

## Eye Exams - Routine

Also known as	<div><div></div><div><div>1. Annual eye exam</div><div>2. Vision exam</div><div>3. Yearly eye exam</div></div></div>						
Description	<p>A routine eye exam is an office visit to check vision, screen for eye disease, and/or update a corrective eyewear (glasses or contacts) prescription. It also typically includes a simple screening for glaucoma as well as a simple visual field test. The glaucoma and visual field test will not be billed separately, but globally with the eye exam charge.</p> <p>A refraction exam is usually given as part of a routine eye exam, but is billed separately. Refraction may also be called a vision test. This is a test that determines what vision correction (prescription) is required for corrective eyewear.</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div></div><div><div><div>• <a href="#">Eyewear - Non-Refractive Lenses</a> - Eyeglasses and contact lenses prescribed for the non-refractive reasons.</div><div>• <a href="#">Eyewear - Refractive Lenses (Prescribed for Vision Correction)</a> - Eyeglasses and contact lenses prescribed solely for vision correction.</div><div>• <a href="#">Refractive Eye Surgery</a> - Surgery to correct a person’s vision.</div><div>• <a href="#">Visual Field Exam</a> - Test to check central and peripheral vision.</div></div></div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div></div><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></div>						
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>								
Benefits (all except MMP)	<p>Will be listed separately under routine annual eye exam benefits.</p> <ul style="list-style-type: none"><li>• If not listed separately, excluded from coverage.<ul style="list-style-type: none"><li>– <b>Health Care Reform:</b> As part of HCR, eye exams are covered as preventive up to age 5, even if they are listed as excluded.</li></ul></li><li>• <b>Limit:</b> If a limit applies, the plan will list the limit.</li><li>• <b>Legacy MHPS groups:</b> Quote preventive health care benefits.<ul style="list-style-type: none"><li>– Check the plan document for coverage, limits, or exclusions.</li></ul></li><li>• <b>Small group members:</b> Pediatric Vision services covered for members under age 19.</li><li>• <b>ACO:</b> It is preferred members use an ACO provider. They can also see an INN Elect/Essential provider for INN benefits. Refer to <a href="#">ACO Network Guidelines Chart</a>.</li><li>• <b>Elect/Essential:</b> Referrals are not required, members should use an INN provider to receive INN benefits.</li><li>• <b>Eyewear:</b> Check QRG and/or refer to HR to see if they have a vision vendor for eyewear.</li><li>• <b>Medical or diabetic eye exam:</b> Refer to <a href="#">Eye Exams - Medical</a>.</li><li>• <b>ISet Incorrect claim payment:</b> Refer to <a href="#">Claims Adjustments</a> for appropriate CPE.</li></ul>								
Mayo Medical Plan (MMP)	<p>Quote preventive health care benefits.</p> <ul style="list-style-type: none"><li>• <b>Limit:</b> If a limit applies, the policy will list the limit.</li><li>• <b>Mayo Basic, Select, and Premier:</b> Exam portion covered as preventive for members 7 years and older.<ul style="list-style-type: none"><li>– Exam portion of pediatric vision services covered for members through age 6.</li><li>– Refractive portion not covered through medical.</li><li>– Refractive exam may be covered through a vision vendor.</li></ul></li><li>• <b>Medical or diabetic eye exam:</b> Refer to <a href="#">Eye Exams - Medical</a>.</li></ul>								
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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>Refer to <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Quote Vision Care or Optical Services benefits.<ul style="list-style-type: none"><li><b>Limit</b>: Once per calendar year.</li></ul></li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare is the primary payer.</li><li>If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Quote Vision Care or Optical Services benefits.</p> <ul style="list-style-type: none"><li><b>Limit</b>: Once per calendar year.</li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Quote Vision Care or Optical Services benefits.</p> <ul style="list-style-type: none"><li>This is a non-Medicare covered preventive service, Medica is the only payer.</li><li><b>Limit</b>: The Plan will pay for one (1) routine eye exam, including refraction, per calendar year.<ul style="list-style-type: none"><li>The member can receive up to two (2) refractions per calendar year (excludes Thrift).</li></ul></li><li><b>Provider</b>: Members MUST use an INN Medica provider when in the MSA.</li><li><b>Extended Absence Option</b>: Members will only be able to see an OON provider. They can submit a claim to Medica for reimbursement. They may be responsible for charges above plan payment.</li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Quote Vision Care or Supplemental Vision benefits.</p> <ul style="list-style-type: none"><li>This is a non-Medicare covered preventive service, Medica is the only payer.</li><li><b>Limit</b>: The Plan will pay for one (1) routine eye exam, including refraction, per calendar year.<ul style="list-style-type: none"><li>The member can receive up to two (2) refractions per calendar year.</li></ul></li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Coverage depends on the member’s plan.</p> <table><tr><th>Plan</th><th>Benefits</th></tr><tr><td>Select</td><td><ul style="list-style-type: none"><li>Quote professional services benefits.</li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul></td></tr><tr><td>Signature</td><td><ul style="list-style-type: none"><li>Not covered, unless additional Rider applies.<ul style="list-style-type: none"><li><b>Rider 4</b>: Covered up to \$120 annually.</li><li><b>Extended Basic</b>: Covered up to \$120 annually.</li></ul></li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.<ul style="list-style-type: none"><li>Medica is the only payer for THIS service.</li></ul></li></ul></td></tr></table>	Plan	Benefits	Select	<ul style="list-style-type: none"><li>Quote professional services benefits.</li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul>	Signature	<ul style="list-style-type: none"><li>Not covered, unless additional Rider applies.<ul style="list-style-type: none"><li><b>Rider 4</b>: Covered up to \$120 annually.</li><li><b>Extended Basic</b>: Covered up to \$120 annually.</li></ul></li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.<ul style="list-style-type: none"><li>Medica is the only payer for THIS service.</li></ul></li></ul>
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Medicaid	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>The diagnosis code on the claim determines if a copay applies.</li><li><b>Medical or diabetic eye exam</b>: Refer to <a href="#">Eye Exams - Medical</a>.</li></ul>						

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Document  
history

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Date	Description
1.25.24	<i>Med Advantage</i> - Updated benefit verbiage; removed <i>Provider</i> note.
1.8.24	Updated to new template.
1.8.24	<i>Cost (Prime)</i> and <i>Med Advantage</i> - Added <i>Limit</i> note.

## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>						
Benefits	<p>Will be listed separately under routine vision benefits.</p> <ul style="list-style-type: none"><li>• <b>Limit:</b> If a limit applies, the policy will list the limit.</li><li>• <b>Medical or diabetic eye exam:</b> Refer to <a href="#">Eye Exams - Medical</a>.</li></ul>						
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