

November 2013 – MVP Information For Exchange Plans

Benefits: Eye Exam \$40 co-pay, one annual eye exam up through 21 years of age.
Glasses \$150/year up through age 21.

Here is the language from our Certificate of Coverage that the member gets.

Pediatric Vision.

Exam. We will provide Benefits for one (1) routine eye examination (refraction) per Covered child every Benefit Year. A vision exam means an eye care exam for prescribing or determining your need for eyeglasses or contact lenses, and fittings for the contact lenses. The exam must be provided by a participating optometrist or ophthalmologist. This Benefit is per child until the end of the year in which they turn twenty-one (21). Please see your Schedule for your Cost Share obligations.

Eyewear. We will provide Benefits for the price of one (1) pair of prescription eyeglasses OR for prescription contact lenses, up to a maximum of \$150.00. See your Schedule of Enrollee Payments to determine if this amount applies to the deductible. We will provide this Benefit once per enrolled child, until the end of the year in which they turn twenty-one (21), every Benefit Year. This Benefit applies to the retail price of lenses and/or frames or the retail price of contact lenses, material, training, the initial lens care kit and medically necessary follow-up visits for a period of two months. You may purchase the eyeglasses or contact lenses from any provider. After you make your purchase, you must follow the instructions in paragraph (c) below to get reimbursed. We will not provide Benefits for the following: (1) Repairs to eyeglasses; (2) Safety glasses required by employment or sport, or (3) Non prescription eyewear.

Reimbursement. You must pay the provider's charge for the eyeglasses or contact lenses at the time of purchase. To get reimbursed up to the maximum Benefit stated above, you must send us the original receipt and a written request for reimbursement for the eyeglasses or contact lenses. Please include your MVP Enrollee Identification Number on your request. Mail both the receipt and request to the address on the claim form.

Questions:

1) MVP has not contracted with VSP (Vision Service Plan), DavisVision, EyeMed, or any other vision rider or stand alone vision plan to provide the pediatric benefit? [MVP has a direct contracted network of providers to provide the vision exam. We do not require a network provider for the eyewear.](#)

2) When a child is seen in my office for a routine vision exam, is my staff to bill MVP directly for that service? Do I get reimbursed directly from MVP? [Contracted providers should bill MVP directly and MVP will reimburse the provider based on participating provider contract and member's plan benefits.](#)

3) What is the reimbursement? Specifically, that exam would be billed as a CPT 92004, 92014, 92002, or 92012. Is MVP going to continue to reimburse the pediatric benefit based on those codes? You would continue to bill as you do now, and the reimbursement rate is what is outlined in your participating provider contract.

3) Is the \$150/year for glasses an allowance that MVP reimburses to the member? In other words, does the member pay me directly for the glasses, to be reimbursed from MVP? Or am I to discount the glasses by \$150, expecting to be reimbursed directly from MVP? The eyewear benefit is a member reimbursement benefit (See Member COC language above), so the member will pay you in full, then the member bills MVP and gets reimbursed directly by MVP.

4) Do I have to use an MVP approved lab to make the glasses? No.

5) Are there any restrictions on what type of materials or frame the member can choose for the glasses? No.

6) There will be no adult vision benefit offered in any of MVP's exchange plans? Correct. Again, the Green Mountain Care Board chose not to include adult vision in the essential health benefits package.