

Vision Screening – Basic Plan

Benefit Coverage

Vision screening by the Primary Care Physician (PCP) for group plan members through the age of 18 to determine the need for an eye examination for refractive error is covered.

For IFP members, vision screening by the PCP through the age of 16 to determine the need for an eye examination for refractive error is covered.

Diagnostic tests and treatment for medical conditions associated with the eye are covered under medical/surgical benefits, subject to contract terms and conditions.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusion

Excluded eye services include but not limited to:

- Eye examinations for refractive error
- Vision screening performed by someone other than the PCP
- Lenses and frames for eyeglasses and contact lenses
- Surgery to correct refractive error (such as, but not limited to, radial keratotomy and refractive keratoplasty)
- Orthoptics or vision training except when Medically Necessary

Benefit Limitations

Covered benefits are limited to vision screening for group plan members through the age of 18 and IFP members under the age of 18; eye exams to for refractive error are not covered. Only vision screening conducted by the PCP is covered.

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Exceptions

Contact lenses are covered when medically necessary to treat eye conditions such as keratoconus and keratitis sicca.

Examples of Covered Services

Vision screening by the PCP is covered for group plan members through the age of 18 and IFP members under the age of 18.

Examples of Non-Covered Services

- Vision screening not provided by the PCP
- Eye refractions
- Lenses and frames for glasses

References

Combined Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Vision Care - VPA Optional Benefit