
- Bifocal contact lenses

- Cleaning kit
- Shampoo (e.g. “no more tears” type shampoo solution)
- A vision examination in the following cases: to obtain employment, a driver’s license or to engage in sports activity
- A vision examination at the request of a third party (for example: completing a report or medical certificate)
- Any vision items for esthetic purposes
- Contact lens solution
- Industrial safety frames or lenses for sports or professional use
- Progressive or trifocal lenses
- Photochromic/photochromatic lenses
- Sunglasses with no prescription (please refer to the “Tints and Coatings for Lenses” section to verify when tints may be authorized for prescription glasses)
- Replacements as a result of misuse, carelessness or client negligence
- Implants (e.g. punctal occlusion procedure)
- Refractive laser surgery
- Treatments with investigational/experimental status
- Vision training