

## Eyewear - Refractive Lenses for Vision Correction

Also known as	<div><div>1. Contact lenses</div><div>2. Eyeglass frames and lenses</div></div>						
Description	<div>This A-Z sheet defines coverage for eyeglasses and contact lenses PRESCRIBED SOLELY FOR VISION CORRECTION.</div>						
See also	<div><div>Similar, related, or easily confused documents.</div><div><div>• <a href="#">Eyewear - Non-Refractive Lenses</a> - Eyeglasses and contact lenses prescribed for the non-refractive (non-vision correction) reasons.</div></div></div>						
Table of Contents	<div><div>The following topics are included in this document:</div><div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div></div>						
Document history	<div><div>The document history for the past 12 months is outlined below.</div><table><tr><th>Date</th><th>Description</th></tr><tr><td>1.26.24</td><td>Updated to new template.</td></tr><tr><td>2.10.23</td><td>Refreshed due to age.</td></tr></table></div>	Date	Description	1.26.24	Updated to new template.	2.10.23	Refreshed due to age.
Date	Description						
1.26.24	Updated to new template.						
2.10.23	Refreshed due to age.						

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Will be listed in the member’s plan.</p> <ul style="list-style-type: none"><li>• Check plan for coverage or exclusions.</li></ul>						
Mayo Medical Plan (MMP)	<p>Typically excluded from coverage. Check for a <i>Vision and Hearing</i> section.</p> <ul style="list-style-type: none"><li>• If there is a separate vision vendor listed, provide that information.</li><li>• <b>Contact lens fittings:</b> If eyewear is excluded, contact lens fitting is excluded.</li></ul>						
Medica (including MHPS)	<p>See table below.</p> <table><tr><th>Topic</th><th>Details</th></tr><tr><td>Benefits</td><td><ul style="list-style-type: none"><li>• Eyeglasses and contact lenses, when prescribed solely for vision correction, are eligible on Small Group plans for members under age 19. They are excluded in most other plans.</li><li>• Check plan for coverage or exclusion.</li><li>• If covered:<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Check plan for benefit limits.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• If excluded, check QRG and/or refer to HR to see if they enrolled in a vision plan for eyewear.</li><li>• <b>Contact lens fitting:</b> If eyewear excluded, contact lens fitting excluded.</li></ul></td></tr><tr><td>Claims</td><td><ul style="list-style-type: none"><li>• If eligible and member submits, must include itemized bill and receipt with claim form.</li><li>• Claims should process off billed charges.</li><li>• If claim processes OON, use a <a href="#">Temporary CPE</a> to process INN.</li><li>• Tax is not covered.</li></ul></td></tr></table>	Topic	Details	Benefits	<ul style="list-style-type: none"><li>• Eyeglasses and contact lenses, when prescribed solely for vision correction, are eligible on Small Group plans for members under age 19. They are excluded in most other plans.</li><li>• Check plan for coverage or exclusion.</li><li>• If covered:<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Check plan for benefit limits.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• If excluded, check QRG and/or refer to HR to see if they enrolled in a vision plan for eyewear.</li><li>• <b>Contact lens fitting:</b> If eyewear excluded, contact lens fitting excluded.</li></ul>	Claims	<ul style="list-style-type: none"><li>• If eligible and member submits, must include itemized bill and receipt with claim form.</li><li>• Claims should process off billed charges.</li><li>• If claim processes OON, use a <a href="#">Temporary CPE</a> to process INN.</li><li>• Tax is not covered.</li></ul>
Topic	Details						
Benefits	<ul style="list-style-type: none"><li>• Eyeglasses and contact lenses, when prescribed solely for vision correction, are eligible on Small Group plans for members under age 19. They are excluded in most other plans.</li><li>• Check plan for coverage or exclusion.</li><li>• If covered:<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Check plan for benefit limits.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• If excluded, check QRG and/or refer to HR to see if they enrolled in a vision plan for eyewear.</li><li>• <b>Contact lens fitting:</b> If eyewear excluded, contact lens fitting excluded.</li></ul>						
Claims	<ul style="list-style-type: none"><li>• If eligible and member submits, must include itemized bill and receipt with claim form.</li><li>• Claims should process off billed charges.</li><li>• If claim processes OON, use a <a href="#">Temporary CPE</a> to process INN.</li><li>• Tax is not covered.</li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>9.5.24</td><td><i>Medica (including MHPS)</i> – Added bullet to check QRG for vision vendor.</td></tr><tr><td>1.26.24</td><td>Updated to new template.</td></tr></table>	Date	Description	9.5.24	<i>Medica (including MHPS)</i> – Added bullet to check QRG for vision vendor.	1.26.24	Updated to new template.
Date	Description						
9.5.24	<i>Medica (including MHPS)</i> – Added bullet to check QRG for vision vendor.						
1.26.24	Updated to new template.						

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• <b>AccessAbility (SNBC)</b>: Excluded from coverage.<ul style="list-style-type: none"><li>– <b>Contact lens fitting</b>: Excluded from coverage.</li></ul></li><li>• <b>Minnesota Senior Care Plus (MSC+)</b>: Eligible following Medicaid guidelines.<ul style="list-style-type: none"><li>– See <a href="#">Medicaid</a> below.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>See <a href="#">Medicaid</a> below.</p> <ul style="list-style-type: none"><li>• Coverage includes premium anti-reflective lens coating on up to one pair of eyeglasses.</li><li>• Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Coverage depends on the plan.</p> <ul style="list-style-type: none"><li>• <b>Individual Basic, Core, and Focus</b>:<ul style="list-style-type: none"><li>– <b>2024</b>: \$100 allowed every year.</li><li>– <b>2023</b>: \$75 allowed every year.</li></ul></li><li>• <b>Individual Enhanced, Premier, and Total</b>:<ul style="list-style-type: none"><li>– <b>2024</b>: \$200 allowed every year.</li><li>– <b>2023</b>: \$125 allowed every year.</li></ul></li><li>• <b>Group Prime Solution</b>: Plans may allow \$0- \$250 every 1-2 years (varies by group; check the Plan Document and/or J - drive for verification).</li><li>• <b>Post cataract surgery corrective lenses</b>: See <i>Vision care benefit</i> in the EOC.</li><li>• Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Coverage depends on the plan.</p> <ul style="list-style-type: none"><li>• <b>HMO-POS</b>: Non-Medicare covered eyeglasses, contact lenses, and contact lens fittings are excluded from coverage.</li><li>• <b>PPO 8889-001, 002, 004</b>: \$75 allowed for eyewear every year.</li><li>• <b>PPO 8889-003</b>: \$125 allowed for eyewear every year.</li><li>• <b>Group Advantage Solution</b>: Plans may allow coverage for eyewear (varies by group; check the Plan Document and/or J - drive for verification).</li><li>• <b>Post cataract surgery corrective lenses</b>: See <i>Vision care benefit</i> in the EOC.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Excluded from coverage.</p> <ul style="list-style-type: none"><li>• <b>Contact lens fittings</b>: Excluded from coverage.</li><li>• <b>Post cataract surgery corrective lenses</b>: Medicare pays primary and must follow Medicare guidelines.</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>						
Medicaid	<p>See table below.</p> <table><tr><th>Topic</th><th>Details</th></tr><tr><td>Covered services</td><td><ul style="list-style-type: none"><li>• Eye Exams.</li><li>• Additional eye exam is covered if a replacement pair of eyewear is needed for medical necessity.</li><li>• <a href="#">Eyeglasses</a> and <a href="#">contacts</a>, when criteria are met.</li></ul></td></tr><tr><td>Not covered services</td><td><ul style="list-style-type: none"><li>• Extra pair of glasses.</li><li>• Eyeglasses more often than every 24 months, unless medically necessary.</li><li>• Bifocal/trifocal lenses without lines and progressive bifocals/trifocals.</li><li>• Protective coating for plastic lenses.</li><li>• Contact lenses supplies.</li></ul></td></tr></table>	Topic	Details	Covered services	<ul style="list-style-type: none"><li>• Eye Exams.</li><li>• Additional eye exam is covered if a replacement pair of eyewear is needed for medical necessity.</li><li>• <a href="#">Eyeglasses</a> and <a href="#">contacts</a>, when criteria are met.</li></ul>	Not covered services	<ul style="list-style-type: none"><li>• Extra pair of glasses.</li><li>• Eyeglasses more often than every 24 months, unless medically necessary.</li><li>• Bifocal/trifocal lenses without lines and progressive bifocals/trifocals.</li><li>• Protective coating for plastic lenses.</li><li>• Contact lenses supplies.</li></ul>
Topic	Details						
Covered services	<ul style="list-style-type: none"><li>• Eye Exams.</li><li>• Additional eye exam is covered if a replacement pair of eyewear is needed for medical necessity.</li><li>• <a href="#">Eyeglasses</a> and <a href="#">contacts</a>, when criteria are met.</li></ul>						
Not covered services	<ul style="list-style-type: none"><li>• Extra pair of glasses.</li><li>• Eyeglasses more often than every 24 months, unless medically necessary.</li><li>• Bifocal/trifocal lenses without lines and progressive bifocals/trifocals.</li><li>• Protective coating for plastic lenses.</li><li>• Contact lenses supplies.</li></ul>						

Continued on next page

Government Programs, Continued

Medicaid,  
continued

Topic	Details
Contacts	<ul style="list-style-type: none"><li>• Covered when medically necessary for certain conditions.</li><li>• Condition must be documented and contacts ordered through Eye Kraft.</li><li>• If eligible, the contact lens fitting is covered.</li><li>• List of eligible medical conditions:<ul style="list-style-type: none"><li>– Aphakia</li><li>– Keratoconus</li><li>– Aniseikonia</li><li>– Marked acuity over eyeglasses</li></ul></li><li>• Limit depends on type of contacts:<ul style="list-style-type: none"><li>– Disposable contact lens: 1 month supply, up to 30 per eye per dispensing</li><li>– PMMA, gas permeable, gas impermeable contact lens: 2 units (1 per eye) per dispensing</li></ul></li></ul>
Glasses	<ul style="list-style-type: none"><li>• ONE pair (frames and lenses) every 24 months.</li><li>• Split prescriptions not covered (member cannot get a second pair of glasses with a different prescription).</li><li>• Must use an INN optical provider.</li><li>• Glasses or contacts must be from Eye Kraft Optical’s Medica selection. Refer to <a href="#">Eye Kraft Eyewear Providers</a>.<ul style="list-style-type: none"><li>– Frames must be from Medica collection.</li><li>– Lenses put in any other frames are not covered.</li><li>– <b>Tip:</b> Not all INN providers have Eye Kraft frames. Check with provider when making the appointment.</li></ul></li><li>• Identical replacement of eye glasses (frames and lenses) due to damage, loss, or theft.</li><li>• New pair of eyeglasses (frames and lenses) due to a change in head size or allergic reaction.</li><li>• Tints or polarized lenses, if medically necessary. Doctor must include diagnosis on the optical prescription.</li><li>• Includes single vision, lined bifocals, or lined trifocal lenses.</li><li>• New lenses after a vision exam show a change is medically necessary.<ul style="list-style-type: none"><li>– If frame is less than 24 months old, new lenses are inserted into current frame. Frame must be sent to Eye Kraft so new lenses can be inserted.</li></ul></li></ul>
Defective / broken glasses	<ul style="list-style-type: none"><li>• Repairs to frames and lenses for glasses covered. Must be sent to Eye Kraft for repairs.</li><li>• Frames have a one year warranty.</li><li>• If frame breaks, they must be returned to optical provider.</li><li>• Provider sends them to Eye Kraft to verify if defective.</li><li>• If they are defective, Eye Kraft will replace at no charge.</li><li>• Medica will not be billed. Member copay does not apply.</li><li>• Does not apply when the damage is due to loss or abuse.</li></ul>

Document  
history

The document history for the past 12 months is outlined below.

Date	Description
4.30.24	<i>Cost (Prime)</i> and <i>Med Advantage</i> – changed Post Cataract benefit location in EOC.
1.26.24	<i>Cost (Prime)</i> - Added new 2024 dollar limits; <i>AccessAbility</i> , <i>MSC+</i> - Divided benefits by product.
1.26.24	Updated to new template.

## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Will be listed in the member’s plan.</p> <ul style="list-style-type: none"><li>• Check plan for coverage or exclusions.</li></ul>						
Medica Closed block (MN MIC)	<p>Coverage depends on the member’s age and plan.</p> <table><tr><th>Age</th><th>Details</th></tr><tr><td>Under 19</td><td><ul style="list-style-type: none"><li>• Eligible on all MN MIC plans.<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check the Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul></td></tr><tr><td>19 and older</td><td><ul style="list-style-type: none"><li>• Eligible plans: MN Solo (A) and MN Encore (B).<ul style="list-style-type: none"><li>– Cost share and limits are different for this age group.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Contact lens fittings:</b> If eyewear is excluded, contact lens fitting is excluded.</li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul></td></tr></table>	Age	Details	Under 19	<ul style="list-style-type: none"><li>• Eligible on all MN MIC plans.<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check the Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul>	19 and older	<ul style="list-style-type: none"><li>• Eligible plans: MN Solo (A) and MN Encore (B).<ul style="list-style-type: none"><li>– Cost share and limits are different for this age group.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Contact lens fittings:</b> If eyewear is excluded, contact lens fitting is excluded.</li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul>
Age	Details						
Under 19	<ul style="list-style-type: none"><li>• Eligible on all MN MIC plans.<ul style="list-style-type: none"><li>– Coverage includes the cost of fittings.</li><li>– Includes single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check the Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul>						
19 and older	<ul style="list-style-type: none"><li>• Eligible plans: MN Solo (A) and MN Encore (B).<ul style="list-style-type: none"><li>– Cost share and limits are different for this age group.</li><li>– Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.</li><li>– Check Policy for benefit limits.</li><li>– Can use any provider; there are no INN providers.</li></ul></li><li>• <b>Contact lens fittings:</b> If eyewear is excluded, contact lens fitting is excluded.</li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul>						
Medica Open block	<p>Eligible for members under age 19.</p> <ul style="list-style-type: none"><li>• Coverage includes the cost of fittings.</li><li>• Include single vision, bifocal, trifocal, or lenticular lenses. They can be glass or plastic.<ul style="list-style-type: none"><li>– <b>MO:</b> Progressive lenses also covered.</li></ul></li><li>• Extra lens coatings (such as anti-reflective or ultraviolet/UV protection) are not covered.<ul style="list-style-type: none"><li>– <b>OK exception:</b> Scratch resistant coating is covered.</li></ul></li><li>• Check Policy for benefit limits.</li><li>• Can use any provider; there are no INN providers.</li><li>• <b>Claims:</b> When eligible, if member submits, must include itemized bill and receipt with claim form.</li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>1.26.24</td><td>Updated to new template.</td></tr><tr><td>2.10.23</td><td>Refreshed due to age.</td></tr></table>	Date	Description	1.26.24	Updated to new template.	2.10.23	Refreshed due to age.
Date	Description						
1.26.24	Updated to new template.						
2.10.23	Refreshed due to age.						