Overview of Provincial Coverage for Optometric Care	
Province	Eye Exam Coverage (including Social Income Support)
British Columbia	Routine examinations are an annual benefit of the Medical Services Plan (MSP) for patients 65 and older or age 18 and younger. All patients are covered for medically required services. The criteria for medically required services includes: ocular disease, trauma or injury, systemic diseases associated with significant ocular risk (e.g. diabetes), and medications that are associated with significant ocular risk. Direct requests to optometrists by a medical practitioner for an eye examination are also a benefit of MSP if there is a medical necessity for the examination but does not include visits for patients with refractive change alone. Billing frequency for medically required eye examinations is dependent on the diagnostic code being billed. There is also some MSP coverage for extra diagnostic testing which currently only include ICD-9 diagnostic codes 365 and 370. In addition, there is also MSP coverage for bandage contact lenses. Optometrists may balance bill patients for services in addition to the benefit provided under MSP.
	The BC Employment and Assistance Program covers the costs of routine eye examinations every two years provided by optometrists for people receiving income assistance between the ages of 19 and 64. Individuals receiving disability assistance, Persons with Persistent Multiple Barriers, Medical Services Only and people receiving Hardship Assistance who are Canadian citizens are also covered through this program. The program also covers the cost of glasses for the patient, yearly for those under 18 years of age and every 3 years for those over 18 years of age.
Alberta	Children under 19 yrs. and adults over 65 yrs. of age are covered for one complete eye exam, one partial exam, and one single diagnostic procedure per benefit year. One additional of each exam are permitted for insured conditions. "Medically necessary coverage" covers Alberta Health insured patients of all ages. Medically necessary includes all non-refraction related conditions (with a few exceptions). Certain ICD-9 codes are covered for multiple visits. All patients are covered for physician or physician assistant referred medically necessary exams even if no diagnosis is determined. Examples include diabetic eye exam, glaucoma monitoring, trauma, infections, and acute vision changes. Additionally, these patients are covered for visual filed testing, retinal imaging, and retinal photography for specified conditions. Human Services provides covers eye examinations performed by an optometrist for adults and 19-year-old
	dependents of Income Support and AAHB recipients. The programs also covers eye glasses once every year for dependent children 19 years and younger, and every two years for adults.
	Coverage is provided yearly for children under the age of 18 for a complete eye examination and partial examinations (excluding tonometry). Repeat examinations are available to those children who meet specific criteria (refractive changes, amblyopia follow-up, etc.) Yearly eye examinations are provided for individuals diagnosed with diabetes (both medicated and non-medicated) including tonometry, OCT, and photography. Ocular urgencies and emergencies are an insured service (including tonometry) for an initial visit and a limited number of follow-up visits, for all SK residents
Saskatchewan	Supplementary health benefits cover an annual eye examination for patients under 18 years of age or over 64 years of age. Patients between 18-64 years of age are covered for one complete eye examination every two years. Patients enrolled in the following programs are eligible: government wards, inmates of provincial correctional institutions, Senior's Income Plan, Saskatchewan Assured Income for Disability, Saskatchewan Assistance Program, transitional Employment Allowance, Family Health Benefit (glasses for low income children and and exam for their parents) and Provincial Training Allowance. Eyewear may be covered w for some programs with prior approval. Visual field testing and binocular vision/vision therapy assessments and follow-up visits (with limitations) may also be insured services in some of the listed programs.
Manitoba	Children and youth under 19 yrs. and adults over 64 yrs. are insured for one exam every two-year calendar block. Patients between 19 to 64 yrs. are not covered, except when medically necessary. Health coverage includes complete and partial eye examinations; full threshold visual fields; tonometry and dilated fundus exam.
	Patients receiving Employment and Income Assistance are covered for an eye exam every two years. Glasses are covered every three years and lenses only if eyesight changes significantly. To receive this benefit, you must be getting EIA for at least six months.

Ontario	Patients 19 years of age and under, and 65 years of age and over, are covered annually for an oculo-visual assessment, as well as any number of partial assessments during the subsequent year. Patients between the ages of 19 and 64 are eligible for an insured major eye examination either through a requisition from a physician or when presenting with an eye disease or disorder that has been designated as meeting the criteria for an insured service. Insured patients are eligible for insured partial assessments when clinically necessary. An automated visual field test is an insured service for OHIP patient when clinically indicated. The Ministry of Community and Social Services covers routine eye examinations every two years if coverage under OHIP is not available for persons receiving income support either through Ontario Works or Ontario Disability Support Program. The program assists with the cost of prescription eyeglasses once every three years or when prescription change meets the designated criteria for the benefit recipient, their spouse and children under 18 years of age.
Québec	Coverage is for those under the age of 18 and age 65 or over and includes: eye exam, tonometry/ biomicroscopy, visual field test, contact lens exam in some circumstances, etc. Dilation of a diabetic patient, or myopic patient of 5.00D and over is covered. Ocular emergency diagnosis is covered for all ages, but treatment is not. Orthoptic examinations are covered only for children 16 years of age or under. \$250 reimbursement following the purchase on eyeglasses or contact lenses for any child under the age of 18, if prescription is received from a Québec licensed optometrist or ophthalmologist, and the glasses are purchased from an eligible Québec merchant.
	Regie de l'assurance maladie Quebec covers an eye exam every two years for persons age 18-64 who have been recipients of last-resort financial assistance for at least the past 12 consecutive months, persons age 60-64 who have been receiving a spouse's allowance under the Old Age Security Act for at least 12 consecutive months and who without this allowance would be entitled to last resort financial assistance benefits, and visually impaired persons. Ministere de L'Emploi et de la Solidarite covers a portion of the cost of eye glasses or contact lenses for patients who have been in the Social Assistance Program for at least 6 consecutive months and immediately if the patient is in the social Solidarity Program.
New Brunswick	Healthy Smiles, Clear Vision is the province's social development program to assist children 18 years and under of low income families. This program covers eye examination fees, lenses and glasses yearly. Patients on social assistance 19 years and older can obtain coverage for eye exams, lenses, and glasses every two years (a 30% participation fee may apply to some dispensing and diagnostic services). Patients on social assistance who are diagnosed with diabetes, glaucoma, macular degeneration or are receiving post eye surgery care can obtain coverage for eye exams yearly. Access to emergency care is available to both children and adults with one exam available every 365 days for each of 7 listed conditions.
	Through an extension of the <i>Healthy Smiles, Clear Vision</i> program the provincial government will provide one free eye exam and corrective glasses to all four-year-olds who are not covered by a public or private health insurance program.
Nova Scotia	A Comprehensive Eye Examination (CEE) for routine care is payable once in a two-year period for children under age 10 and those 65 yrs. and older. A CEE is payable once per year for all ages in cases of clinical need, e.g. patients with health conditions (such as diabetes), or on medications, that present a risk to ocular health. Partial examinations are covered up to six times per year for the diagnosis and treatment of ocular infection, allergy or inflammation and the removal of foreign bodies from the eye. Additional coverage exists for keratoconus, low vision assessments, punctual plug insertions and lacrimal dilation and irrigation.
	The Income Assistance program pays \$55 towards a regular eye examination. The program also assists patients towards the cost of eye glasses every two years. The Disability Support Program covers patients for eye exams and eye glasses every two years.
Prince Edward Island	One diabetic eye exam is covered per year for patients with type 1 diabetes and every two years for patients with type 2 diabetes. This fee only covers the dilated diabetes examination, therefore the optometrist may charge a co-pay for the remainder of their examination, such as refraction. Also, one partial diabetic eye examination is covered yearly for patients with type 1 diabetes and one partial diabetic exam every two years for patients with type 2 diabetes. PEI Health covers one red eye/dry eye related examination per patient per day. Children qualify for coverage, through PEI Health and the Eye See Eye Learn TM program, for one full eye examination during their kindergarten year.
	The Disability Support Program and the Social Assistance program provides vision benefits to patients that meet the program requirements.

No provincial coverage.

Patients with income support can obtain \$55 towards the cost of a routine eye exam every 12 months for children and once every 36 months for adults. A contribution toward the cost of glasses will be provided to patients with income support once 12 months for children and once every 36 months for adults unless there is medical verification for a more frequent change. Maximums are set at \$125 for single vision lenses and \$175 for bifocal lenses. A maximum of \$80 is provided for one eye exam for children in the pre-kindergarten year as

"insurer of last resort". Children with private vision care benefits must use those first.