



Guide to Health Benefits in Ontario

**Access to prescription drugs, dental and
vision benefits for low-income Ontarians**

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Income Security Advocacy Centre
Centre d'action pour la sécurité du revenu

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Introduction

Purpose of this Guide

Many people in Ontario living on a low income struggle to afford prescription medicines, eye care, and dental services because these generally are not covered by Canada's public health care system. Although there are some publically funded programs that offer each of these supplementary benefits, they are a confusing patchwork of federal, provincial and municipal programs that can be difficult to navigate. This guide aims to connect people living on a low income to publicly funded programs that cover or subsidize the cost of these aspects of health care.

This guide includes definitions of key terms, examples of how each benefit program works, important tips for navigating different programs, and links to online resources. In Part 4 of this guide, Tables 1, 2 and 3 set out a comprehensive list of drug, dental, and vision programs respectively. The text of this guide goes into more detail about select programs.

Information and website links in this document are accurate as of March 2025.

The Income Security Advocacy Centre (ISAC) developed this guide.¹ ISAC is a specialty legal clinic funded by Legal Aid Ontario. ISAC advocates for the systemic rights and interests of people living on a low-income in Ontario, especially in the areas of income security programs and low-wage and precarious employment. For more information about ISAC, visit www.incomesecurity.org.

ISAC developed this guide because supplementary health benefits are connected to income security in many ways. Inadequate income often means people cannot afford products and services that are essential for their health. Or, if a person is spending a significant amount of their income on health care, they may have trouble affording rent or food. On the other side of the coin, inadequate access to health care can prevent people from accessing the income they need to support themselves. For example, untreated chronic illness can worsen someone's health and make it more difficult for them to work or apply for the government benefits they need.

Access to Benefits is a Health Equity Issue

Access to drug, dental and vision benefits is a health equity issue. People living on a low income often can't afford prescription drugs, vision and dental care and lack of access can be detrimental to their health. Canada's public health care system is not comprehensive. The reality is that about 30% of overall health spending in Canada is private – meaning people are paying out-of-pocket or relying on private insurance.²

¹ Robin Nobleman, Staff Lawyer at ISAC, developed this guide with help from ISAC staff.

² Rebecca Cheff & Seong-gee Um, "A new normal for health coverage" (24 November 2021) *Wellesley Institute* <<https://www.wellesleyinstitute.com/health/a-new-normal-for-health-coverage/?highlight=part-time>>.

Supplementary health benefits, such as prescription drugs, vision and dental care, are a particular problem for low-wage precarious workers. They earn too much to qualify for social assistance and their related benefits schemes, but often lack private insurance coverage through their employer. Only about 17% of precariously employed workers in Canada have extended health and dental insurance, compared to about 50% for those who have full-time or permanent jobs.³ Women are less likely to have coverage than men are because women are more likely to be working in part-time jobs that do not offer health benefits.⁴

Many Canadians struggle with prescription drug costs. Nearly 25% say they split pills, skip doses, or do not fill prescriptions because they can't afford it.⁵ This can have dire health effects.

Both racialized and immigrant workers are less likely than white and Canadian-born workers, respectively, to have drug coverage through their jobs, especially when they are working part-time.⁶ These gaps are particularly concerning because racialized, immigrant and part-time workers are likely to earn less income, and are therefore least able to afford out-of-pocket prescription costs.⁷

People living on a low income are also less likely to access dental care, making them more susceptible to oral health complications.⁸ For these individuals, the cost of dental services and a lack of dental insurance are barriers to accessing care.⁹ Health Canada reports that 1 in 3 people are uninsured for dental care, and 1 in 4 do not receive care because they cannot afford to pay for services out-of-pocket.¹⁰

Public coverage for vision care in Ontario is limited to children, seniors and people with certain health conditions. Cost is a factor for 71% of Canadians when deciding whether to get vision care, and out-of-pocket expenditures for vision care are higher than for either drugs or dental care.¹¹

³ Decent Work and Health Network, "Bad Jobs are Making us Sick" (2014) <https://assets.nationbuilder.com/dwhn/pages/78/attachments/original/1579551108/Bad_jobs_are_making_us_sick_FINAL.pdf?1579551108>. Coverage also varies by income level – less than one-third of people earning \$20,000 or less annually receive employer-provided health benefits.

⁴ Barnes *et al.*, pp. 8-9.

⁵ Sean Previl, "Nearly 1 in 4 Canadians skipping pills, not renewing prescriptions due to cost: poll" (15 February 2024) *Global News* <<https://globalnews.ca/news/10294290/canada-prescription-costs-skipping-refills-poll/>>.

⁶ Rebecca Cheff, Malaika Hill & James Iveniuk, "Who Benefits? Gaps in Medication Coverage for Ontario Workers" (2019) *Wellesley Institute* <https://www.wellesleyinstitute.com/wp-content/uploads/2019/12/Coverage-Gaps-for-Ontario-Workers_EMBARGO_27.11.19.pdf>, p. 5.

⁷ Cheff *et al.*, p.8.

⁸ Ben B. Levy *et al.*, "Oral healthcare disparities in Canada: filling in the gaps" (2023) 114:1 *Can J Pub Health* 139 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9510506/>>.

⁹ Mona Abdelrehim *et al.*, "Trends in self-reported cost barriers to dental care in Ontario" (2023) 18:7 *PLoS One* e0280370 <<https://pmc.ncbi.nlm.nih.gov/articles/PMC10328358/>>.

¹⁰ Health Canada, "The Canadian Dental Care Plan" (11 December 2023) <<https://www.canada.ca/en/health-canada/news/2023/12/the-canadian-dental-care-plan.html>>. These statistics do not account for the impact of the Canadian Dental Care Plan implemented in 2024.

¹¹ Commissioned by the Canadian Association of Optometrists, "Don't lose sight: Vision Care Benefits in Canada & the Case for Reform" <https://opto.ca/sites/default/files/resources/documents/visioncarebenefitsincanada_thecaseforreform.pdf>, p. 3.

Access to Benefits for People with Precarious Immigration Status

Many of the health benefit programs described in this Guide are not available to people with **precarious immigration status**,¹² who are among the most marginalized in our society. People with precarious immigration status often do not have access to Ontario Health Insurance Plan (OHIP) coverage.

OHIP coverage is the key to accessing many public programs offering supplementary health benefits like medication, vision and dental.¹³ As a result, people with precarious immigration status may struggle to access these benefits.

Precarious immigration status refers to various forms of less-than-full legal status. Precarious status in Canada includes “documented” but temporary workers, students, and refugee claimants, as well as unauthorized forms of status, such as people who overstay their visa or permit, unsuccessful refugee claimants, and people who arrive without documents.

Some migrants with temporary status (like a work permit) may have [OHIP coverage](#). People without OHIP or other health insurance coverage can seek health care at their local community health centre. Community health centres are often familiar with the local resources for people without status to access supplementary health benefits. Some centres also offer free or low-cost dental care.

Some programs that may be available to people with precarious status are the Interim Federal Health program, social assistance, and compassionate access to medications.

Interim Federal Health program

The [Interim Federal Health program](#) is a health insurance plan administered by the federal government. It is available to the following groups who are not eligible for provincial health insurance:

- resettled refugees;
- refugee claimants;
- in-Canada protected persons;
- victims of human trafficking; and
- immigration detainees.

The Interim Federal Health program provides a variety of health benefits including drug, vision and dental coverage, among others. Not all providers accept coverage through this program. A person who has Interim Federal Health coverage will have a document from Immigration, Refugees and Citizenship Canada confirming their coverage. They should present this document when seeking care.

¹² See L. Goldring, C. Berinstein and J. Bernhard (2009) “Institutionalizing Precarious Immigration Status in Canada.” *Citizenship Studies* 13(3): 239-265.

¹³ See Tables 1, 2 and 3 at the end of this guide for a quick summary of eligibility criteria for each program.

Social assistance

Some people with precarious immigration status are eligible for health benefits available through Ontario's social assistance programs, Ontario Works (OW) and the Ontario Disability Support Program (ODSP). An individual does not need to have a certain kind of immigration status to qualify for social assistance. The law only says who does not qualify for immigration reasons.¹⁴ There are three situations in which a person may not qualify for social assistance for immigration reasons:

- 1) In Canada as a tourist;
- 2) In Canada as a visitor; or
- 3) A removal order that says the person has to leave Canada and there's nothing to legally stop the Canada Border Services Agency from forcing the person to leave.

But some people in these situations might still qualify. Community legal clinics may be able to offer legal advice on this issue. The [Steps to Justice](#) website also has more information on who may qualify for social assistance.

When a person applies to social assistance, they will need to show proof of their immigration status.

People with precarious status receiving social assistance do not get automatically get access to OHIP, but they do receive the supplementary health benefits that social assistance programs offer. Importantly, this includes 100% coverage for prescription drugs. For more information on these programs, see [Health Benefits for People Receiving or Leaving Social Assistance](#) below.

Compassionate access and community resources

If a person requires expensive, long-term drugs, “compassionate” supply through pharmaceutical companies may be an option to avoid treatment interruptions or to initiate treatment for those without coverage.¹⁵ Each pharmaceutical company has a different process for accessing compassionate medication coverage and the access is usually time-limited. Patients must access these programs through their prescriber.

For people with precarious status who are living with HIV and need emergency access to antiretroviral medication, AIDS service organizations will often be familiar with local health care providers and clinics who can facilitate access. The website [Where to?](#) maintains a list of AIDS service organisations in every region of Canada.

The [Health Network for Uninsured Clients](#) is a network of health and community service organisations that advocates for equitable access to health care services for everyone – regardless of their insurance or immigration status. The Network's website has many resources to help uninsured clients access a variety of health care services.

¹⁴ Steps to Justice, “Can I be on OW if I'm not a permanent resident or citizen?” (25 June 2018) online: <https://stepstojustice.ca/steps/income-assistance/2-learn-who-may-not-qualify-immigration-reasons/>.

¹⁵ Deborah Yoong *et al.*, “Use of Compassionate Supply of Antiretroviral Drugs to Avoid Treatment Interruptions or Delayed Treatment Initiation among HIV-Positive Patients Living in Ontario: A Retrospective Review” (2015) 10:3 Healthc Policy 64 <<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc4748343/>>.

Private Insurance Coverage

Low-income individuals may have access to private insurance. Employers, unions, professional associations, and post-secondary institutions often offer private “group insurance”, which covers a group of people under a single plan. These group plans may include disability and life insurance in addition to medication and other health care coverage. They do not typically require any health information to apply, meaning they do not exclude people with pre-existing conditions. An individual may also receive coverage under a spouse or parent’s group insurance plan.

Private individual insurance is available for purchase for those who do not have access to a group plan. When applying to purchase individual insurance or additional insurance coverage under a group plan, the insurer may ask an applicant to give detailed health information.

Each private insurance plan is different. The insurance policy sets out what the plan covers. An insurance policy is a type of contract. Private plans may have annual or lifetime spending caps, limits on the type of prescriptions and services covered, or other restrictions. Private plans may provide partial coverage or require plan members to pay a deductible, premium or co-payment (see [Common Terms Defined](#) below). Many private plans have a waiting period; typically, employer-sponsored plans begin after three months of employment.

Employees sometimes have privacy concerns about submitting expenses through their employer’s insurance plan. They can rest assured that the employer does not have access to the details of their health expenses, such as which medications they take or what health care providers they visit. The law requires insurance companies to keep these details confidential. However, a small employer may have a sense of whether a new employee has high health-related costs, as they will see the claims amounts increase when the new employee joins a plan.

Having health benefits tied to your employment makes it even worse to lose your job. Ontario’s government has looked into creating a portable workers’ benefits scheme that would follow the worker rather than the job, but has not taken any action to implement the scheme at this time.¹⁶

This guide focuses on public coverage for supplementary health benefits. You can read more about private supplementary health insurance [here](#).

¹⁶ See Jesse Rosenberg & Rishika Wadehra, “Policy Brief: Ontario Portable Benefits Program” *Wellesley Institute* <<https://www.wellesleyinstitute.com/publications/policy-brief-ontario-portable-benefits-program/>>.

Common Terms Defined

Below is a list of common terms related to insurance and health benefit programs. These terms are used through this Guide.

Benefit grid or guide – A list of services covered under a benefit plan, the circumstances under which they are available, and the amounts the plan will pay to a provider for each service.

Example: The Canadian Dental Care Plan (CDCP) will only cover amounts for dental services set out in the Government of Canada’s dental benefit grid. For example, a dentist may charge \$60 for teeth scaling, but the benefit grid says the government will only pay the dentist up to \$50 for teeth scaling. Or the benefit grid could say that the CDCP will only cover scaling once per year.

Benefit plan or benefit booklet – A document called a benefit plan or benefit booklet sets out the type of coverage a person can receive from a private health insurance company. A plan or booklet is only a summary of the insurance policy, which is a type of contract.

Benefit unit – Social assistance programs in Ontario refer to a household or part of a household as a “benefit unit”. A benefit unit is “a person and all of his or her dependants on behalf of whom the person receives or applies” for social assistance.¹⁷ A benefit unit often includes the person’s dependent child(ren), spouse or partner who lives with them, and the child(ren) of their spouse or partner.

Coordination of benefits – Some benefit programs have overlapping benefits. If two programs cover the same thing, the programs will have a procedure for coordinating which one pays first, and which one covers the remaining costs (sometimes called a supplemental plan).

Example: Children in low-income families may be eligible for dental care through both Healthy Smiles Ontario (HSO) and the Canadian Dental Care Plan (CDCP). HSO and CDCP coordinate benefits. CDCP pays first and HSO may cover remaining amounts that CDCP does not cover. HSO is the supplemental plan.

Co-payment (or copay) – Public and private insurance plans often do not cover 100% of eligible expenses. A co-payment is a fixed amount that a person who is covered by an insurance plan must pay out-of-pocket each time they access a service.

Example 1: A senior covered by the Ontario Drug Benefit must pay a co-payment of \$6.11 per prescription to cover the dispensing fee even though 100% of the cost of the drug itself is covered.

Example 2: If private insurance covers dental cleaning at \$50 per visit but the dentist charges \$60, a patient’s co-payment will be \$10 for that visit.

Deductible – a fixed amount that a person covered by a plan must pay out-of-pocket before the benefit plan will begin to cover the cost of products or services.

¹⁷ *Ontario Works Act*, 1997, SO 1997, c 25, Sch A, s 2; *Ontario Disability Support Program Act*, 1997, SO 1997, c 25, Sch B, s 2.

Example: The Trillium Drug Program (TDP) requires a deductible equal to about 4% of household net income. Before TDP benefits start, the individual must pay out-of-pocket for their prescription drugs until they reach the deductible amount each quarter. The TDP will cover the rest of the cost of drugs for that quarter.

Dependant – Some benefit programs cover a recipient and others in their household, like children or a spouse/common-law partner. Each program defines dependants differently. Some have age limits for dependent children.

Formulary – A list of medications maintained by the benefit provider. Only medications on the list are normally covered.

Example: The Ontario Drug Benefit Formulary lists about 5,000 medications covered by the Ontario Drug Benefit, which includes the Trillium Drug Program, ODSP/OW, OHIP+, the Seniors Drug Benefit, and coverage for people living in long-term care and other special homes.

Important links in this section

Information on who is eligible for OHIP coverage: <https://www.ontario.ca/page/apply-ohip-and-get-health-card#section-2>

List of Ontario Community Health Centres: <https://www.ontario.ca/page/community-health-centres>

Interim Federal Health Program details: <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program.html>

More information about immigration status and who may qualify for OW and ODSP: <https://stepstojustice.ca/steps/income-assistance/2-learn-who-may-not-qualify-immigration-reasons/>

CATIE's list of AIDS service organisations in every region of Canada: <https://wheretocatie.ca/>

Health Network for Uninsured Clients website: <https://www.hnuc.org/>

Part 1 - Prescription Drug Coverage in Ontario

Coverage for prescription medications in Ontario is a patchwork of provincial and federal public insurance, private insurance, and compassionate access programs through pharmaceutical companies.¹⁸ Access to these programs depends on age, immigration status, source of income, income level, and more.

Ontario Drug Benefit: Seniors, Children and Youth, and People Receiving Care

All of the programs offered under the umbrella of the Ontario Drug Benefit require an Ontario Health Insurance Plan (OHIP) card or number. This poses a major barrier for people with precarious immigration status. For more on immigration status see [Access to benefits for people with precarious immigration status](#) above.

The [Ontario Drug Benefit](#) program offers 100% coverage for the cost of prescription drugs listed on the Ontario formulary for certain populations. The Ontario Drug Benefit provides coverage for seniors age 65 and older, children and youth age 24 and younger (OHIP+), and people receiving health care at home or in certain types of residential facilities. To qualify for this coverage, the person must have a valid OHIP card, live in Ontario, and fill their prescriptions in Ontario.

The Ontario Drug Benefit normally covers the “generic” version of a drug rather than the brand name version because the generic costs less. The Ontario Drug Benefit also covers some of the cost of allergy shots and epinephrine injectable products (e.g., Epi-pens™), diabetic testing strips, nutrition products, and some drugs to help quit smoking, among others.¹⁹

Seniors

When seniors in Ontario turn 65, they automatically become eligible for drug coverage through the Ontario Drug Benefit. Seniors will receive a notification letter three months before their 65th birthday. They do not need to do anything to enrol. Coverage begins on the first day of the month after the person turns 65. To access drug coverage, seniors present their OHIP card at the pharmacy.

Seniors covered by the Ontario Drug Benefit may have to pay fees. There is an annual deductible of up to \$100 and a co-payment of \$6.11 for each prescription they fill.²⁰ A low-

¹⁸ The summary below focuses mainly on Ontario’s public drug benefit programs. More information on drug coverage programs the federal government delivers is available [here](#).

¹⁹ Government of Ontario, “Get coverage for prescription drugs” (updated 18 November 2024) <<https://www.ontario.ca/page/get-coverage-prescription-drugs>>.

²⁰ For more information on the amount of the deductible depending on the date a person becomes eligible, see <<https://www.ontario.ca/page/get-coverage-prescription-drugs#section-6>>. For definitions of deductible and co-payment see [Common Terms Defined](#) above.

income senior can apply to the [Seniors Co-payment Program](#) to have their annual deductible waived and co-payment fees reduced to \$2 per prescription. To be eligible for the Seniors Co-payment Program, a single senior must have an income of \$25,000 or less. A senior couple (where at least one person is 65 or older) must have a household income of \$41,500 or less.²¹ As long as the senior continues to file taxes, they do not need to reapply for the Seniors Co-payment Program each year.

Seniors who do not qualify for Old Age Security and instead receive income support from the Ontario Disability Support Program (ODSP) receive prescription coverage through ODSP. These seniors do not pay a deductible and only pay a \$2 co-payment per prescription.

Living in a long-term care home, home for special care or community home for opportunity, or receiving health care at home

The Ontario Drug Benefit program automatically covers individuals of any age who live in a long-term care home, home for special care, or community home for opportunity. It also covers individuals who receive professional home and community care services arranged through [Ontario Health atHome](#). People in these categories who access the Ontario Drug Benefit pay a co-payment of up to \$2 each time they get a prescription filled or refilled but they do not pay a deductible. This includes seniors.

If a resident of one of the above places, or a recipient of home and community care is 24 years or younger, they qualify for OHIP+ and do not pay a co-payment.

Children and youth 24 and under

OHIP+ provides Ontario Drug Benefit coverage to children and youth 24 years and under who are not covered by a private plan. There is no co-payment or deductible for OHIP+.

Children and youth do not need to do anything to enrol in OHIP+. To access drug coverage, the child or youth's OHIP card should be presented at the pharmacy. OHIP+ ends on a youth's 25th birthday.

OHIP+ does **not** provide coverage to any child or youth covered by a private plan, even if, for example, a child or youth has exceeded the limit of that private plan, or if the private plan does not cover the drug they require. If a child or youth has coverage under a private plan, but their household still has significant out-of-pocket costs, the household can apply for additional support through the Trillium Drug Program instead of OHIP+. If the child or youth becomes ineligible for coverage under a private plan (e.g., if their parent loses insurance coverage), their OHIP+ coverage will kick in if they are still 24 or under.

²¹ These amounts are accurate as of March 2025. See Government of Ontario, "The senior's Ontario Drug Benefit deductible and prescription co-payment" (updated 18 November 2024) <<https://www.ontario.ca/page/seniors-ontario-drug-benefit-deductible-and-prescription-co-payment>>.

Trillium Drug Program

The [Trillium Drug Program](#) helps cover the cost of prescription drugs for households with high prescription drug costs. The program can help cover costs when someone has no drug coverage, or has drug coverage (including private coverage) that does not cover the full cost of their drugs. If a household spends 4% or more of their after-tax (net) household income on prescription drug costs, the Trillium Drug Program can cover the remaining cost. To qualify, a person must live in Ontario and have a valid OHIP card or number. People already covered by the Ontario Drug Benefit program (e.g., seniors, OHIP+, people on social assistance) are **not** eligible for Trillium because they already receive equivalent coverage.

An individual can apply for the Trillium Drug Program at any time of year. However, the benefit year starts on August 1 each year. For example, if a person wants coverage for expenses incurred between August 1, 2024 and July 31, 2025 they must apply by September 30, 2025. There is a [Trillium Drug Program Guide](#) to help complete the application form. Enrollment is automatically renewed each year unless there are certain changes in the household.

The Trillium Drug Program requires recipient households to pay a quarterly deductible (every three months) before the program will begin to cover their drug costs (see [Common Terms Defined](#) in the section above). The deductible is equal to about 4% of the recipient's net household income. After the household has paid the deductible for each quarter, the coverage will begin and will continue until the end of the quarter. At the start of the next quarter, they will pay the next portion of the deductible. This continues for the rest of the benefit year. A recipient household can ask the Trillium Drug Program to decrease the deductible mid-year if a household's income decreases by more than 10% since the last tax year.

If a person or household joins the program for the first time in the middle of the benefit year (e.g., February 1), their deductible is pro-rated (reduced) to cover only the part of the year when they are enrolled.

This [online deductible calculator](#) can help someone figure out their quarterly deductible.

Deductible Example:

John and his partner Terry have a household income of \$50,000 after taxes. John's HIV medication costs \$1,000 per month. John has no private insurance and is not eligible for any public drug program, so he applies to the Trillium Drug Program. He chooses to start his coverage on August 1, the beginning of the benefit year.

John's annual deductible, based on 4% of his after-tax household income, is \$2,000 ($\$50,000 \times 0.04 = \$2,000$). The \$2,000 deductible is divided into four payments, paid every three months ($\$2,000/4 = \500).

Quarter	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Annual Total
John's medication costs over 3 month period	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000
John's out-of-pocket (deductible) costs based on his after-tax household income and Aug 1 enrolment	\$500	\$500	\$500	\$500	\$2,000
Amount paid by Trillium after deductible	\$2,500	\$2,500	\$2,500	\$2,500	\$10,000

John pays the first \$500 for his drugs out of pocket at the pharmacy in August, the start of the first quarter in the Trillium benefit year. The remainder of his drug costs for August, September, and October (the first quarter) are \$2,500. Trillium covers that full amount. In November (the start of the second quarter), he will again pay \$500 out of pocket for his drugs. Trillium pays the remainder of his \$2,500 drug costs for November, December and January, and so on for the rest of the benefit year.

Health Benefits for People Receiving or Leaving Social Assistance

Health benefits are available to social assistance recipients and members of their **benefit unit** (see [Common Terms Defined](#) in the section above). You can find more information from the Ministry of Children, Community and Social Services on Ontario Works (OW) health benefits [here](#) and the Ontario Disability Support Program (ODSP) health benefits [here](#).

People receiving income from either one of Ontario's two social assistance programs, OW and ODSP, get 100% coverage for prescription drugs (except for a \$2 co-payment, which pharmacists often waive). The coverage includes all drugs on the Ontario Drug Benefit Formulary. ODSP and OW also provide some coverage for other health benefits, including benefits beyond the scope of this resource like hearing care, surgical, incontinence, and diabetic supplies, mobility device batteries and repairs, and funding for transportation to medical appointments.

For more information on dental benefits for people on social assistance, see [Ontario Disability Support Program and Ontario Works](#) in Part 2 below. For more information on vision benefits for

people on social assistance see [Ontario Disability Support Program and Ontario Works](#) in Part 3 below.

People exiting social assistance due to income from other sources are often concerned about losing their health benefits. This can be a major barrier to leaving social assistance. Both OW and ODSP have policies that allow some former recipients and their families to keep their health benefits even when they no longer receive money from social assistance.



Important Note: For all of the programs below, a person must prove they or their family member were eligible for continued health benefits *in the month after they last received money from OW or ODSP*.

Three programs allow people to keep their health benefits when they exit social assistance. OW and ODSP Extended Health Benefits is the most comprehensive of the three. The other two programs are the [ODSP Transitional Health Benefit](#) and the [OW Extended Employment Health Benefit](#), both described later in this section.

OW and ODSP Extended Health Benefits

A person may be eligible for Extended Health Benefits (EHB) if:

- 1) They are no longer eligible for money from OW or ODSP because their income from other sources is higher than OW/ODSP amounts;²²
- 2) They have high average health costs; and
- 3) They met criteria (1) and (2) in the month after they last received money from OW or ODSP.

EHB allows a person to maintain the following benefits after they exit OW/ODSP:

- prescription drugs
- dental care (OW only provides this for children aged 17 years and under whose families are residing in a First Nations community, including children in temporary care)
- vision care
- hearing care
- medical transportation costs
- mobility device repairs and batteries
- consumer contribution for an assistive device or eligibility assessment under the Assistive Devices Program
- diabetic, incontinence, and surgical supplies

EHB is available to former OW/ODSP recipients and all members of their benefit unit.

Note that children and youth 24 and under, seniors 65 and older, and people receiving care in

²² Income from other sources can include employment, self-employment, Canada Pension Plan, Old Age Security, Employment Insurance, etc.

certain types of homes are eligible for drug coverage through the Ontario Drug Benefit program. See [Ontario Drug Benefit: Seniors, children and youth, and people receiving care](#) above.

To be eligible for EHB, a person must demonstrate that the total eligible health costs of all benefit unit members is greater than the difference between their income from other sources and the OW/ODSP amount received (see example on this page).

EHB is an especially important program for seniors. When seniors start receiving federal benefits like Canada Pension Plan, Old Age Security, and the Guaranteed Income Supplement at age 65, their combined income from these benefits is often higher than what they were receiving from OW or ODSP. When they exit OW or ODSP due to income from their federal seniors pensions, they will lose their social assistance health benefits *unless* they prove eligibility for EHB.

Eligibility for EHB depends on a person or benefit unit's total eligible health costs. For people exiting ODSP, their health costs are normally based on their average costs over the past 12 months for prescription drug, dental, and other types of health-related services and supplies that are covered by ODSP. Vision and hearing care costs are averaged over a longer period, depending on ODSP's coverage schedule (e.g., glasses can only be replaced every three years, so vision costs are averaged over a three-year period). Coverage under OW's EHB program is similar, but only considers dental costs for children 17 and younger who live in First Nations communities, and vision coverage is more limited.

A person must show proof of their eligible health costs when applying for EHB coverage. **Proof** could mean documents like invoices, receipts, notes from a health care provider estimating the cost of supplies, or a printout from the pharmacy listing drug costs. It is up to the person applying to provide documents to show how much they would spend on eligible health costs without OW/ODSP coverage.

Extended Health Benefits Example:

Marie, a single person living with a disability, receives \$1,400 from ODSP. Marie has diabetes. Without ODSP coverage, she would have spent an average of \$200 per month on her prescription medication and diabetic supplies (e.g., insulin, insulin syringes, test strips, etc.).

She starts receiving Employment Insurance (EI) of \$1,500 per month. The EI income benefits are deducted dollar for dollar from ODSP. This means she is no longer eligible to receive any income support (money) from ODSP. Her EI benefits exceed her ODSP benefits by \$100.

EHB is available where a person's health cost exceeds their "excess income". Marie provides her ODSP caseworker with a printout from her pharmacy and an invoice from the company that provides her diabetic supplies to show the costs for the last 12 months.

Her health costs of \$200 are more than the \$100 difference between her EI income and ODSP income. She is otherwise eligible for ODSP because she still lives in Ontario and has under \$40,000 in assets. Based on these factors, Marie is eligible for Extended Health Benefits.

Eligible health costs means costs related to health benefits that are provided by OW/ODSP. If a person's health costs are already covered by a "private *pension* health insurance plan"²³ or another government program, ODSP/OW does not consider these items eligible health costs. For example, prescription drug costs that are already covered by OHIP+ (for youth 24 and under) or the Seniors Drug Program (for those 65 and over) are normally not considered eligible health costs.²⁴ Dental costs covered by the Canadian Dental Care Plan may not be considered eligible health costs.

ODSP's EHB coverage generally continues for 12 months, at which time ODSP reassesses eligibility. OW may reassess eligibility more frequently. In most cases, the person or benefit unit must be otherwise eligible for OW/ODSP. For example, they must continue to reside in Ontario and not have assets over the limits set by OW/ODSP. OW/ODSP expects recipients to report changes that affect their eligibility for EHB.



Important Note: OW/ODSP caseworkers should assess a recipient and members of their benefit unit for EHB eligibility in the last month that they receive OW/ODSP benefits. If a person was not aware of the EHB program when they exited social assistance, but would have qualified, it may be possible to apply for EHB retroactively.

People awaiting ODSP determination

Some people applying for ODSP may be eligible for *prescription drug coverage only* while awaiting ODSP determination. This applies to applicants and their spouse/partner who:

- are not eligible for Ontario Works because their income exceeds the OW amount;
- have high monthly prescription drug costs;
- have not been previously refused eligibility for ODSP (or its predecessor, Family Benefits);
- meet all other criteria of eligibility for OW; **and**
- are diagnosed with certain medical conditions that require expensive medications.

See [OW policy directive 7.3](#) on Extended Health Benefits for more details on this program.

ODSP Transitional Health Benefit

The Transitional Health Benefit (THB) covers some of the same health benefits as EHB for former recipients of ODSP and members of their benefit unit. One major difference is that the THB is available only to people who are no longer eligible for ODSP income support because of employment earnings, paid training or income from self-employment. THB provides health

²³ "Private pension health insurance plan" is the term ODSP uses in its Extended Health Benefits policy. It is not defined in the policy or in the law. If a person's private health insurance is not related to a retirement pension, it should not affect their eligibility for Extended Health Benefits.

²⁴ However, at least one ODSP recipient has succeeded in arguing at the Social Benefits Tribunal that drug costs that are otherwise covered **do not** have to be excluded when calculating a person's eligible health costs. See 2308-05284, [2024 SBT 1695](#).

coverage to former recipients if their current employer does not provide comparable benefits. Unlike EHB, THB does not consider the former recipient's health costs.

THB is not time limited and is available until a person receives comparable coverage from their employer. In addition, if a person has comparable employer benefits and then loses them, they can begin receiving THB again. Unlike EHB, a person does **not** have to remain otherwise financially eligible for ODSP to receive THB. For example, if a person has assets over the limit allowed by ODSP, they may retain their health coverage through THB.

THB provides coverage for:

- prescription drugs;
- dental care;
- vision care; and
- batteries and repairs for mobility devices.

ODSP caseworkers should first assess recipients for EHB eligibility, then THB, because EHB provides a greater range of health benefits.²⁵ THB is available for 12 months at a time – ODSP will reconfirm eligibility each year. In the interim, recipients are required to report any change in circumstances that affects their eligibility. Sometimes, caseworkers do not assess for THB eligibility when a recipient exits ODSP. The recipient can obtain THB later by showing that they met the eligibility criteria at the time they stopped receiving ODSP and continue to be eligible for THB.

Transitional Health Benefit Example:

Carlos used to receive \$1,400 from ODSP. He found a job where he earns \$3,000 per month. He is no longer eligible for ODSP because his income is too high. His new job offers benefits that cover 80% of the cost of prescription drugs. ODSP covers 100% of the cost of prescription drugs. Carlos's health costs are currently low, but he is worried about losing benefits when he leaves ODSP.

He reports his employment earnings to ODSP by providing his paystubs. He also provides his ODSP caseworker with his benefits booklet from his employer showing he will have 80% coverage for prescription drugs. He does not have to provide proof of his health costs. Carlos is eligible for the Transitional Health Benefit. His ODSP caseworker grants him THB for one year.

Carlos is eligible for THB because:

- He has earnings from employment;
- His earnings make him ineligible for ODSP income support;
- He does not have comparable health benefits from his employer; and
- He is not eligible for EHB because he has low health costs.

²⁵ The rules for assessing eligibility for health benefits are slightly different for the first month of ineligibility for income support. For more details, see [ODSP Policy Directive 9.19 — Transitional health benefit](#).

OW Extended Employment Health Benefit

OW's Extended Employment Health Benefit (EEHB) is more limited than either Extended Health Benefits or the Transitional Health Benefit. EEHB is available to former recipients who were receiving OW but, due to starting employment, self-employment, or having increased earnings from employment or self-employment, are no longer eligible for income assistance from OW.

Recipients who qualify for the EEHB receive all of the same health benefits that were available to them when they were receiving OW income assistance. A former recipient and members of their benefit unit are eligible for the EEHB if:

- They meet all other conditions of eligibility for income assistance, though they are allowed to
 - have income higher than what they used to receive from OW,
 - have assets higher than the limit under OW rules, and
 - not participate in OW training and employment programs;
- They are exiting OW due to employment or self-employment income;
- They are not eligible for the Extended Health Benefit; and
- Their benefits payable under the EEHB are not covered, partially or completely, under a benefit plan available from an employer (e.g., if a recipient is only eligible for drug coverage through their employer plan, they would be eligible for all benefits under the EEHB except for drug coverage.)

A person or benefit unit can receive the EEHB for up to six months from the date they become ineligible for OW income assistance. OW may extend some EEHB benefits for a second six-month period in certain circumstances, but they will not extend drug coverage. OW may instead assist the person in paying the Trillium Drug Program deductible (see [Trillium Drug Program](#) in the section above.)

Extended Employment Health Benefit Example:

Avi has been receiving OW income assistance of \$733 per month but starts working as a self-employed delivery driver, netting \$1,700 per month after business expenses. Avi has no benefits through their work. Their health costs are currently low, but Avi is worried about losing benefits when they leave OW. After starting their job, Avi's income will be higher than what they used to receive from OW and their assets will exceed the \$10,000 limit for a single person on OW, but they will otherwise still qualify for OW.

Avi asks their OW caseworker about keeping their health benefits when they exit OW. The caseworker asks for proof of Avi's income from self-employment and Avi provides screenshots of their delivery app payments, as well as gas and car maintenance receipts to show their business expenses. Avi tells their caseworker that the app company offers no benefits. They provide a printout from their pharmacy from the last 12 months showing that their prescription medication costs \$30 per month.

Avi is eligible for EEHB because they:

- have income from self-employment that is higher than what they used to receive from OW, and that is the reason they are exiting OW,
- are otherwise eligible for OW, except for the amount of their income and assets,
- cannot recover their health costs from another benefit plan, and
- are not eligible for EHB because of low health costs.

Exceptional Access Program – Drugs Not on the Ontario Formulary

The [Exceptional Access Program](#) (EAP) is an Ontario program that may provide coverage for prescription drugs that are not listed as a covered medication on the Ontario Drug Benefit formulary. The EAP approves requests for coverage by a doctor or nurse practitioner on a case-by-case basis. The EAP reviews each request to determine whether it fits approved funding criteria. The same drug could be funded when prescribed for one condition but not for another. Only drugs on the EAP list are eligible for funding.²⁶

The [Compassionate Review Policy](#) may provide funding for drugs that are on neither the Ontario Drug Benefit formulary nor the EAP list.

Other Special Drug Access Programs

Ontario also offers the [Special Drugs Program](#) and the [Inherited Metabolic Diseases Program](#), which both cover the full cost of expensive drugs and other medical items for the treatment of certain diseases. They are available to Ontario residents with valid health cards who meet the clinical criteria and are under the care of an approved physician or care centre. The Inherited Metabolic Diseases program will not provide coverage for drugs or other items to individuals who already have private insurance coverage.

Canadian National Pharmacare Plan and Federal Programs

Canada is in the process of creating a new national pharmacare plan. It will provide coverage for certain [diabetes treatments, devices, and supplies](#), and [contraceptives](#) in provinces that reach agreements with the federal government. The federal government will pay the costs of these drugs up front rather than reimbursing other payers. Coverage is not yet available under this plan (as of March 2025.)

Aside from this, the federal government does sponsor a number of drug coverage programs for specific populations. [Non-Insured Health Benefits](#) (NIHB) provides coverage for First Nations and Inuit peoples, but only for products and services not covered through private insurance, provincial health insurance, or social programs. As described in [Access to benefits for people with precarious immigration status](#) above, the federal government provides coverage to certain groups who don't have access to provincial health coverage through the [Interim Federal Health Program](#). A summary of other federal programs is available in [Table 1](#) at the end of this section.

²⁶ Government of Ontario, "Applying to the Exceptional Access Program" (updated 18 October 2023) <<https://www.ontario.ca/page/applying-exceptional-access-program>>.

Compassionate Access

If a person requires expensive, long-term drugs, “compassionate” supply through pharmaceutical companies may be an option to avoid treatment interruptions or to initiate treatment for those without coverage.²⁷ Each pharmaceutical company has a different process for accessing compassionate medication coverage and the access is usually time-limited. Patients must access these programs through their prescriber.

²⁷ Deborah Yoong *et al.*, “Use of Compassionate Supply of Antiretroviral Drugs to Avoid Treatment Interruptions or Delayed Treatment Initiation among HIV-Positive Patients Living in Ontario: A Retrospective Review” (2015) 10:3 Healthc Policy 64 <<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc4748343/>>.



Important Note: A summary of drug coverage programs available to low-income Ontarians is available in Part 4 of this Guide. See [Table 1. Prescription Drug Benefit Programs](#).

Important links in this section

The Ontario Drug Benefit website: <https://www.ontario.ca/page/get-coverage-prescription-drugs>

Info about the Seniors Co-payment program for the Ontario Drug Benefit program: <https://www.ontario.ca/page/seniors-ontario-drug-benefit-deductible-and-prescription-co-payment>

Ontario Health atHome program details: <https://ontariohealthathome.ca/>

Trillium Drug Program details: <https://www.ontario.ca/page/get-help-high-prescription-drug-costs>

Trillium Drug Program Application Guide: <https://forms.mgcs.gov.on.ca/en/dataset/014-3693-87>

Trillium Drug Plan deductible calculator created by HIVnow: <https://hivnow.ca/deductible-calculator/>

OW's policy on health benefits: <https://www.ontario.ca/document/ontario-works-policy-directives/72-health-benefits>

ODSP's policy on drug benefits: <https://www.ontario.ca/document/ontario-disability-support-program-policy-directives-income-support/98-drug-benefits>

ODSP's policy on Extended Health Benefits: <https://www.ontario.ca/document/ontario-disability-support-program-policy-directives-income-support/910-extended-health>

OW's policy on extended health benefits, including for people awaiting ODSP determination: <https://www.ontario.ca/document/ontario-works-policy-directives/73-extended-health-benefits>

OW's policy on the Extended Employment Health Benefit: <https://www.ontario.ca/document/ontario-works-policy-directives/73-extended-health-benefits>

Info about the Exceptional Access Program (EAP) for coverage of drugs not listed on the Ontario Drug Benefit Formulary: <https://www.ontario.ca/page/applying-exceptional-access-program>

The Exceptional Access Program Compassionate Review Policy: <https://files.ontario.ca/moh-compassionate-review-policy.pdf>

Info about the Ontario Ministry of Health's Special Drugs Program: <https://www.ontario.ca/page/special-drugs-program>

Info about the Ontario Ministry of Health's Inherited Metabolic Diseases Program: <https://www.ontario.ca/page/inherited-metabolic-diseases-program>

Part 2 - Dental Care Coverage in Ontario

Canadian Dental Care Plan (CDCP)

The CDCP is a federal dental coverage plan for individuals without access to dental insurance, and aims to improve the oral health of low-income Canadian residents. CDCP covers a wide range of both routine and urgent dental services. Coverage for some services requires pre-authorization.²⁸ Frequency limitations are in place, which means that recipients cannot receive the same service more than a specified number of times within a designated timeframe.

As of February 2025, the CDCP is available to:

- Children under the age of 18;
- Seniors 65 and over; and
- Adults with disabilities who receive the Disability Tax Credit.

In late March 2025, the federal government announced that all remaining eligible Canadians can apply for CDCP coverage beginning May 1 for ages 55 to 64, May 15 for ages 18 to 34, and May 29 for ages 35 to 54. People who have already qualified for the CDCP must file their 2024 taxes and submit a CDCP renewal application by June 1 to avoid a gap in coverage. For the most up to date information, visit the federal government's [CDCP website](#).

To be eligible for the CDCP, an applicant must have:

- Canadian resident status for tax purposes;
- Filed taxes;
- An annual adjusted family net income of less than \$90,000; **and**
- No access to dental coverage via:
 - private insurance, or that of a family member,
 - employment-related insurance, or that of a family member,
 - a pension from past employment, or that of a family member, or
 - student status or status with a professional organization, or that of a family member.



Important Note: Some Canadians with access to other dental benefits will still be eligible for the CDCP. In Ontario, example of these benefits include Healthy Smiles Ontario, dental benefits from the Ontario Disability Support Program (ODSP) or Ontario Works (OW), and the Ontario Seniors Dental Care Program.

Since municipalities and First Nations communities administer OW, interactions between the CDCP and dental benefits via OW will vary. OW recipients who are receiving dental coverage should contact their [local office](#) to determine how the coordination with the CDCP works. OW

²⁸ Some services that require pre-authorization include moderate, deep, and general sedation, crowns, complete and partial dentures, and root canal re-treatments. This list is not exhaustive. Consult the [CDCP Dental Benefits Guide](#) for more information on pre-authorization requirements.

recipients from First Nations communities can continue to access dental coverage via OW for their children, and CDCP coverage will be coordinated for eligible families.

The CDCP will act as the primary plan of coverage for Healthy Smiles Ontario and ODSP recipients, and these two provincial programs will act as supplemental coverage for any additional expenses not covered by the CDCP. There is no coordination of benefits between the Ontario Seniors Dental Care Program and the CDCP, so individuals eligible for both must choose between these two programs. If an individual chooses the CDCP, they may have to pay out-of-pocket if the dental health care provider charges more than CDCP covers. The Ontario Seniors Dental Care Program is provided through local public health units and does not bill patients directly so a patient would not incur out-of-pocket expenses.

Dental care providers will first bill other federal programs that offer dental coverage before billing the CDCP. This includes the Non-Insured Health Benefits Program, Veterans Affairs Canada Dental Services Program, Interim Federal Health Program, and Correctional Services Canada Dental Care for Inmates. These programs offer similar coverage to CDCP so there may be no need for coordination.

Patients can find out if their dental care provider accepts CDCP patients by searching for their provider on the [CDCP Provider Search Tool](#).

Coverage rates

Coverage under the CDCP varies based on family net (after tax) income. The lower the family income, the greater proportion of dental costs the CDCP will cover.

Annual Adjusted Family Net Income	CDCP Coverage
< \$70,000	100%
\$70,000 - \$79,999	60%
\$80,000 - \$89,999	40%

The Government of Canada has developed [CDCP established fees](#) for all covered services. Sun Life, the administrator of the program, will reimburse providers for services only up to the established fee amounts. However, the CDCP established fees do not necessarily reflect provincial and territorial dental fee suggestions, on which most providers base their service charges. This means that there may be discrepancies between the CDCP fees and true service costs. Sun Life will not cover the difference if the provider charges more than the CDCP established fees. This means that low-income recipients with 100% coverage may still have to pay out-of-pocket costs for dental care.

Two CDCP Coverage Examples:

Lin needs a teeth cleaning. Lin has an annual adjusted family net income of \$76,000. After she receives the service, the CDCP covers 60% of the cleaning cost, leaving 40% of the cost remaining. Lin must pay the remaining 40% herself.

Amina needs a teeth cleaning. Amina has an annual adjusted family net income of \$60,000, so she receives 100% coverage from CDCP. CDCP's set fee for scaling (cleaning) is \$50, but the dentist charges \$60. Even though Amina has 100% coverage, she still has to pay \$10 out of pocket for her cleaning.

Healthy Smiles Ontario

Healthy Smiles Ontario (HSO) is a free provincial dental care program for children 17 years old and under living in low-income families. HSO also runs universal in-school dental screening for all children in kindergarten to grade two.

Children who do not have OHIP coverage (including those with precarious immigration status) **can** be eligible for HSO. HSO covers regular dental visits as well as urgent care. It does not cover cosmetic dentistry or braces.

Some children are automatically eligible for HSO, including children who receive:

- Assistance for Children with Severe Disabilities;
- Temporary Care Assistance;
- Ontario Works (except those living in a First Nations community); or
- Ontario Disability Support Program

Outside of these groups, families are eligible to apply for HSO if their children:

- Live in Ontario;
- Are 17 years of age or younger; and
- Are eligible based on their family income and household size.
 - For example, a family with one dependant child is eligible if their family net income is \$27,746 or lower; a family with two dependant children is eligible if their family net income is \$29,846 or lower.²⁹

To determine household income, families must either file a tax return in the previous year or apply through a guarantor who can confirm the child's age, identity, and residency in Ontario. Parents/guardians without a SIN number or Temporary Taxation Number must also apply for their children through a guarantor. Once a child is enrolled, they will be automatically re-enrolled each year as long as their family files taxes. The benefit year runs from August 1 to July 31. The family will receive an annual notice about their enrolment status by mail each year.

For children and youth who are **not** enrolled in HSO but have an emergency or essential dental need and attest to financial hardship, emergency and essential care is available under the program. Children and youth in need can apply through their dental provider's office. Dental coverage for emergency/essential care lasts only six months, after which time the applicant can reapply through the regular HSO program.

HSO works as a supplemental plan to the Canadian Dental Care Plan (CDCP). It will cover amounts the CDCP does not cover. HSO will also coordinate coverage with private insurance plans. Not all dentists accept coverage through HSO. Families should check with their dentist before accessing care, or call their local public health unit to find a dentist who accepts HSO.

²⁹ These amounts are accurate as of July 1, 2024.

Ontario Seniors Dental Care Program

The Ontario Seniors Dental Care Program is a free provincial dental care program for low-income seniors who are 65 years old or older. Seniors who do not have OHIP coverage (including those with precarious immigration status) **can** still be eligible for the Program. The Program offers full coverage for routine dental care, some oral surgeries, and treatment of infection, pain, and gum disease. It also provides partial coverage for dentures.

Seniors are eligible to apply if they:

- Are 65 years of age or older;
- Are a resident of Ontario;
- Meet the income requirements of
 - an annual net income of \$25,000 or less for a single senior, or
 - a combined annual net income of \$41,500 or less for a couple;³⁰ and
- Have no other form of dental benefits, apart from the Canadian Dental Care Plan (CDCP).
 - Seniors with private insurance or dental coverage under another government program such as Ontario Works, Ontario Disability Support Program or Non-Insured Health Benefits are not eligible.

There is no coordination of benefits between the Ontario Seniors Dental Care Program and the CDCP so individuals eligible for both must choose between these two programs when they seek dental care. If an individual chooses the CDCP, they may have to pay out of pocket if the dental care provider charges more than CDCP covers. Local public health units provide the Ontario Program and do not bill patients.

To determine household income, the senior and their spouse or partner must either file a tax return in the previous year or apply through a guarantor who can confirm their age, identity and residency in Ontario. Seniors without a Social Insurance Number (SIN) or Temporary Taxation Number must also apply through a guarantor. Once a senior is enrolled, they will be automatically re-enrolled each year as long as they (and their spouse/partner, if any) file taxes. The benefit year runs from August 1 to July 31. The senior will receive an annual notice about their enrolment status by mail each year.



Important Note: Most private dental care providers do **not** provide care under the Ontario Seniors Dental Care Program. Seniors access care through their local public health unit, partner community health centre, or partner Aboriginal Health Access Centre.

Ontario Disability Support Program and Ontario Works

Ontario Disability Support Program (ODSP) and Ontario Works (OW) cover dental services set out in the Ministry of Children, Community and Social Services' Schedule of Dental Services, available to ODSP and OW staff and dentists/dental hygienists. The Schedule is also available

³⁰ Although spousal income is considered, each senior in a household must apply separately for coverage.

to clients upon request. For ODSP recipients with certain health conditions (e.g., diabetes, HIV), additional services are available under the Dental Special Care Plan.

Ontario Disability Support Program

ODSP offers routine and emergency dental benefits to people with disabilities receiving support through the program, as well as their spouse or partner. Dependent adults (i.e., adult children) in the ODSP benefit unit may receive emergency dental services and services necessary for employability as a discretionary benefit through OW. Children 17 or younger in the ODSP benefit unit are not eligible for ODSP dental benefits but are automatically eligible for Healthy Smiles Ontario.

ODSP will coordinate benefits with the Canadian Dental Care Plan (CDCP). The CDCP will act as the primary plan of coverage for ODSP recipients, and ODSP will act as supplemental coverage for any additional expenses not covered by the CDCP. ODSP recipients who live in certain residential settings that provide specialized care must coordinate dental care with their residence.

For more information on dental benefits available to people exiting ODSP or OW, see [Health Benefits for People Receiving or Leaving Social Assistance](#) in Part 1 above. You can read the Ministry of Children, Community and Social Services' policy on dental care for ODSP recipients [here](#).

Ontario Works

Dental coverage under OW is more limited. OW offers mandatory coverage of routine and urgent dental care only for children 17 years and under who reside in First Nations communities. Dental coverage for all other OW recipients is discretionary and includes only emergency dental care and dental care that supports the person's employability or participation requirements.

Since municipalities or First Nations communities administer OW, interactions between the CDCP and dental benefits via OW will vary. OW recipients who are receiving dental coverage should contact their [local office](#) to determine how the coordination with the CDCP works. OW recipients from First Nations communities can continue to access dental coverage via OW for their children, and CDCP coverage will be coordinated for eligible families.

For more information on dental benefits available to people exiting ODSP or OW, see [Health Benefits for People Receiving or Leaving Social Assistance](#) in Part 1 above. You can read the Ministry of Children, Community and Social Services' policy on dental care for OW recipients [here](#).



Important Note: A summary of all dental care programs available to low-income Ontarians is available in Part 4 of this Guide. See [Table 2. Dental Care Programs](#).

Important links in this section

Government of Canada website about the Canadian Dental Care Plan:

<https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html>

List of local Ontario Works offices: <http://www.officelocator.mcsc.gov.on.ca/>

Canadian Dental Care Plan Guide:

<https://www.canada.ca/en/services/benefits/dental/dental-care-plan/guide.html#h2.1>

Canadian Dental Care Plan Provider search tool:

<https://www.sunlife.ca/sl/cdcp/en/member/provider-search/>

List of CDCP established fees for all covered services:

<https://www.sunlife.ca/sl/cdcp/en/provider/dental-benefit-grids/>

Healthy Smiles Ontario dental coverage information: <https://www.ontario.ca/page/services-covered-by-healthy-smiles-ontario>

Information about dental care for seniors can be found in multiple languages at this Government of Ontario link: <https://www.ontario.ca/page/dental-care-seniors#section-9>

ODSP's dental care policy: <https://www.ontario.ca/document/ontario-disability-support-program-policy-directives-income-support/97-dental-benefits>

OW's dental care policy: <https://www.ontario.ca/document/ontario-works-policy-directives/72-health-benefits>

Part 3 - Vision Care Coverage in Ontario

Public coverage for vision care services is limited in Ontario. For working-age adults, employer group insurance plans are one of the few sources of coverage available. The Ontario Health Insurance Plan (OHIP) covers comprehensive eye exams by a physician or optometrist and some follow-up care for:

- Children and youth 19 years old and younger;
- Seniors 65 years old and older; or
- Those with certain medical conditions that may affect their eye health (e.g., glaucoma, cataracts, diabetes, etc.) and those taking medications that can affect vision. For a full list of eligible medical conditions see [What OHIP covers](#).

For information about who can access OHIP and options for people without OHIP coverage, see [Access to benefits for people with precarious immigration status](#) in the Introduction section above.

OHIP Coverage for Vision Care by Age Group

Eligibility criteria	Frequency of major eye exam	Additional care available
19 and younger	Once every 12 months	Any minor assessments needed
20 to 64 with an eligible medical condition	Once every 12 months	2 additional follow-up minor assessments Visual field assessment (only for certain medical conditions, if required)
20 to 64 without an eligible medical condition	None	None
65 and older with an eligible medical condition	Once every 12 months	2 additional follow-up minor assessments
65 and older without an eligible medical condition	Once every 18 months	2 additional follow-up minor assessments
20-64 and receiving health benefits through ODSP/OW or Assistance for Children with Severe Disabilities	Once every 24 months	None

Ontario Disability Support Program and Ontario Works

Ontario Disability Support Program (ODSP)

People with disabilities who qualify for ODSP are eligible to receive some vision services not otherwise covered by OHIP. ODSP recipients and all members of their benefit unit can receive a major eye examination once every 24 months.

Other vision care services are available only to ODSP recipients, their spouses/partners and dependent children 17 years and younger (i.e., adult children are excluded). For these individuals, ODSP provides assistance with the cost of lenses and frames every three years, when necessary. ODSP provides assistance with the cost of lens replacement more frequently if there is a *significant* change in prescription. For children, ODSP provides assistance with the cost of new lenses anytime there is a change in prescription. ODSP may authorize replacement frames where the person's frames are lost or damaged through no fault of their own. Other vision items or services, including contact lenses, may be available in exceptional medical circumstances, but pre-authorization is required. More details from the Ministry of Children, Community and Social Services on ODSP's vision care policy are available [here](#).

ODSP only covers amounts listed in the Ministry of Children, Community and Social Services' fee schedule. ODSP recipients must cover the remaining costs out of pocket.

ODSP recipients can access coverage by presenting their OHIP card to the optometrist or physician. Those without OHIP coverage can present another form of identification. Note that not all optometrists accept ODSP coverage as they receive a lower fee for eye exams performed for ODSP recipients than for eye exams otherwise covered by OHIP.

For more information on vision benefits available to people exiting ODSP, see [Health Benefits for People Receiving or Leaving Social Assistance](#) in Part 1 above.

Ontario Works (OW)

Vision coverage under OW is more limited. OW recipients and members of their benefit unit between the ages of 20 and 64 are eligible for a major eye examination once every 24 months, if the examination is not otherwise covered by OHIP. There is no coverage available for lenses or frames for anyone over 18 receiving OW.

Only OW recipients' dependent children under 18 are eligible for assistance with the purchase and repair of lenses and frames. OW will assist with the cost of new frames and lenses every three years or new lenses every time there is a change in prescription. OW may cover the cost of repairs to frames or lenses when the cost of repairs is the same or less than the cost of replacement. More details on OW's vision care policy are available [here](#).

For more information on vision benefits available to people exiting OW, see [Health Benefits for People Receiving or Leaving Social Assistance](#) in Part 1 above.

LensCrafters OneSight Program

LensCrafters offers the [OneSight program](#). It provides free eyeglasses and eye exams to people who are low-income, including uninsured people.

To access this program, a registered charity or an organization with a charitable registration number must write a letter requesting free eyeglasses and/or an eye exam for a specific client. The letter must include the client's name and date of birth. Once clients have this letter, they can call or visit their nearest LensCrafters location requesting to book an appointment under the OneSight program.

Assistive Devices Program

The Assistive Devices Program (ADP) helps people with long-term physical disabilities pay for customized equipment, including visual aids. More information about ADP is available on this [government website](#).

To qualify for visual aids through ADP, an applicant must:

- be an Ontario resident
- have a valid Ontario health card
- have long-term low vision or blindness in at least one eye that can't be corrected with surgery, regular glasses or contact lenses (e.g. corrected vision in the better eye in range of 20/70 or less)

ADP does not cover eye exams but it may cover specialized glasses, magnifiers, and other optical aids. ADP covers 75% of the price for visual aids, up to a set amount. For people who receive OW, ODSP, or Assistance for Children with Severe Disabilities, ADP covers 100% of the cost for visual aids.



Important Note: A summary of vision care programs available to Ontarians is available in Part 4 of this Guide. See [Table 3. Vision Care Programs](#).

Important links in this section

Full list of eligible medical conditions eligible for extended OHIP eye care:

<https://www.ontario.ca/page/what-ohip-covers#section-6>

ODSP's vision care policy: <https://www.ontario.ca/document/ontario-disability-support-program-policy-directives-income-support/914-vision-care>

OW's vision care policy: <https://www.ontario.ca/document/ontario-works-policy-directives/72-health-benefits>

LensCrafters OneSight program details: <https://www.lenscrafters.ca/onesight>

Assistive Devices Program details: <https://www.ontario.ca/page/assistive-devices-program#section-0>

Part 4 – Summary Tables of Health Benefit Programs

Table 1. Prescription Drug Benefit Programs

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Drugs covered
<u>Seniors Drug Benefit</u>	100%	Yes, but waiver available	Not required	<p>Ontario residents:</p> <ul style="list-style-type: none"> • Age 65 and over; or • Under 65 and <ul style="list-style-type: none"> ○ Receiving professional home and community care services at home, ○ Living in a long-term care home, ○ Living in a home for special care, or ○ Living in a Community Home for Opportunity. <p>Deductible waiver available for low-income seniors. Co-pay reduced to \$2.</p>	All drugs on Ontario formulary; partial coverage for other products
<u>Ontario Disability Support Program and Ontario Works Drug Coverage</u>	100%	No deductible, \$2 co-payment often waived by pharmacy	Usually not required	<p>Persons receiving income from OW/ODSP and members of their benefit unit.</p> <p>Extended Health Benefits available for those with high health costs exiting OW or ODSP due to income from other sources.</p> <p>Transitional Health Benefit for former ODSP recipients exiting due to income from employment/self-employment.</p> <p>Extended Employment Health Benefit for former OW recipients exiting due to income from employment/self-employment.</p>	All drugs on Ontario formulary

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Drugs covered
<u>Trillium Drug Program</u>	100% after paying deductible	Deductible is equal to about 4% of household net income	Required	Ontario residents with high drug costs relative to their income who: <ul style="list-style-type: none"> Do not have private insurance coverage or their private insurance does not cover 100% of their prescription drug costs; Have a valid OHIP card; and Are not eligible for other Ontario public drug coverage. 	All drugs on Ontario formulary
<u>OHIP+</u>	100%	No	No coverage available for those covered by private insurance	Ontario residents who: <ul style="list-style-type: none"> Are age 24 and under; Are eligible for OHIP; and Have no access to any private insurance coverage. 	All drugs on Ontario formulary
<u>Workers Safety and Insurance Board (WSIB)</u>	100%, including pharmacist fees	No	No	Must have an approved WSIB claim for a work-related injury or illness.	Only drugs on the <u>WSIB formulary</u> related to the allowed work-related injury and illness
<u>Interim Federal Health Program</u>	100%	No	Required	Available to the following groups who are not eligible for provincial health insurance: <ul style="list-style-type: none"> resettled refugees; refugee claimants; in-Canada protected persons; victims of human trafficking; or immigration detainees. 	Drugs on provincial formulary (with some <u>exceptions</u>)

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Drugs covered
<u>Non-Insured Health Benefits (NIHB)</u>	100%	No	Provides coverage for products and services not covered through private insurance, provincial health insurance, or social programs.	<ul style="list-style-type: none"> • A First Nations person who is registered under the <i>Indian Act</i> (commonly referred to as a “Status Indian”); • An Inuk recognized by an Inuit land claim organization as outlined in Inuit client eligibility for the NIHB program; or • A child less than 2 years old whose parent is an NIHB-eligible client <p>Coverage decisions under NIHB can be <u>appealed</u>.</p> <p>Identification is required for provider to bill NIHB directly.</p>	Drugs included on NIHB’s <u>Drug Benefit List</u> that a licensed health professional acting within their scope of practice prescribes or recommends
<u>Veterans Affairs Canada (VAC) Prescription Drug Program</u>	Limited coverage	Unknown	Yes	<p>Must have a Veterans Affairs Canada Health Care Identification Card on which an “A” or “B” is indicated under the heading “Program Number 10”.</p> <p>Group A clients may only use their card to obtain benefits directly related to the treatment of their VAC pensioned medical condition.</p> <p>Group B clients are eligible for approved benefits providing they have a clearly demonstrated health need and the benefits are not available to them under a provincial health plan.</p>	Drugs on the Veterans Affairs Canada drug formulary

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Drugs covered
<u>Children's Aid Society Aftercare Benefits Initiative</u>	Coverage for prescription drugs, dental, vision and other health and wellness services	No	Yes, coordination with OHIP+	<p>Former youth in care between 21 and 25 years of age or 18 and 25 for adopted youth who are not eligible for health benefits through another plan. Must reside in Canada.</p> <p>Coverage lasts a maximum of four consecutive years.</p> <p>Prescription drug coverage is not available for youth receiving OW or ODSP.</p>	Coverage provided by GreenShield Canada

Table 2. Dental Care Programs

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
Canadian Dental Care Plan	<p>Most dental services other than cosmetic.</p> <p>Coverage depends on adjusted family net income:</p> <ul style="list-style-type: none"> • \$70,000 and under results in 100% coverage • \$70,000 - \$79,999 results in 60% coverage • \$80,000 - \$89,999 results in 40% coverage <p>Covers amounts up to Government of Canada dental benefit grid.</p>	<p>Sometimes, see Type of Coverage</p>	<p>The CDCP will act as the primary plan of coverage for Healthy Smiles Ontario and ODSP recipients, and these two provincial programs will act as supplemental coverage for any additional expenses not covered by the CDCP.</p>	<p>The following groups are eligible as of February 2025:</p> <ul style="list-style-type: none"> • Adults with a Disability Tax Credit certificate • Seniors 65+ • Children under 18 <p>All remaining age groups will be eligible to apply as of May 2025: May 1 for ages 55 to 64, May 15 for ages 18 to 34, and May 29 for ages 35 to 54.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Canadian resident status for tax purposes; • Filed taxes; • An annual adjusted family net income of less than \$90,000; and • No access to dental coverage via <ul style="list-style-type: none"> ○ private insurance, or that of a family member, ○ employer insurance, or that of a family member, ○ a pension from past employment, or that of a family member, or ○ status as a student or as part of a professional organization, or that of a family member. <p>Annual re-enrolment is required by June 1.</p>	<p>Individuals are considered to have access to other dental insurance even if they opt out of available plans.</p> <p>Some services require pre-authorization.</p>

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Non-Insured Health Benefits (NIHB)</u>	<p>Most dental services other than cosmetic.</p> <p>Covers amounts up to fees listed in <u>NIHB Dental Benefits Guide</u>.</p>	None	<p>Provides coverage for services not covered through private insurance, provincial health insurance, or social programs.</p> <p>Coordination with CDCP.</p>	<ul style="list-style-type: none"> • A First Nations person who is registered under the <i>Indian Act</i> (commonly referred to as a “Status Indian”); • An Inuk recognized by an Inuit land claim organization as outlined in Inuit client eligibility for the NIHB program; or • A child less than 2 years old whose parent is an NIHB-eligible client. 	<p>Some services require pre-authorization.</p> <p>Identification required for provider to bill NIHB directly.</p> <p>Coverage decisions under NIHB can be <u>appealed</u>.</p>
<u>Interim Federal Health Program (IFHP)</u>	<p>Urgent dental care.</p> <p>Covers 100% of the cost of provincial dental fee guides.</p>	None	None	<p>The following groups who are not eligible for provincial health insurance:</p> <ul style="list-style-type: none"> • resettled refugees; • refugee claimants; • in-Canada protected persons; • victims of human trafficking; or • immigration detainees. 	<p>See <u>IFHP Dental Benefit Grid</u> for details of coverage.</p>

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
Healthy Smiles Ontario	<p>Basic dental services including urgent and routine care.</p> <p>See Services covered by Healthy Smiles Ontario</p>	None	Coordination with other public programs (including CDCP) and private insurance.	<p>Automatic eligibility for children who receive:</p> <ul style="list-style-type: none"> • Assistance for Children with Severe Disabilities; • Temporary Care Assistance; • Ontario Works (except those living in a First Nations community); or • Ontario Disability Support Program <p>Eligible applicants:</p> <ul style="list-style-type: none"> • Live in Ontario; • Are 17 years of age or younger; • Income-based eligibility depends on number of dependent children in the household; and • Must file a tax return and have a SIN number or apply through a guarantor. <p>Universal in-school dental screening is available for all children in kindergarten to grade two.</p>	Most families are automatically re-enrolled annually if they filed taxes and have a SIN number.

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Ontario Seniors Dental Care Program</u>	<p>Routine dental care, some oral surgery, and treating infection, pain, and gum disease.</p> <p>Partial coverage for dentures.</p>	None	No coordination with Canadian Dental Care Plan – seniors must choose between the two plans for any given service.	<p>Ontario residents who:</p> <ul style="list-style-type: none"> • Are aged 65 or older; • Meet the income requirements of <ul style="list-style-type: none"> ○ an annual net income of \$25,000 or less for a single senior, or ○ a combined annual net income of \$41,500 or less for a couple; and • Have no other form of dental benefits, apart from the Canadian Dental Care Plan (CDCP) <p>Seniors with private insurance or dental coverage under another government program such as Ontario Works, Ontario Disability Support Program, or Non-Insured Health Benefits are not eligible.</p>	Most seniors are automatically re-enrolled annually if they filed taxes and have a SIN number.
<u>Ontario Disability Support Program (ODSP)</u>	<p>Routine and urgent dental services set out in MCCSS's Schedule of Dental Services. Available to clients upon request.</p> <p>Additional services available under Dental Special Care Plan for those with certain health conditions (e.g. diabetes, HIV).</p>	ODSP pay not cover the full cost of dental services	<p>ODSP recipients who live in specialized care residences must coordinate dental coverage.</p> <p>Coordination with Canadian Dental Care Plan.</p>	<p>Only the person with a disability and their spouse are eligible for dental benefits.</p> <p>Dependent adults (e.g., adult children) in the benefit unit may receive dental services as a discretionary benefit through Ontario Works. Children 17 or younger are not eligible for ODSP dental benefits but are eligible for Healthy Smiles Ontario.</p>	See also <u>Health benefits for people receiving or leaving social assistance</u> above.

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Ontario Works (OW)</u>	<p>Mandatory coverage of routine and urgent dental care available for children 17 years and under who reside in First Nations communities.</p> <p>Dental coverage for all other OW recipients is discretionary and includes only emergency dental care and dental care which supports the person's employability or participation requirements.</p>	None	Coordination with Canadian Dental Care Plan.	Only children 17 and under who reside in First Nations communities are eligible for dental coverage under OW. Other children are eligible for Health Smiles Ontario.	See also <u>Health benefits for people receiving or leaving social assistance</u> above.
<u>Ontario Health Insurance Plan (OHIP)</u>	In-hospital dental surgeries only.	None	N/A	Some dental surgeries need to be performed in a hospital because they are complex and/or the patient has another medical condition that needs monitoring during the procedure.	

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Toronto Public Health dental clinics</u>	Basic dental services including urgent and routine care. Offered at clinics and community health centres throughout the City of Toronto.	None	None	Toronto residents, any age, who: <ul style="list-style-type: none"> • Cannot afford dental care; and • Completed a successful eligibility assessment at a Toronto Public Health dental clinic. 	<u>Mobile Dental Clinic</u> provides free dental care for adults who cannot access typical dental care. Maintains <u>list of low-cost dental care</u> for those ineligible for free care.
<u>University of Toronto Faculty of Dentistry Clinics</u>	A wide range of low-cost services are offered through 12 different clinics affiliated with U of T. Dental students provide treatment under supervision.	Cost varies	Patient must coordinate with their own private insurance, if any.	Contact individual U of T clinic for details. All clinics are located in Toronto.	They accept patients covered by OW, ODSP, Health Smiles Ontario, Interim Federal health program, Non-Insured Health Benefits and Veteran's Affairs.

Table 3. Vision Care Programs

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Ontario Health Insurance Plan (OHIP)</u>	Major eye exams and minor assessments.	No	No	Coverage depends on age and medical conditions. See <u>OHIP Coverage for Vision Care by Age Group</u> above for details.	
<u>Ontario Disability Support Program (ODSP)</u>	Major eye exam every 24 months, assistance with cost of lenses and frames every three years, and replacement lenses on significant prescription change for adults or any change for children.	No	No	<p>ODSP recipients and all members of their benefit unit can get an eye exam once every 24 months.</p> <p>ODSP recipients, their spouses and dependent children 17 years and younger can get frame and lens replacement at least every three years.</p> <p>Other discretionary services and items available in exceptional medical circumstances.</p>	ODSP only covers amounts listed in the MCCSS's fee schedule. ODSP recipients must cover the remaining costs out of pocket.
<u>Ontario Works (OW)</u>	Major eye exam every 24 months, assistance with the cost of lenses and frames every three years for children under 18.	No	No	<p>OW recipients and members of their benefit unit between the ages of 20 and 64 can get an eye exam once every 24 months.</p> <p>Dependent children under 18 can get frame and lens replacement at least every three years.</p>	OW only covers amounts listed in the MCCSS's fee schedule. OW recipients must cover the remaining costs out of pocket.

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Assistive Devices Program</u>	<p>75% of the cost of certain visual aids up to a set fee</p> <p>100% coverage for recipients of OW, ODSP and Assistance for Children with Severe Disabilities (ACSD)</p>	Yes, 25% co-pay unless receiving OW, ODSP or ACSD	Yes	<p>Be an Ontario resident</p> <p>Have a valid Ontario health card</p> <p>Have long-term low vision or blindness in at least one eye that can't be corrected with surgery, regular glasses or contact lenses (e.g. corrected vision in the better eye in range of 20/70 or less)</p>	
<u>Interim Federal Health Program</u>	<p>Medically necessary frames and lenses, and replacement lenses on significant prescription change for adults or any change for children. Eye exams once every 12 months.</p> <p>For details, see <u>IFHP Benefit Grid – Supplemental Coverage</u>.</p>	No	Yes, coverage only for items and service not covered (even in part) under a public or private health insurance plan.	<p>The following groups who are not eligible for provincial health insurance:</p> <ul style="list-style-type: none"> • resettled refugees; • refugee claimants; • in-Canada protected persons; • victims of human trafficking; or • immigration detainees. 	

PROGRAM NAME	Type of coverage	Co-pay or deductible	Coordination with other benefits	Eligibility criteria	Notes
<u>Non-Insured Health Benefits</u>	<p>Eye examinations, glasses, and contact lenses, when prescribed by a vision care professional, as well as eyeglass repairs.</p> <p>For details, see <u>Guide to vision care benefits for First Nations and Inuit</u>.</p>	No	Yes, coverage only for items and services not available under other federal, provincial, or private health insurance.	<ul style="list-style-type: none"> • A First Nations person who is registered under the <i>Indian Act</i> (commonly referred to as a “Status Indian”); • An Inuk recognized by an Inuit land claim organization as outlined in Inuit client eligibility for the NIHB program; or • A child less than 2 years old whose parent is an NIHB-eligible client. 	<p>Identification required for provider to bill NIHB directly.</p> <p>Coverage decisions under NIHB can be <u>appealed</u>.</p>
<u>LensCrafters OneSight Program</u>	Free eye exam and prescription glasses	None	None	<ul style="list-style-type: none"> • Available to low-income clients • A registered charity or an organization with a charitable registration number must write a letter requesting free eyeglasses and/or an eye exam for a specific client. 	Individual must call a LensCrafters store to book an appointment once they have a letter from a charity.