FLORIDA HOSPITAL CARE ADVANTAGE

Vision Services Update

Refractions

There has been a correction to the benefit administration communicated in September 2017 that announced, "Florida Hospital Care Advantage no longer covers refractions."

For the Medicare Advantage plans with supplemental routine vision care coverage:

A refraction is covered, once per calendar year, subject to the cost-share for the routine eye exam.

For the Medicare Advantage plans without supplemental routine vision coverage:

A refraction is excluded from coverage.

Commercial Plans (To include: Large Group, Small Group and Individual):

Routine vision care (including refractions) is excluded from coverage, with only a couple exceptions as noted below. The member contract language outlines the limited vision coverage included in the Commercial plans:

Vision Services

Coverage includes the following services:

- Physician services, soft lenses or sclera shells for the treatment of aphakic patients; initial glasses or contact lenses following cataract surgery; and
- Physician services to treat an injury to or a disease of the eyes.
- One (1) diabetic retinopathy screening is covered per calendar year for members diagnosed with diabetes. Refer to the Schedule of Benefits for any applicable cost-share.

The commercial contracts outline routine vision coverage as a non-covered service in the Exclusions and Limitations section.

Exceptions for Commercial Plans:

- Small Group and Individual Patient Protection and Affordable Care Act (PPACA) plans:
  - Pediatric enrollees (up to age 19): only one routine vision exam is covered per calendar year. This exam includes coverage for refraction.
- Large Group plans:
  - If an employer group purchases a separate vision care rider, the rider provides coverage for one routine vision exam per calendar year (including refraction) with a copay. Copay varies by rider. Without the separate purchased rider, vision care is limited as outlined above in the contract language.