



Public Health System

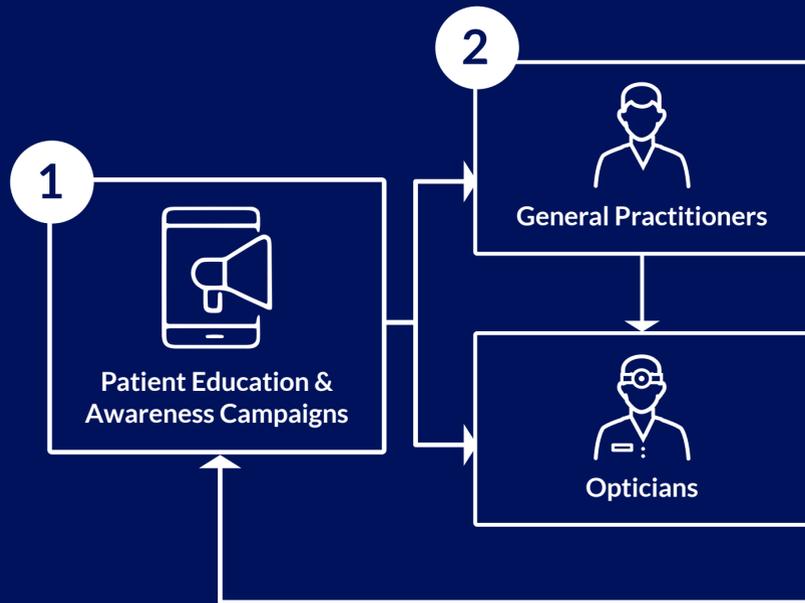
Statutory health insurance (SHI) reimburses 70% of the regulated fee for ophthalmologist consultations.

Private Health System

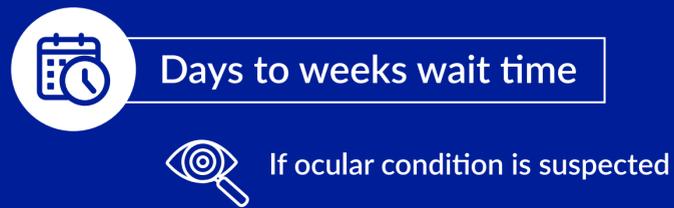
Complementary private insurance supports the remaining 30% of costs as well as supports access to optical products, such as glasses.

First point-of-care to screening

- 1. There is a limited awareness or understanding of eye health as well as available resources.
- 2. Lack of comprehensive screening programs, treating physicians or equipment and technology in certain areas, particularly those that are rural and remote.

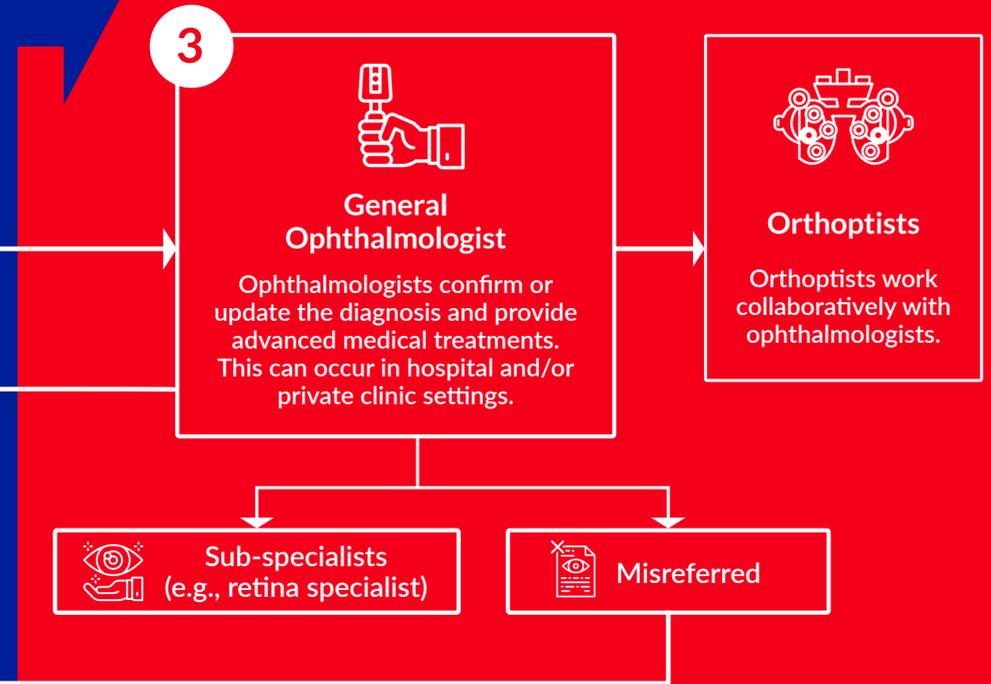


Referral to specialist



Confirmation of diagnosis and treatment

- 3. Long waiting times to see a ophthalmologists can prevent timely access to screening, diagnosis and treatment



- 4. Many individuals do not receive regular eye screening or follow-up as recommended. This is specifically concerning for high-risk groups, such as individuals with diabetes.
- 5. Some services and optical devices (glasses, low-vision aids) have lower reimbursement rates, causing out-of-pocket cost barriers for patients.

*Opticians and ophthalmologists maintain a primarily one-way relationship: ophthalmologists commonly refer patients to opticians for the fitting and adjustment of corrective lenses. In less frequent cases, opticians may advise patients to seek further assessment from an ophthalmologist if they observe symptoms suggestive of underlying vision issues.