**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.