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ROYAL CANADIAN MOUNTED POLICE
BENEFIT GRID

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PRINT DATE: JANUARY 11, 2023

PROVINCE: NF

PROGRAM OF CHOICE: 14 - VISION (EYE) CARE

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
ADDS OVER 3 BIFOCAL - GLASS	603342	01-01-2015					\$700.00/2 CY		SEE NOTE 5
ADDS OVER 3 BIFOCAL - PLASTIC	603340	01-01-2015					\$700.00/2 CY		SEE NOTE 5
CONTACT LENS FITTING PROCEDURES INCLUDING INITIAL ISSUE - SPHERICAL	602560	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
CONTACT LENS FITTING PROCEDURES INCLUDING INITIAL ISSUE - TORIC	602156	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
CONTACT LENS FITTING PROCEDURES INCLUDING INITIAL ISSUE-MULTIFOVAL	602585	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
CONTACT LENS REPLACEMENT - LEFT	602250	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
CONTACT LENS REPLACEMENT - RIGHT	602255	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
DILATION EXAM FOR DIABETICS	630100	01-11-2011	O,OP						
DILATION EXAM FOR SEVERE MYOPIA	630110	01-11-2011	O,OP						SEE NOTE 8

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EXAMS - MAJOR VISION EXAM	600014	01-10-2016					\$74.65		
EXAMS - MINOR VISION EXAM	600234	01-10-2016					\$42.03		
FEES (VISION) - BIOMICROSCOPY	600638	01-10-2016	O,OP				\$23.34		
FEES (VISION) - LOW VISION EVALUATION	600439	01-10-2016	O,OP				\$113.82		
FEES (VISION) - OPHTHALMOSCOPY	600624	01-10-2016	O,OP				\$23.34		
FEES (VISION) - TONOMETRY	600427	01-10-2016	O,OP				\$23.34		
FEES (VISION) - VISUAL FIELDS	600890	01-10-2016	O,OP				\$50.77		
FOREIGN BODY REMOVAL	602300	01-11-2011							
FRAMES - NEW	604115	01-01-2015					\$700.00/2 CY		SEE NOTE 5

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GLASS LENS BENEFIT OTHER LENS BENEFITS - OVERSIZE LENS	603802	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
GLASS LENS COATINGS - ANTI-REFLECTIVE COATING	603800	01-01-2015					\$700.00/2 CY		SEE NOTE 5
HEIDELBERG RETINAL TOMOGRAPHY (HRT) FOR GLAUCOMA	600036	01-11-2011	MD,O,OP		YES			Y	
LENS BENEFIT - LEFT LENS (CORRECTIVE)	604210	01-08-2015	O,OP				\$700.00/2CY		SEE NOTE 3,5
LENS BENEFIT - RIGHT LENS (CORRECTIVE)	604215	01-08-2015	O,OP				\$700.00/2CY		SEE NOTE 3,5
LENS BENEFIT, LEFT LENS (SHC)	604220	01-08-2015			YES			Y	SEE NOTE 1
LENS BENEFIT, RIGHT LENS (SHC)	604225	01-08-2015			YES			Y	SEE NOTE 1
LENS COATING - ANTI-REFLECTIVE COATING - PLASTIC LENS	603002	01-01-2015					\$700.00/2 CY		SEE NOTE 5
LENS COATING - HARDENED/IMPACT-RESISTANT-NEW FRAMES/LENSES ONLY	604120	01-01-2014					\$700.00/2 CY		LAB WHOLESALE COST SEE NOTE 5

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LENS COATING - SCRATCH RESISTANT-NEW FRAMES/LENSES ONLY	603324	01-01-2015					\$700.00/2 CY		SEE NOTE 5
LENSES-HIGH INDEX	600241	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
LENSES-PROGRESSIVE	600243	01-01-2014	O,OP				\$700.00/2 CY		SEE NOTE 5
LOW VISION THERAPY (PER 1/2 HOUR)	603678	01-11-2011	O		YES			Y	
OCULAR COHERENCE TOMOGRAPHY (OCT) EXAMINATION	600034	01-10-2007	MD,O,OP		YES			Y	
OPHTHALMIC DISPENSING FEES - BIFOCAL	601886	01-01-2015	O,OP				\$700.00/2 CY		SEE NOTE 5
OPHTHALMIC DISPENSING FEES - MULTIFOCAL/ PROGRESSIVE TRIFOCAL	601945	01-01-2015	O,OP				\$700.00/2 CY		SEE NOTE 5
OPHTHALMIC DISPENSING FEES - NEW FRAME	602576	01-01-2015	O,OP				\$700.00/2 CY		SEE NOTE 5
OPHTHALMIC DISPENSING FEES - OLD FRAME	602853	01-01-2015	O,OP				\$700.00/2 CY		SEE NOTE 5

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OPHTHALMIC DISPENSING FEES - UNIFOCAL	601323	01-01-2015	O,OP				\$700.00/2 CY		SEE NOTE 5
PERIODIC HEALTH ASSESSMENT (PHA) - VISION ASSESSMENT (OHC)	602565	01-01-2014							
PLASTIC LENS COATING - ANTI-REFLECTIVE/SCRATCH-NEW FRAMES/LENSES ONLY	603004	01-01-2014					\$700.00/2 CY		SEE NOTE 5
PRESCRIPTION SAFETY GLASSES WITH A CABLE-TEMPLE V3 MEDICAL PROFILE (OHC)	604130	01-01-2014	O,OP		YES			Y	
PRISM - FRESNEL PRISM (OR FRESNEL LENS)	630160	01-01-2014	OP,OT				\$700.00/2 CY		SEE NOTE 5
REPAIRS AND MAINTENANCE	600217	01-01-2014					\$700.00/2 CY		SEE NOTE 5
SHIPPING & HANDLING CHARGES	626340	01-01-2014					\$700.00/2 CY		SEE NOTE 5
SPECIAL CONTACT LENSES (DUE TO KERATOCONUS OR IRREGULAR CORNEAL ASTIGMATISM) -OHC	602504	01-01-2014	O,OP		YES			Y	SEE NOTE 2
SPECIAL ENTITLEMENTS AS AUTHORIZED BY THE DG OF OHSB - OHC	602525	01-02-2015			YES			Y	SEE NOTE 6

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SPECIAL ENTITLEMENTS AS AUTHORIZED BY THE DG OF OHSB - SHC	602526	01-02-2015			YES			Y	SEE NOTE 6
SUNGLASSES (NOT-CORRECTIVE) INCLUDING CLIP-ONS - TINT > 2 (SHC)	602500	16-06-2015 O			YES		\$700.00/2CY	Y	SEE NOTE 3
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-01-2014					\$700.00/2 CY		SEE NOTE 5
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0TPS	13-12-1999							
TEMPERING FOR GLASS LENSES	603804	01-01-2015					\$700.00/2 CY		SEE NOTE 5
VAC DISABILITY PENSION APPLICATION ASSESSMENT/REASSESSMENT (OHC)	602570	01-09-2022			YES			Y	SEE NOTE 9
VISION CARE (OHC)	603820	01-11-2011			YES			Y	SEE NOTE 7

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PROGRAM OF CHOICE: 14 - VISION (EYE) CARE

- GENERAL NOTES

- IF THE BENEFIT GRID SPECIFIES A SPECIALIST, ONLY THAT SPECIALIST IS ACCEPTED. SHOULD "MD" BE INDICATED, THE SERVICE MAY BE PRESCRIBED BY A GENERAL PRACTITIONER OR ANY MEDICAL SPECIALIST.
- TINT LESS THAN OR EQUAL TO 2 IS NOT COVERED. IF TINT IS > 2, THESE QUALIFY AS SUNGLASSES.
- COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" COLUMNS INDICATE OR, (EG. "MD", "RN", MEANS "MD" OR "RN").
- NOTE 001 - COVERAGE IN EXCESS OF THE FREQ. LIMIT, AN RX MUST REFLECT SIGNIFICANT CHANGE; CORRECTION OF VISION IN ONE/BOTH EYES MUST BE: 1) AT LEAST 0.50 DIOPTERS ON THE SPHERE AND/OR CYLINDER; OR 2) CHANGE TALLING 0.50 DIOPTERS IN THE ADD (IE 0.25 CHANGE IN DISTANCE AND A 0.25 CHANGE IN NEAR IS A TOTAL OF 0.50 CHANGE IN THE ADD); OR 3) AN AXIS CHANGE > 3 DEGREES OF A CYLINDER POWER UP TO -1.00 DIOPTERS, 2 DEGREES FOR A CYLINDER POWER - 1.00 TO -2.50 DIOPTER OR 1 DEGREE FOR A CYLINDER POWER > -2.50 DIOPTER; OR 4) A CHANGE IN THE VERTICAL PRISM OF AT LEAST 1 PRISM DIOPTER OR IN HORIZONTAL PRISM OF AT LEAST 2 PRISM DIOPTERS.
- NOTE 002: - UPON PRIOR APPROVAL OF THE HSO, SPECIAL CONTACT LENSES MAY BE PROVIDED ONLY WHEN PRESCRIBED FOR A VISION PROBLEM NOT CORRECTABLE BY EYEGLASSES, SUCH AS: 1) KERATOCONUS, OR 2) IRREGULAR CORNEAL ASTIGMATISM.
- NOTE 003: - SUNGLASSES AND TINTED LENSES, EXCLUDING PHOTOCHROMIC LENSES AND THEIR REPAIR MAY ONLY BE PROVIDED WHEN PRESCRIBED FOR SPECIFIC CONDITIONS BY AN OPHTHALMOLOGIST, OPTOMETRIST OR LICENSED PHYSICIAN FOR THE TREATMENT SUCH CONDITIONS AS: 1) CHRONIC CORNEAL INFLAMMATION, 2) APHAKIA, 3) CHRONIC IRITIS, AND 4) OCULAR ALBINISM; AND 5) UPON PRIOR APPROVAL OF THE HSO.
- NOTE 004: - RCMP DOES NOT PAY FOR THE COST OF A VISUAL EXAMINATION IN THE FOLLOWING CASES: 1) TO OBTAIN A DRIVER'S LICENSE OR OTHER SIMILAR DOCUMENTATION; 2) TO ISSUE OR RENEW INSURANCE POLICY; 3) AT THE REQUEST OF A THIRD PARTY, FOR THE PURPOSES, FOR EXAMPLE OF WRITING A REPORT OR COMPLETING A CERTIFICATE.
- NOTE 005: - BENEFIT CODE PART OF A COMBINED MAXIMUM OF \$700.00/2CY.
- NOTE 006:- FOR INTERNAL RCMP USE ONLY. -MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT-AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY.
- NOTE 007:- FOR INTERNAL RCMP USE ONLY. MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT-AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY. -OCCUPATIONAL HEALTH CARE (OHC).
- NOTE 008: DILATION EXAM FOR SEVERE MYOPIA: SEVERE IS DEFINED AS -6 DIOPTER.
- NOTE 009 - PRE-AUTH AS PER CURRENT POLICY. FOR ACTIVE MEMBERS ONLY