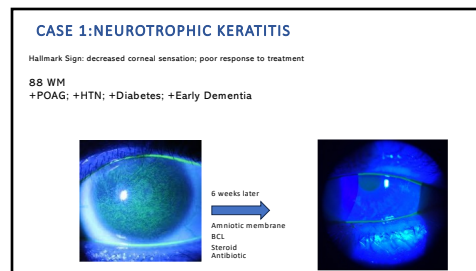




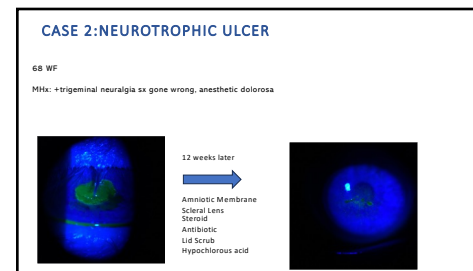
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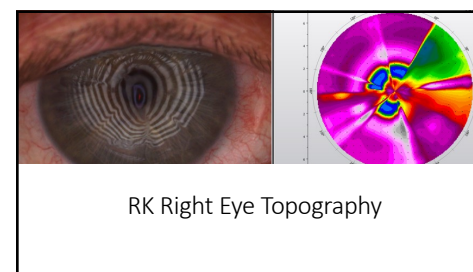
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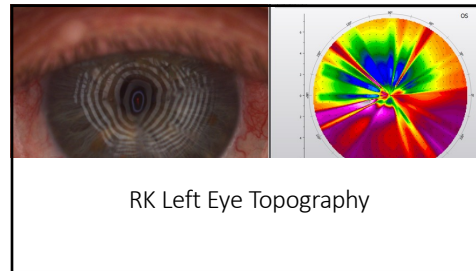
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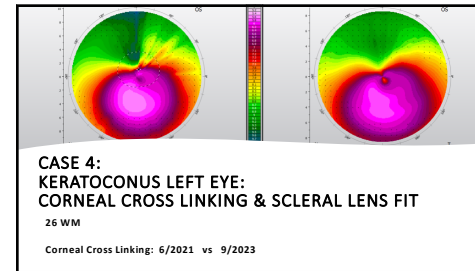
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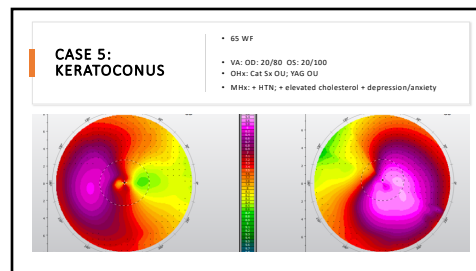
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7



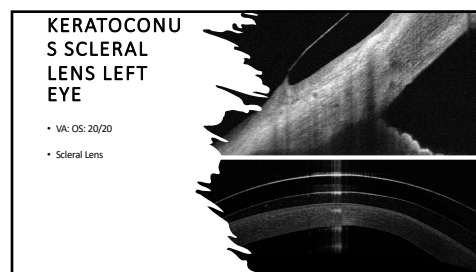
8



9



10



11



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MEDICALLY NECESSARY CONTACT LENSES

Payments for medically necessary contact lenses

Standard reimbursements

Reimbursement for medically necessary contact lenses. Standard reimbursements for medically necessary contact lenses are based on the qualifying condition as noted below.

Qualifying criteria	Provider reimbursement
Anisometropia	95% of retail up to \$750
High anisometropia	95% of retail up to \$750
Keratoconus - PKG/Phakic	95% of retail up to \$5,000
Keratoconus - Aphakic/Phakic	95% of retail up to \$5,000
Vision improvement	95% of retail up to \$2,500
Presbyopic anisometropia	95% of retail up to \$2,750
Presbyopic anisometropia	95% of retail up to \$5,000
Presbyopic pathological myopia	95% of retail up to \$750

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VISION PLANS & MEDICALLY NECESSARY CONTACTS

Covered Contacts and Basic Visually Necessary Contacts (Low Modifiers)	Actual Reimbursement	Planned Reimbursement	Daily Reimbursement
V0810 Contact lens, prism, spherical, per lens	\$251	---	---
V0811 Contact lens, prism, toric or prism bifocal, per lens	\$385	---	---
V0812 Contact lens, prism, bifocal, per lens	\$481	---	---
V0813 Contact lens, prism, color vision deficiency, per lens	\$485	---	---
V0814 Contact lens, gas permeable, spherical, per lens	\$450	---	---
V0815 Contact lens, gas permeable, toric, prism bifocal, per lens	\$950	---	---
V0816 Contact lens, gas permeable, bifocal, per lens	\$750	---	---
V0817 Contact lens, gas permeable, extended wear, per lens	\$500	---	---
V0818 Contact lens, hydrogel, spherical, per lens	\$275	\$525	\$750
V0819 Contact lens, hydrogel, toric, or prism bifocal, per lens	\$526	\$854	\$970
V0820 Contact lens, hydrogel, bifocal, per lens	\$537	\$865	\$1000
V0821 Contact lens, hydrogel, extended wear, per lens	\$475	\$804	---
V0822 Contact lens, scleral, gas impermeable, per lens	\$499	---	---
V0823 Contact lens, scleral, gas permeable, per lens	\$887	---	---
V0824 Contact lens, other type	\$1,150	\$1,500	---
Flagship	\$1,150	\$1,500	---

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QUALIFYING CONDITIONS

Medically Necessary Qualifying Conditions

Provider: Identify member's medical eye condition. Is it known or self-reported? Check only 1 box next to the condition that applies according to the final determination. Check all applicable modifiers (D0-D9 codes). Enter your code value for the services and supplies.

Check here	Check here	Check here	Check here
☐ Autism spectrum disorder F03.10	☐ High anisometropia H31.004	☐ Hydrolytic keratoconus H40.001	☐ Refractive error H40.002
☐ Diabetes E10-E14	☐ Myopia H40.003	☐ Corneal dystrophy H40.004	☐ Other refractive error H40.005
☐ Glaucoma H40.006	☐ Hyperopia H40.007	☐ Other corneal dystrophy H40.008	☐ Other refractive error H40.009
☐ Cataract H40.010	☐ Presbyopia H40.011	☐ Other corneal dystrophy H40.012	☐ Other refractive error H40.013
☐ Macular degeneration H35.001	☐ Other refractive error H40.014	☐ Other corneal dystrophy H40.015	☐ Other refractive error H40.016
☐ Other macular degeneration H35.002	☐ Other refractive error H40.017	☐ Other corneal dystrophy H40.018	☐ Other refractive error H40.019
☐ Other macular degeneration H35.003	☐ Other refractive error H40.020	☐ Other corneal dystrophy H40.021	☐ Other refractive error H40.022
☐ Other macular degeneration H35.004	☐ Other refractive error H40.023	☐ Other corneal dystrophy H40.024	☐ Other refractive error H40.025
☐ Other macular degeneration H35.005	☐ Other refractive error H40.026	☐ Other corneal dystrophy H40.027	☐ Other refractive error H40.028
☐ Other macular degeneration H35.006	☐ Other refractive error H40.029	☐ Other corneal dystrophy H40.030	☐ Other refractive error H40.031
☐ Other macular degeneration H35.007	☐ Other refractive error H40.032	☐ Other corneal dystrophy H40.033	☐ Other refractive error H40.034
☐ Other macular degeneration H35.008	☐ Other refractive error H40.035	☐ Other corneal dystrophy H40.036	☐ Other refractive error H40.037
☐ Other macular degeneration H35.009	☐ Other refractive error H40.038	☐ Other corneal dystrophy H40.039	☐ Other refractive error H40.040
☐ Other macular degeneration H35.010	☐ Other refractive error H40.041	☐ Other corneal dystrophy H40.042	☐ Other refractive error H40.043
☐ Other macular degeneration H35.011	☐ Other refractive error H40.044	☐ Other corneal dystrophy H40.045	☐ Other refractive error H40.046
☐ Other macular degeneration H35.012	☐ Other refractive error H40.047	☐ Other corneal dystrophy H40.048	☐ Other refractive error H40.049
☐ Other macular degeneration H35.013	☐ Other refractive error H40.050	☐ Other corneal dystrophy H40.051	☐ Other refractive error H40.052
☐ Other macular degeneration H35.014	☐ Other refractive error H40.053	☐ Other corneal dystrophy H40.054	☐ Other refractive error H40.055
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☐ Other macular degeneration H35.016	☐ Other refractive error H40.059	☐ Other corneal dystrophy H40.058	☐ Other refractive error H40.059
☐ Other macular degeneration H35.017	☐ Other refractive error H40.060	☐ Other corneal dystrophy H40.059	☐ Other refractive error H40.060
☐ Other macular degeneration H35.018	☐ Other refractive error H40.061	☐ Other corneal dystrophy H40.060	☐ Other refractive error H40.061
☐ Other macular degeneration H35.019	☐ Other refractive error H40.062	☐ Other corneal dystrophy H40.061	☐ Other refractive error H40.062
☐ Other macular degeneration H35.020	☐ Other refractive error H40.063	☐ Other corneal dystrophy H40.062	☐ Other refractive error H40.063
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