

Changes to Non-Insured Health Benefits (NIHB)'s Vision Care Benefit

In order to respond to calls for action identified through a Joint Review of the Program with the Assembly of First Nations (AFN), the NIHB Program will be implementing a new approach to corrective eye wear coverage under the NIHB vision care benefit.

The new approach increases the allowable amount for eyewear, is intended to make it easier for clients to understand their vision care coverage, and provides clients with more choice.

The new approach will provide clients with a total coverage amount (either annually, or every two years, based on the age of the client), the full value of which can be used towards the purchase of *any type of prescription eyewear (glasses or contact lenses)* the client chooses.

- The *Standard allowance* for clients with single vision or bifocal prescriptions will be **\$275**.
- The *High index allowance* will be **\$415**.

The coverage allowance will be applied to the total invoice. For example, a client with a standard allowance can apply it towards the purchase of prescription lenses and frames of their choice up to the maximum amount of the allowance. The allowance can also be used towards the purchase of many items and features that are currently exclusions such as non-prescribed tints, coatings, photochromic lenses, prescription eyewear used for sports or work, a second pair of glasses and contact lenses. Exceptions will continue to be considered.

Repairs will be covered at a rate of up to \$25 for minor repairs or up to \$125 for major frame repairs, as per the existing frequency guidelines (children 0-17 years: once every calendar year; above 18 years: once every two calendar years).

Frequency of coverage will be changed to a calendar year basis

Clients will continue to receive corrective eye wear according to the same frequency guidelines (children 0-17 years: once every calendar year; 18 years and above: once every two calendar years). However, the frequency of coverage will be changed to a calendar year basis (e.g. two years, not 24 months). For example, for an adult client with a two year frequency, if a client gets new eyewear in 2019 (no matter the month), that client will next be eligible on January 1, 2021. The NIHB Program has the capacity to keep track of any unspent balance of the coverage which will continue to be available to the client until the end of the frequency.



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NIHB VISION BENEFITS

INCREASE TO EYE EXAM RATES

The Non-Insured Health Benefits (NIHB) Program is increasing the amount allowable for eye examinations.

The exam rate will increase from **\$43.80** to **\$51.10**. This change is being implemented to allow the Program to better align with public benefit plans.

This new rate will take effect May 1, 2019 and will apply to eye exams occurring on or after this date.

An updated Vision Care Guide (Benefit List and Framework) will be posted on the Non Insured Health Benefits website (www.healthcanada.gc.ca/nihb) early July 2019.

Should you have questions or concerns please contact the Ontario Regional office at the number provided.

FNIHB Ontario Region NIHB contacts:

Ontario Region Client Information Line
1-800-640-0642

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NIHB VISION CARE BENEFITS

IMPORTANT INFORMATION REGARDING PROGRAM CHANGES

The Non-Insured Health Benefits (NIHB) Program will be making changes to how clients receive coverage for corrective eyewear.

The change introduces a 'bundled' vision care benefit where clients will receive (up to) a maximum total lump sum dollar amount for eligible corrective eyewear. This change will give clients the option to apply the bundled amount toward their personal choice of corrective eyewear.

For example, clients may apply the bundled amount toward their choice of frame, single vision, bifocal, or progressive bifocal lenses or even contacts.

This change will be effective in July 2019. More details, including the bundled dollar amounts, can be found in Annex A, attached.

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