



## Routine and medical eye insurance

### **We excel at treating medical eye conditions. VSP and EyeMed don't.**

Insurance coverage for eye exams can be confusing. While Routine Vision evaluations may be perfect for patients with no medical conditions, they aren't well-suited for patients with medical eye conditions. We've prepared this document to explain the differences between medical insurance and routine vision insurance.

### **Routine eye conditions**

There are dozens of Routine Vision insurance plans on the market, and VSP and EyeMed are two of the largest. Some – but not all - of our doctors are participating providers in the VSP and EyeMed networks. However, VSP and EyeMed benefits can only be used for routine eye evaluations. The following eye conditions are considered routine:

- Myopia (near-sighted)
- Presbyopia (difficult to read small print)
- Hyperopia (far-sighted)
- Astigmatism (irregular-shaped eye leading to blurry vision)

In addition, some VSP plans will also provide Routine Vision evaluations for diabetes without retinopathy or other eye-related complications. Most VSP and EyeMed plans also provide discounts on eyeglasses and contact lenses in our optical department.

***Both VSP and EyeMed explicitly state that their coverage does not include care for medical conditions.***

### **Medical eye conditions**

The majority of patients over age 50, and nearly all patients over age 65, have at least one medical eye condition. In fact, with few exceptions, the prevalence of medical eye problems increases as patients age. Medical conditions include the following:

- Cataracts or history of cataract surgery
- Diabetes with complications
- Red, irritated, swollen eyes or eyelids
- Macular disease
- Feeling like something is in the eye
- Headaches that require further workup
- Floaters, flashes of light
- Glaucoma or glaucoma suspect
- History of retinal thinning or tearing
- Moderate to severe dry eye

### **Medicare patients with Routine Vision coverage**

In our experience, at least 95% of patients over age 65 have one or more medical diagnoses. Please keep in mind that any exam that includes the diagnosis, discussion and/or treatment of a medical condition must be billed to your Medicare or Medicare Advantage insurance plan. This does not prevent a Medicare or Medicare Advantage patient from using their VSP/EyeMed coverage to obtain optical discounts.

Is it cost effective for a patient with medical eye conditions to purchase Routine Vision coverage? The answer likely depends on how much the coverage costs and whether the patient will utilize the eyeglass and contact lens benefits.

### **BCBS patients with Routine Vision coverage**

Depending on which Blue Cross Blue Shield plan you have, your plan may include vision coverage for a routine eye exam. If you have this coverage, you can elect for us to bill your routine eye exam to BCBS. However, not all policies have routine coverage and we cannot identify if a patient's policy includes this benefit. If you choose this option and your plan does not have a routine benefit, you will be responsible for the entire exam charge of up to \$389.

### **Billing your insurance plan**

While a medical eye exam may appear similar to a Routine Vision evaluation, it requires greater expertise in terms of diagnosis, discussion and treatment. Both VSP and EyeMed explicitly state that medical eye exams must be billed to the patient's medical insurance.

Prior to check-in, we try to identify the insurance coverage available to each patient. However, it is the patient's responsibility to provide us with accurate and updated insurance information. At check-in, we ask patients to select the insurance provider that they want to be billed for that day's exam.

If a patient elects to utilize a Routine Vision evaluation benefit, they will be required to acknowledge the following:

1. The evaluation will be focused on routine vision problems.
2. The doctor will not be able to discuss or treat any medical eye conditions. The patient understands and accept all risks associated with not having the medical eye conditions addressed at that day's evaluation.
3. The patient will need to return for a separate exam to have any medical eye conditions addressed and/or treated.

Alternatively, the patient may elect to convert that day's visit to a medical exam that will be billed to the patient's medical insurance company. The patient will be asked to sign a form acknowledging that the Routine Vision plan will not be billed for the exam.

If you have high-deductible medical insurance, it is likely that most of the charges (up to \$389 for a medical exam) will be applied to your deductible. In these situations, you may choose to waive your insurance benefits and pay the exam fee today. The self-pay fee is \$155, and it is reduced further to \$140 if you have been seen at MEC within the last three years. An insurance claim will not be filed and the fee must be paid today. Tests, procedures and contact lens fitting exams are additional charges.

We will not bill both medical and Routine Vision insurers for the same encounter. If a medical condition is addressed, the medical insurance plan will be billed.

### **Questions?**

If you have any questions regarding whether you can use your Routine Vision benefits for your exam, please call our billing department at 402.991.8090 in advance of your appointment.