

Insuring Your Eye Health in Ohio



**Prevent
Blindness**

Our Vision Is Vision.

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Most people require some kind of eye care throughout their lifetime, but how do they pay for it? Insurance can be a confusing topic in any circumstance but this is especially true when it comes to our eye health. Insurance for eye health care can come from various sources. It may be employer-sponsored medical or vision insurance, individually purchased medical or vision insurance, Medicare, Medicaid, state children's health insurance programs, or other public or private programs. This general overview of some key topics related to your vision insurance will help you navigate an increasingly complex arena and allow you to better care for your vision and eye health.

There are many distinctions between insurance plans, so check your plan documents carefully to determine what is covered, how often, and what your associated out-of-pocket costs may be.

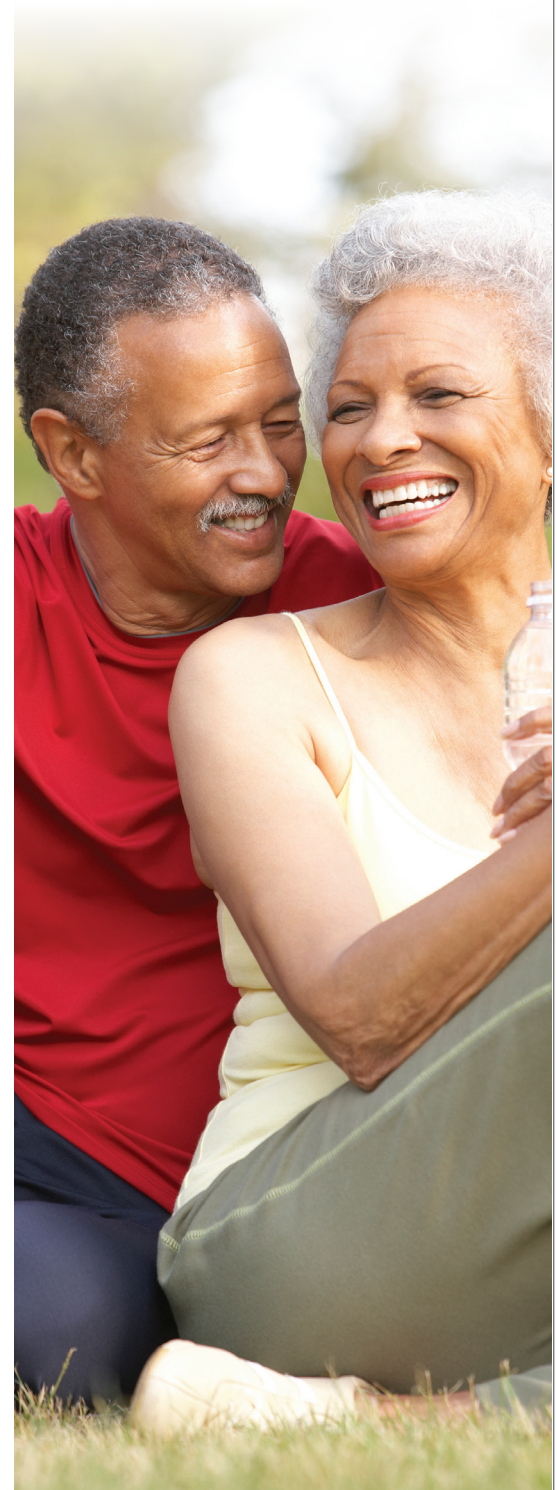
Medical Insurance vs. Vision Insurance

Vision insurance and medical insurance cover different services, but the distinction can be confusing.

Medical insurance (also commonly called "health insurance") offers coverage for most services related to the health of the eye itself when provided by an eye care professional – an optometrist or ophthalmologist. For example, exams and tests associated with diagnosed cataracts, glaucoma, diabetic eye disease, and other conditions that require specific counseling, documentation, follow-up care, regular monitoring and/or referral to a surgeon, would be covered by your medical insurance. While many plans do not cover routine exams to determine if there is an eye problem in the general population, some may include regular dilated eye exams to check for signs of disease in individuals at *high risk*. However, there is a growing trend among medical insurance plans to cover a routine eye exam, so be sure to check with your insurance carrier about your plan's benefits.

Medical insurance does not cover routine eye care related to refractive error to determine your eyeglass or contact lens prescription. It also does not generally cover the costs of eyeglasses or contact lenses.

Vision insurance is often sold as a supplemental insurance product to cover the cost of routine eye care. This generally includes a comprehensive eye exam, any associated refraction fee to determine your eyeglass prescription, and some allowance for glasses or contact lenses. A contact lens exam may be covered.



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Which Insurance Will Cover My Eye Care?

Both vision and medical insurance can be used in your optometrist or ophthalmologist's office, but which insurance plan pays for your eye care generally depends on the **reason** for your visit. If your diagnosis for the visit relates to refractive error, such as astigmatism, nearsightedness, or farsightedness, it will be covered by your vision insurance. If the diagnosis for the visit relates to glaucoma, cataract, conjunctivitis, or other conditions that require medical care, it will be paid for by your medical insurance. "Medical care" in this case can be offered by any provider licensed to provide that care in Ohio; this usually includes both optometrists and ophthalmologists.

What If I Don't Have Health Insurance?

There are many options for health insurance for your family. If you are unemployed, or if your employer does not offer health insurance, you may be eligible for subsidies to help you pay for insurance offered through the health insurance marketplace. Based on your household income, your child may be eligible for Medicaid. Go to benefits.ohio.gov to learn if you qualify for Medicaid or call 800.324.8680. Individuals up to 138% of the federal poverty level (annual income of about \$16,000/year) may be eligible for Medicaid.

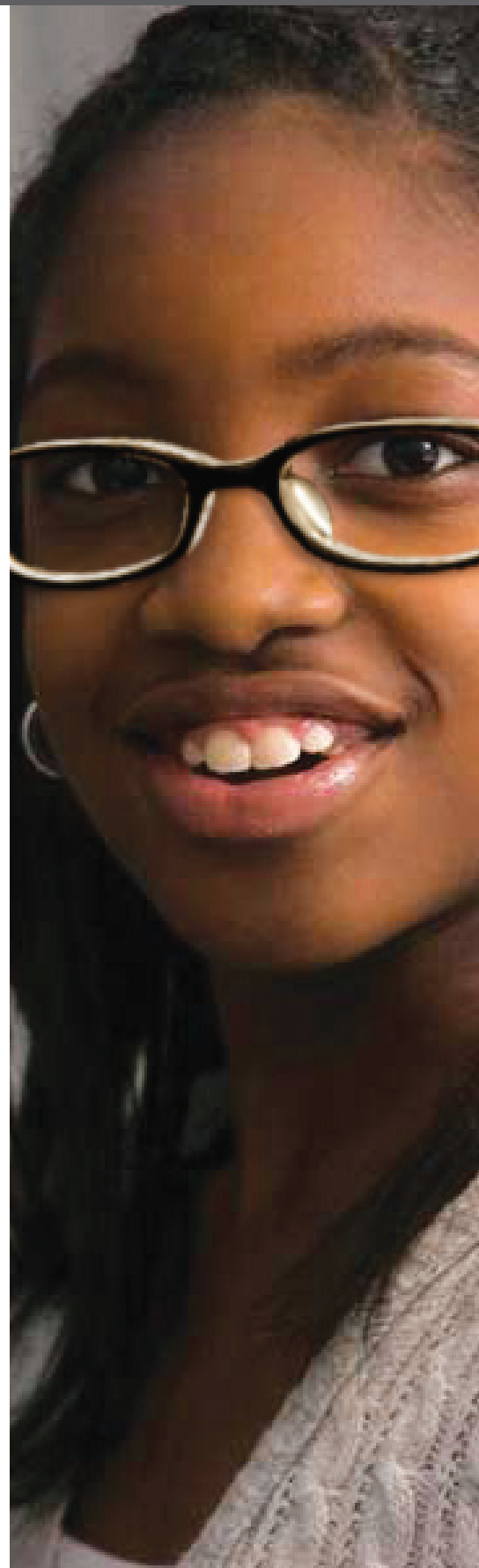
If you don't qualify for Medicaid and need health insurance, visit the Health Insurance Marketplace at Healthcare.gov. Depending on your income, you may qualify for subsidies. Insurance offered through Marketplace is not required to include vision care for individuals aged 21+, however some plans may offer it as part of the plan and/or as a supplemental plan.

Vision Services for Children: The Affordable Care Act and Your Child's Eyes

Recent changes in federal law may impact the kinds of vision and eye health services your child has access to through health insurance.

Starting January 1, 2014, all individual health insurance plans, small group insurance plans, or plans sold in the new state-based health insurance marketplaces (exchanges) will have to include a set of "essential health benefits" (large group plans are currently excluded from this requirement). Included in this list of "essential" services is coverage for children's vision.

In Ohio, this means that new insurance plans will cover one comprehensive eye exam and one pair of glasses each year for children up to age 21. Co-pays and deductibles may apply. Children, ages 0-20, living in families with annual income up to 200% of the federal poverty level (annual income of about \$47,000/year for a



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family of four) may be eligible for Medicaid. A comprehensive eye exam, eyeglasses and other vision services are provided annually at no cost to the recipient.

Also starting January 1, 2014, **insurance plans must cover certain preventive services without a copay or coinsurance; this includes vision screening for kids.** This screening would likely be offered in your pediatrician's office as part of a well-child visit.

To find out more, visit HealthCare.gov or call 800.318.2596.

Vision Services for Older Adults – Medicare and Your Eyes

Medicare beneficiaries, especially those at risk for or diagnosed with a variety of diseases, are entitled to a number of vision-related services. It is especially important for people with diabetes, a family history of glaucoma, or those who have suffered an eye disease or injury to be aware of and utilize these benefits. Below are details about medical benefits that may be available to you.

“Welcome to Medicare” Preventive Visit

The “Welcome to Medicare” visit is an excellent way for you to get up-to-date on important screenings and vaccinations, as well as to talk with your health care provider about how to stay healthy. You can get this introductory visit only within the first 12 months you have Medicare Part B (medical). This visit is covered one time. Your doctor will:

- Record and evaluate your medical and family history, current health conditions, and prescriptions.
- Check your blood pressure, vision, weight, and height to get a baseline for your care. *Keep in mind the vision check is a screening for vision loss risk factors, not an eye exam through dilated pupil.*
- Make sure you're up-to-date with preventive screenings and services, such as cancer screenings and shots.
- Order further tests, depending on your general health and medical history.

Following the visit, your doctor will give you a plan or checklist with screenings and preventive services that you need. Ask about eye exams!

Routine Eye Exams

Medicare does not generally cover the costs of routine eye exams, with some exceptions. Medicare does help cover the exam if you have diabetes, or are at risk for glaucoma. Keep in mind that Medicare does not cover refractions for eyeglasses or contacts even as a part of some otherwise covered exams. Check with your eye care professional for more information. Medicare does not cover eyeglasses or contact lenses, except immediately following cataract surgery. Medicare does cover an eye exam for medical reasons, such as in the case of injury or disease. Medicare Advantage plans, which are administered by private companies, often choose to offer vision coverage and traditional Medicare beneficiaries also have the option to purchase supplemental coverage (Medigap) in addition to their Medicare coverage that may cover routine eye care or help to cover the cost of deductibles and other fees.

Glaucoma

Glaucoma is called “the sneak thief of sight” because often there are no warning signs, but there is treatment for glaucoma if detected early. A leading cause of blindness, glaucoma affects close to 2.7

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million Americans age 40 and older. Medicare provides annual coverage for glaucoma screenings if you are considered to be at high risk for glaucoma. High risk is defined as:

- Individuals with a family history of glaucoma – family defined as a blood parent or sibling;
- Individuals with diabetes - either diet-controlled, oral-agent controlled, or insulin-dependent;
- African Americans age 50; and
- Hispanic individuals age 65 or older.

The covered exam for glaucoma includes a visual acuity screening; a dilated eye examination; intraocular pressure measurement; and direct ophthalmoscopy.

Medicare will cover 80 percent of the doctor's exam fee. You or your secondary insurance must pick up the deductible and the remaining 20 percent balance. A minimum of 366 days is required between glaucoma screening visits.

Find out more about glaucoma: www.preventblindness.org/glaucoma-learning-center

Diabetes

If you have diabetes, you are at risk for developing diabetic retinopathy, glaucoma, and cataracts. Diabetic eye disease can affect anyone with diabetes. Often there are no symptoms, so it is important to see your eye care professional regularly for a comprehensive eye exam.

Medicare beneficiaries with diabetes qualify for the annual glaucoma screening benefit. This benefit includes a comprehensive eye exam. Because people with diabetes need to have an eye exam at least once a year, Medicare beneficiaries should be sure to make full use of the yearly glaucoma screening benefit (discussed above) to receive an eye exam that can check for both glaucoma and diabetic retinopathy.

Find out more about diabetes and your eyes: www.preventblindness.org/diabetes-and-your-eyes

Cataract Surgery

Cataract affects millions of Americans and is a leading cause of blindness worldwide. In the U.S., cataract surgery is the most commonly performed surgical procedure in those 65 and older.

Medicare beneficiaries have two choices for cataract surgery in addition to the cataract removal: receiving basic lens replacement (IOL), paid in full by Medicare up to \$2,000, or applying the credit to new replacement lenses that can correct both near and farsightedness (multifocal IOLs). Patients are then responsible for paying the difference.

Medicare also covers corrective eyeglasses or contacts following cataract surgery with an implanted intraocular lens. Medicare pays 80 percent of the Medicare-approved amount for one pair of eyeglasses or contact lenses after each cataract surgery. The beneficiary pays any additional charges for upgraded frames and the Part B deductible.

Find out more about cataract: www.preventblindness.org/cataract

Age-related Macular Degeneration (AMD)

AMD diminishes central vision that currently affects the vision of more than 2 million Americans age 50 and older and is a leading cause of blindness. AMD is a progressive disease that, if left untreated, can result in severe vision loss and even blindness.

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Medicare Part B covers treatment for beneficiaries with age-related macular degeneration, including Avastin, Eylea, Lucentis, pegaptanib, and ocular photodynamic therapy with verteporfin (Visudyne). The beneficiary pays 20 percent of the Medicare-approved amount for the drug and the doctor's services or a co-payment if the treatment is offered in a hospital outpatient setting.

Find out more about AMD: www.preventblindness.org/age-related-macular-degeneration-amd

Prescription Drug Benefits

All Medicare beneficiaries, no matter how they get their health care today or whether they have existing drug coverage, are eligible for drug coverage under a Medicare prescription drug plan (also known as a Part D plan). This includes eye medications.

There are penalties for people who miss the below enrollment deadlines:

- October 15 – annual open enrollment period begins
- December 7 – annual open enrollment period ends
- January 10 – new choices take effect

Medicare prescription drug plans will vary depending on where you live, and each plan is different. Contact the Centers for Medicare and Medicaid Services (800.633.4227 or www.medicare.gov) to better understand your choices.

Financial assistance is available for those who meet certain income and resource limits. Contact the Social Security Administration (800.772.1213 or www.socialsecurity.gov) to learn more.

Medicare Advantage

Medicare Advantage plans are Medicare plans administered by private insurance companies. They are available to all Medicare eligible individuals and must cover all the services covered by traditional Medicare. However, these plans have the option to structure themselves in unique ways and most offer additional services, such as coverage for vision or dental care. Many of these plans cover routine eye exams and offer a glasses or contact lens benefit.

Help with Medicare

The Ohio Senior Health Insurance Information Program (OSHIIP) funded by Medicare provides objective information about Medicare related issues. One-on-one counseling and assistance is available to people with Medicare and their families. Contact them at 800.686.1578 or www.insurance.ohio.gov.



VISION COVERAGE WITH PUBLIC FUNDING IN OHIO—2014

	MEDICAID	HEALTH EXCHANGE— AFFORDABLE CARE ACT	MEDICARE
NUMBER OF PEOPLE AFFECTED	512,000 Ohio adults on Medicaid before Medicaid Expansion began on 1.1.14 275,000 additional adults eligible on 1.1.14 Total adults expected to be covered by Medicaid in 2014 = 787,000 1.15 million children on Medicaid prior to 1.1.14 1.15 million children expected to be covered by Medicaid in 2014 Total adults and children expected to be covered by Medicaid in 2014=1.9 million	502,902 uninsured adults btw 139–400% FPL may qualify for subsidies if they purchase health insurance on the Exchange (assuming they did not turn down affordable and adequate coverage offered by their employer).	1.622 million in Ohio
ELIGIBILITY FOR CHILDREN	Uninsured up to 200% of poverty (\$47,100 for a family of 4)	Uninsured between 200–400% of federal poverty level may qualify for a subsidy.	Some children qualifying for SSDI with permanent/severe disabilities may be eligible for Medicare
ELIGIBILITY FOR ADULTS	Uninsured up to 138% of poverty (\$15,856 for single individual) who are not 65 and older, pregnant, eligible for Medicare Part A, enrolled in Medicare Part B, SSI beneficiaries, or unauthorized immigrants	Uninsured between 139%–400% of federal poverty level may qualify for a subsidy.	Age 65+, citizen, eligible for SS, or under age 65 with certain permanent/severe disabilities
VISION COVERAGE (AGES 0–20)	Vision screening as part of periodic well-child primary care exams Comprehensive vision examination—annual Frame and lenses—annual	Vision screening as part of periodic well-child primary care exams, no co-pay or deductible applied Comprehensive vision examination—annual, co-pays and deductibles apply Frame and lenses—annual, co-pays and deductibles apply	Vision screening as part of periodic well-child primary care exams Comprehensive vision examination—annual Frame and lenses—annual
VISION COVERAGE (AGES 21–59)	Vision screening as part of well-patient exam with primary care provider Comprehensive vision examination—every 2 years Frames and lenses—every 2 years	No requirements for vision care coverage	80% of eye exam if glaucoma risk 80% of eye exam if diabetic or at risk \$2000 toward cataract surgery 80% of cost of glasses after cataract surgery 80% of drugs for AMD treatment Part D medication coverage No glasses covered
VISION COVERAGE (AGE 60+)	Vision screening as part of well-patient exam with primary care provider Comprehensive vision examination—annual Frame and lenses—annual	No requirements for vision care coverage	80% of eye exam if glaucoma risk 80% of eye exam if diabetic or at risk \$2000 toward cataract surgery 80% of cost of glasses after cataract surgery 80% of drugs for AMD treatment Part D medication coverage No glasses covered
VISION COVERAGE (AGE 65+)	Same as 60+ if dual-eligible with Medicare	Not applicable	Welcome to Medicare Vision Screening 80% of eye exam if glaucoma risk 80% of eye exam if diabetic or at risk \$2000 toward cataract surgery 80% of cost of glasses after cataract surgery 80% of drugs for AMD treatment Part D medication coverage No glasses covered