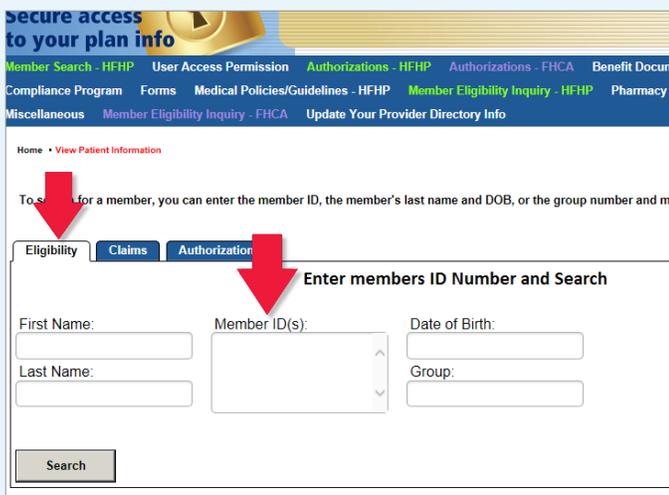


# How to look up a AdventHealth Advantage Plans member's vision benefits

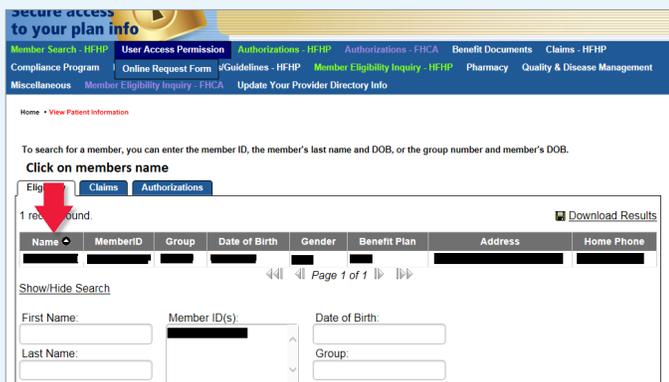
1. Log in to the AdventHealth Advantage Plans Portal and under "Member Search" select "View Patient Information."



2. Enter the member's identification number into the "Member ID" box.



3. Click on the member's name:



4. Depending on the type of plan, the member's vision benefits could be listed in a few different locations.

## a. Commercial

If the commercial plan has vision coverage, it will be listed as a separate vision rider. Scroll down the member's Benefit page and look for a vision rider benefit similar to this one below. (Check the term date to confirm it is a current benefit, and view the coverage details by clicking the link.):

Benefit Plan	Effective Date	Term Date
1T: HMO CLASSIC HF24	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		
Benefit Plan	Effective Date	Term Date
RX 2/15/30/50/20%	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		<a href="#">Click here for formula</a>
Benefit Plan	Effective Date	Term Date
VISION HARDWARE 100 RIDER	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		

**Please Note:** Not all commercial plans have a vision rider. See below example of a member without a vision rider.

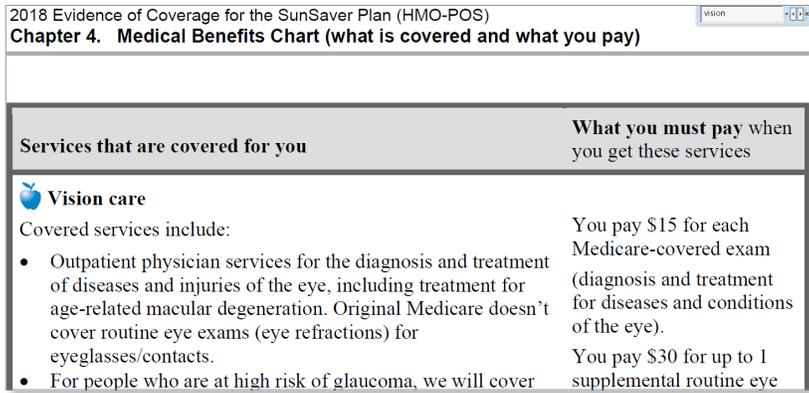
Benefit Plan	Effective Date	Term Date
FH SILVER AV94 HMO 80 1789 HIOS 36194FL018000506 (	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		
Benefit Plan	Effective Date	Term Date
ST 2/15/30/50/30% - 250/500 RX DEDUCTIBLE 500/1000	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		<a href="#">Click here for formula</a>

## b. Medicare

If the Medicare plan has vision coverage, it will be noted in the actual benefit plan summary under "Vision Care" within the link.

Benefit Plan	Effective Date	Term Date
2018 FLORIDA HOSPITAL SUNSAVER PLAN - HMO/POS FOR	01/01/2018	12/31/2018
<a href="#">Click here for benefit summary</a>		

Using the “Ctrl F” shortcut on your keyboard brings you to this information quickly.



2018 Evidence of Coverage for the SunSaver Plan (HMO-POS) vision

**Chapter 4. Medical Benefits Chart (what is covered and what you pay)**

Services that are covered for you	What you must pay when you get these services
<b>🍷 Vision care</b> Covered services include: <ul style="list-style-type: none"><li>• Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.</li><li>• For people who are at high risk of glaucoma, we will cover</li></ul>	You pay \$15 for each Medicare-covered exam (diagnosis and treatment for diseases and conditions of the eye). You pay \$30 for up to 1 supplemental routine eye

## Definitions

Vision Examination means a vision testing exam, including a determination as to the need for correction of visual acuity and prescribing lenses, if needed, which is performed by a licensed Ophthalmologist or Optometrist who is operating within the scope of his/her license. A vision examination (including dilation, if necessary) includes the following procedures:

- Case history, including patient medical/eye health history, record of current medications, record of visual acuities with/without present correction, if applicable
- Pupil responses, external exam findings, internal exam findings, screening of visual fields perception, and binocular and ocular mobility testing
- Retinoscopy (when applicable), subjective refraction at far and near point
- Test of accommodation and/or near point refraction
- Tonometry (measurement of intraocular pressure)
- Diagnosis/prognosis and/or specific recommendations