

Chapter 8: Health Benefits

(vi) Vision Care

Intent:	The intent of the vision care benefit is to contribute to the payment of eye refraction examinations and glasses.
Act: (if applicable)	N/A
Regulations:	<p>Special needs - eye examinations</p> <p>22. (1) Vision care in the form of an eye examination may be provided to</p> <ul style="list-style-type: none"> (a) a recipient who has been receiving income support for a period of at least 3 months; or (b) an applicant who was receiving a level of income equal to the level of income support for which the applicant may have been eligible for the 3 months preceding the request for vision care, plus the cost of vision care. <p>(2) Special needs assistance for vision care for an eligible applicant or recipient covers no more than one eye examination every 36 months except where there is a medically verified eye disease or condition, then more frequently than every 36 months.</p> <p>(3) Special needs assistance for vision care covers one eye examination every 12 months for dependents.</p> <p>(4) The amount for eye examinations is \$100.</p> <p>Special needs - eye glasses</p> <p>23. (1) Vision care in the form of eye glasses may be provided to</p> <ul style="list-style-type: none"> (a) a recipient who has been receiving income support for a period of at least 3 months; or (b) an applicant who was receiving a level of income equal to the level of income support for which the applicant may have been eligible for the 3 months

	<p>preceding the request for vision care, plus the cost of the vision care.</p> <p>(2) Special needs assistance for eye glasses may be provided to an eligible applicant or recipient every 36 months except where there is a medically verified eye disease or condition which would warrant more frequent changes, then more often as medically indicated.</p> <p>(3) Dependents may be covered for eyeglasses once every 12 months if there is a verified change in the dependent's prescription.</p> <p>(4) Repairs to eyeglasses may be considered at the discretion of an officer and frames shall be reused where possible.</p> <p>(5) Notwithstanding subsection (4), the cost for repair of eye glasses shall not exceed one half the amount special needs assistance for eyeglasses.</p> <p>(6) Special needs assistance for eye glasses shall be</p> <p>(a) for single vision eye glasses , up to \$290; or</p> <p>(b) for bi-focal eye glasses , up to \$350.</p>
Overview: (if applicable)	N/A
Policy:	<ul style="list-style-type: none"> Applicants/recipients are eligible for up to \$100 for an eye exam; \$290 for single vision lenses and \$350 for bi-focals. Income Support recipients are eligible for vision care within the time frames noted in the Regulations, assuming that they have been in receipt of benefits or had marginal income for the past three months. The Income Support 30 day needs test will be used to determine eligibility for applicants applying for vision care (eye exams and glasses/contact lenses). Those receiving benefits from Health and Community Services/NL Health Services but not in receipt of Income Support, should be referred to their HCS/NLHS case manager to request this service.

- There is no provision through the Income Support program to pay for medical services; therefore, applicants/recipients requesting coverage for vision care procedures other than eye exams must be directed to obtain the service from a physician covered by MCP.
 - **Note:** Examinations which are related to a specific eye disease or condition (i.e. diabetes, glaucoma, eye pressure), are covered through the MCP program if performed by a licensed physician registered with MCP. When the cost of transportation to the nearest MCP insured physician/specialist would be more costly (i.e. sending a person from Nain to Happy Valley-Goose Bay), consideration may be given to purchasing the service from a local optometrist or physician not registered with MCP.
- There is no provision through the Income Support program to pay for foldable lenses for cataract patients. MCP covers standard lenses; applicants/recipients wanting to upgrade lenses will be responsible for the extra cost.
- Requests for contact lenses are considered the same as requests for glasses.
- Exceptions to the maximum rates and issuances for vision care may be made for individuals with eye diseases/conditions requiring more frequent examinations or special lenses. Such cases should be documented and presented to the Client Services Manager (CSM) for consideration.
 - Proper documentation for such special prescriptions should include:
 - information on the old and new prescription if the time frame is less than the time allotted in the policy,
 - if applicable, medical documentation denoting the special eye condition or disease and the need for a special prescription, and
 - the cost of the lenses and frames.

- When the cost for eye glasses for individuals with specific eye diseases/conditions exceeds the prescribed rates, three estimates (where possible) should be obtained from optical companies and the amount paid shall not exceed the lowest estimate in all cases.
- For **first** requests, vision care will be issued by Service Authorization (SA) for the amount of eligibility determined for the applicant/recipient. A copy of the invoice must be provided before the SA is paid. If an applicant/recipient requests a payment directly for confidentiality purposes, the payment can be issued to the applicant/recipient for the initial eye exam and glasses. The applicant/recipient should then provide a copy of the receipt within 30 days.
- Subsequent vision care benefits will be issued directly to the applicant/recipient unless they request a SA. Receipts will not be required. If a payment was made directly to the applicant/recipient for the initial eye exam and glasses but no receipt was provided, a SA should be issued for the next request.
- Applicants/recipients who have private insurance with insufficient coverage, are eligible to be considered for the balance of the cost of the eye exam/glasses as per the maximum policy rates. For example, if private insurance covers \$150 towards a \$400 pair of single vision glasses, the Department can issue \$250. If bi-focals cost \$600 and insurance pays \$200, \$350 can be provided by the Department. The remaining \$50 will be the responsibility of the recipient.

Procedure: Client Services Officers must:

- Verify that a recipient has been in receipt of Income Support or had marginal income for the three months prior to the request.
- Determine eligibility for an applicant by including the maximum amount for vision care (eye exam and glasses) in the requirements. If the total requirements exceed the net deductible income for the previous three months, the applicant is eligible to receive a contribution toward the cost

of the vision care to the maximum eligibility.

- If the applicant/recipient requires special lenses or more frequent eye exams or lens changes due to an eye disease/condition:
 - request verification of need from an approved professional and obtain three cost estimates (where possible);
 - request CSM approval to provide increased vision care benefits; and
 - send all documents to TRIM and enter a case note explaining any exceptions to the time frames and/or rates.

Payment

- For first vision care requests for applicants/recipients, CSO's must:
 - issue a SA for the cost of the eye exam and/or glasses/contact lenses **up to** the maximum eligibility
 - a SA for both an eye exam and glasses can be issued simultaneously if eligibility exists
 - two separate SAs will be required if an exam and glasses are obtained from different service providers
 - if the applicant/recipient requests a payment directly to themselves for confidentiality reasons, issue the payment to the applicant/recipient for the cost of the eye exam and/or glasses/contact lenses **up to** the maximum eligibility
 - if a payment is issued directly to the applicant/recipient, advise them to provide a receipt within thirty days and that future requests for vision care will only be issued via SA if receipts are not provided. A KIV should be set up to ensure verification is received.
- For subsequent vision care requests for applicants/recipients, CSO's must:

	<ul style="list-style-type: none"> o verify that a SA or receipt is on file for the previous vision care benefits issued; <ul style="list-style-type: none"> ▪ if the receipt (cases initially paid directly to the applicant/recipient) is not on file, advise the applicant/recipient that future issuances must be by SA. If the initial SA was not used, the next request will be treated as if it was a first request; ▪ if the SA or receipt is on file, issue the payment to the applicant/recipient (unless they request a SA) for the cost of the eye exam and/or glasses/contact lenses up to the maximum eligibility, but not to exceed the maximum rates; and o once eligibility is determined and if a SA is provided, this can be done for exams and glasses at the same time. If an applicant/recipient is using separate service providers for the exam and glasses, two SAs must be issued.
Authority Level:	<p>Client Services Officer - basic vision care benefits listed in the Regulations</p> <p>Client Services Manager - exceptions to the time frames and rates specified in the Regulations.</p>
Date revised:	August 2025