

FNHA – Vision Care Benefits

Vision care benefits are available to eligible FNHA clients. The Vision Care Framework document explains the overarching framework that guides the administration of vision care benefits under FNHA Health Benefits - providing clients, providers and other stakeholders with a broad overview of the vision care benefits provided by FNHA Health Benefits policies.

What is covered?

Eye Examinations

- The FNHA Health Benefits program funds routine eye exams once every 24 months for adults between the ages of 19-64.
- BC Medical Services Plan (MSP) funds routine eye exams once every 12 months for children under the age of 19 and adults 65 and older.

Eyeglasses

Eyeglasses are provided to eligible BC First Nations under the FNHA Health Benefits program when the following conditions are met:

- Prior approval has been provided by the FNHA Health Benefits program, as the request for initial or replacement eye wear or repairs meets the benefits criteria.
- The item is not available to the individual in question under a provincial, third party agency or other health plan.
- The prescription meets the criteria for initial or replacement eye wear prescribed within the last 12 months by an optometrist or ophthalmologist.

Eyeglass Repairs

The FNHA Health Benefits program assists in the repair of eye glasses if:

- The total cost of the repair does not exceed the cost for replacement glasses; and
- The repair will render the glasses in an acceptable and serviceable condition.

What are the criteria to receive coverage?

Basic Criteria

- The FNHA Health Benefits program will assist in the provision of eye glasses when there is a refractive error of at least 0.50 diopters in either eye
- High index lenses will be approved where there is a refractive error with a total power in any meridian of at least plus or minus 7.00 diopters.

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Criteria for Clients 19 years and older

- Where at least 24 months have elapsed since the last lenses or frames have been approved;
- Where there is a change in refractive error of at least 0.50 diopters (either eye); or
- Where there are other changes in lens requirements which may not be associated with change in refractive error subject to approval.

Criteria for clients 18 years and younger

- Where at least 12 months have elapsed since the eye glasses have been authorized; or
- Where there are changes in frame requirements relating to medical need or physiological change (i.e. growth of the child) that has been substantiated by a medical doctor, ophthalmologist or optometrist.

Note:

- Replacement frames or new pairs of lenses are not considered eyeglass repairs.
- The FNHA Health Benefits program pays for standard frames and lenses based on the terms and rates of the FNHA payment schedule. Any extra charges for exams and eyewear are the responsibility of the individual.
- The FNHA Health Benefits program is not responsible for lost or stolen eyewear.

Exclusions

under the FNHA Health Benefits program:

- Two pairs of glasses, except in the situations listed under "bifocal lenses"
- Vision care goods and services covered by provincial/ territorial health insurance plans
- Additional carrying cases for glasses or contact lenses
- Bifocal contact lenses
- Cleaning kit
- Esthetic products
- Shampoo (e.g. "no more tears" type shampoo solution)
- Vision exams required for a job: driver's license or to engage in sports activity
- Vision exams at the request of a 3rd party (e.g. completing a report or medical certificate)
- Contact lenses for esthetic purposes
- Contact lens solution
- Industrial safety frames or lenses for sports or professional use
- Sunglasses with no prescription
- Progressive or trifocal lenses
- Photochromic/photochromatic lenses
- Replacements or repairs as a result of misuse, carelessness or negligence
- Implants (e.g. punctual occlusion procedure)

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- Refractive laser surgery
- Treatments with investigational/experimental status
- Vision training

Accessing your Vision Care Benefits

How do I access my vision care benefits? And how does payment work?

1. Visit a licensed optometrist, ophthalmologist or medical doctor for an eye exam and eye glass prescription.
2. Take your prescription to a licensed vision care provider i.e. an optician or an optometrist.
3. If the licensed vision care provider is not registered with the FNHA, you will need to pay for your glasses and then apply for reimbursement.
4. If the licensed vision care provider is registered with the FNHA, the provider completes and forwards the request, assessment, and prescription to FNHA Health Benefits for prior approval. The FNHA Health Benefits program reviews the request and determines if you are eligible based on program guidelines.
5. The FNHA Health Benefits program contacts the licensed vision care provider to confirm benefits. The provider then fabricates, fits, and dispenses the vision care item to you.
6. You sign the invoice form created by the licensed vision care provider, who then forwards the form to the FNHA for payment.

Do you have Questions?

Contact us at HealthBenefits@fnha.ca or call 1.800.317.7878 (Toll Free)