



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Vision Screening/Routine Vision Care

Benefit

Vision screening to determine the need for eye examination and the actual eye exam by an optometrist or ophthalmologist to determine the nature and degree of refractive error or other abnormality in the eye is a covered benefit. Orthoptic and vision training services are available through the medical plan if referred by the PCP. Evaluation and treatment of eye injuries and eye diseases are covered in the same manner as other medically necessary services.

Some employer groups offer additional vision benefits. Members may call the Participating Vision Provider to determine benefits.

Interpretation

Vision screening includes eye charts and basic screening tools and techniques. Refractive error, eye curvature, and corrective lens strength are determined by phoropter exam.

According to the American Academy of Ophthalmology, a pediatrician or family physician should evaluate infants for fixation preference, ocular alignment and ocular disease before they are six months old. By four years of age, each child should be re-examined to detect amblyopia and other ocular diseases. Adults over 35 should be screened for glaucoma as part of a routine examination.

The physician should decide when and how often to screen the member's vision. Typical recommendation is:

- Myopes under 15 years of age: every year
- Myopes 15-25 years of age: 1-3 years
- Myopes 25-40 years of age: 2-5 years
- Hyperopes under 20 years: 1-4 years
- Hyperopes 20-40 years of age: 2-5 years
- Emmetropes less than 40 years: 2-5 years
- All individuals 40-60 years: 1-3 years
- All individuals 60+ years: 1-2 years

Eyeglasses and contacts are not covered by basic vision care benefits. If the member has additional vision benefits for these, the member should contact the HMO participating Vision Care Provider to be filled. There are two medical conditions where eyeglasses and contact lenses are in benefit under the medical coverage. Refer to benefit Guidelines for Contact Lenses/Eyeglasses and Prosthetic Device.

Neither basic nor supplemental HMO vision care benefits include:

- recreational sunglasses
- subnormal vision aids, aniseikonic lenses
- additional charges for tinted, photosensitive or antireflective lenses beyond the benefit allowance for regular lenses
- replacement of lost or broken lenses, frames or contact lenses outside the benefit period limitations specified in the member's vision care plan.

Paid by	Vision screening by PCP/IPA physician	IPA
	Eye examination (illness, injury, school eye exam mandated by law or basic refraction) performed by an IPA	IPA
	Eye examination (basic refraction, school eye exam mandated by law) performed by HMO Participating Vision Vendor	HMO
	Equipment Charges	HMO, Member

The HMO pays for refraction services or school eye exam mandated by law when the designated provider network provides these services. The HMO does not reimburse IPAs for these services that they may provide. The member should not be charged more than the appropriate office visit copayment if these services are provided by an IPA physician.

Note: Some members have benefits towards the cost of lenses, frames and/or contact lenses. Members may verify benefits by calling the Participating Vision Vendor - Eyemed. Eyemed can be reached at 844-684-2254.

Note: Effective Jan. 1, 2008, an amendment to the school code (Public Act 095-0671) added a requirement that proof must be provided for children entering kindergarten have obtained an eye exam by a physician licensed to practice medicine in all its branches or a licensed Optometrist.

Additionally, “for purposes of this Section, an eye examination shall at a minimum include history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that in the professional judgment of the doctor are necessary vision exam.”