

# **Non-Insured Health Benefits (NIHB)**

## **UPCOMING CHANGES TO NIHB EYEWEAR COVERAGE**

### **Questions and Answers for Clients**

**1. When will the changes to eyewear coverage be in effect?**

The changes will be in effect on all eyewear ordered on or after June 29<sup>th</sup>, 2019.

**2. What are the major changes to NIHB eyewear coverage?**

The major changes are:

- The NIHB Program will provide you with a coverage amount based on your prescription. There are two coverage amounts: standard and high index.
- You can use your coverage amount towards the purchase of any type of prescription eyewear (glasses or contact lenses) you choose.
- To make it easier to remember when you qualify for new eyewear, the frequency period will be changed to a calendar year basis. The next calendar year you are eligible for new eyewear is calculated from the last calendar year you received new eyewear. For example, if you are an adult (eligible for new eyewear every two years) who received new eyewear in 2017, you would be eligible for new eyewear in 2019. If you get new eyewear at any time in 2019, you will be eligible again on January 1<sup>st</sup>, 2021. If you get new eyewear any time in 2020, you will be eligible again on January 1<sup>st</sup>, 2022.

**3. What are the new eyewear coverage amounts?**

The amount is based on your prescription:

- Most clients (lower than  $\pm 7.00$  in both eyes) will qualify for the standard coverage amount of \$275. As before, minimum prescription strength will continue to apply.
- Clients with prescriptions that are stronger ( $\pm 7.00$  or higher in at least one eye) qualify for the high index coverage amount of \$415.
- Clients who have exceptional vision care needs and may require more coverage (reimbursement amount or frequency) will continue to be considered on a case-by-case basis.

**4. What do the coverage amounts include?**

It includes all costs for one or more prescription items, such as contact lens or glasses, fitting, dispensing fees and tints. Please note that you are responsible for purchase costs

that exceed your coverage amount (Standard or High Index). For exceptions, please see Question 5.

**5. Will the NIHB program continue to cover exceptions?**

As before, some clients will continue to qualify for more coverage (reimbursement amount or frequency), based on their medical need. For exception items, a prescription and medical justification by an ophthalmologist or optometrist is required. The criteria have not changed and can be found on the NIHB website.

**6. I need new glasses now, can I get the new rate or do I have to wait?**

The new rates are effective on eyewear ordered on or after June 29<sup>th</sup>, 2019. If you submit a claim for eyewear ordered before June 29<sup>th</sup>, 2019, it will be processed using the old rates.

**7. What happens if I do not spend my entire coverage amount on my first claim?**

Any remaining balance will continue to be available to you until the end of the frequency period to use for other eyewear (for example, towards another pair of glasses). The NIHB Program will keep track of this and you can contact your regional office if you do not know your balance.

For example, if you are an adult eligible for the standard coverage amount of \$275 every two calendar years, and you use \$150 towards a pair of glasses in 2019, the NIHB Program will track that you have an unspent balance of \$125. You can use this balance until December 31<sup>st</sup>, 2020 towards the purchase of another pair of glasses or contact lenses. On December 31<sup>st</sup>, 2020, your unspent balance expires and you are eligible for new eyewear coverage on January 1<sup>st</sup>, 2021.

**8. If the coverage is now by calendar year, and I last received new glasses in 2018, when am I next eligible?**

How often you can get new eyewear will be calculated by calendar year only, not month and date. For an adult who is eligible every two years, in this case, since you last received coverage for eyewear in 2018, you will be eligible again on January 1<sup>st</sup>, 2020.

**9. Are contact lenses covered?**

You can use your coverage amount (standard or high index amount based on your prescription) towards the fitting and purchase of either glasses or contact lenses. You may qualify for contact lenses as an exception with certain prescriptions. If you qualify

for contact lenses as an exception, additional coverage may be provided towards the purchase of glasses to use as a back-up.

**10. Are repairs covered?**

As before, you will continue to qualify for minor or major repairs. The criteria have not changed and can be found on the NIHB website.

**11. Are there any changes to eye exam coverage?**

There are no changes to the eligibility criteria or frequency guidelines for eye exam coverage. However, like eyewear coverage, the frequency period will be changed to a calendar year basis.

**12. Are there any changes to the prior approval process for eye exams or corrective eyewear?**

No. As before, your optometrist submits a prior approval to the regional office to confirm eligibility for your eye exam. The prescription from your eye exam is needed to determine your eyewear coverage amount.

You may order your eyewear through your optometrist or you may choose to have eyewear made elsewhere (such as through a separate optician). If you choose to go through an optician, please let your optometrist know right away. Once you pick out your new glasses (or contact lenses), your eyewear provider submits the prior approval request to NIHB for coverage of the eyewear. Your coverage amount or balance will be applied during the prior approval process.

**13. Where can I get more information on the upcoming changes?**

For more information, you can contact your Indigenous Services Canada [NIHB regional office](#)<sup>1</sup>. We will be posting additional information to the NIHB website towards the end of June.

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<sup>1</sup> <https://www.canada.ca/en/indigenous-services-canada/corporate/contact-us-first-nations-inuit-health/non-insured-health-benefits.html>