



PONCA TRIBE OF NEBRASKA

Contract Health Services

EYE CARE PLAN

FREQUENCY OF EXAMINATION:

The frequency of examination shall be determined by the individual needs of the patient. When going to an Ophthalmologist a referral is necessary from an Optometrist or physician.

An Optometrist is a professional concerned with the examination of the eyes and related structure to determine the presence of vision problems, eye disorders, and diseases such as diabetes, detached retina etc. An Ophthalmologist is one who is a specialist in the area of correcting the disease found and performs surgery when necessary.

A. Children (through age of 18) should be screened and/or examined each year.

- Children are eligible for an eye exam every 12 months from their last date of service
- Children are eligible for lenses every 12 months from their last date of service.
- Children are eligible for a new frame every 12 months from their last date of service.

B. Adults should be screened every two years.

- Adults are eligible for an eye exam every 24 months from their last date of service
- Adults are eligible for lenses every 24 months from their last date of service.
- Adults are eligible for a new frame every 24 months from their last date of service.

C. Elderly age 65 and over should be screened every year.

- Elderly are eligible for an eye exam every 12 months from their last date of service
- Elderly are eligible for lenses every 12 months from their last date of service.
- Elderly are eligible for a new frame every 12 months from their last date of service.

D. Eligibility for vision care services will be based on the actual date of service of your last routine exam.

NON-COVERED ITEMS:

- A. No tints will be provided except where therapeutically prescribed and authorized.
- B. No monogrammed lenses
- C. No other purely cosmetic items
- D. No contact lenses (patient will be responsible for the difference between basic exam charges versus a contact exam fee)

FEE SCHEDULE:

- A. \$250.00 allotment for single vision (exam, frame and lenses)
- B. \$300.00 allotment for bifocal vision (exam, frame and lenses)
- C. \$350.00 allotment for trifocal vision (exam, frame and lenses)

REPAIRS/REPLACEMENTS:

- A. In the case of repairs, CHS will pay up to \$50.00 toward any necessary repairs. The patient is required to submit a letter from the vision provider stating an estimate cost for the repair. The repair coverage may only be used one (1) time during each eligible period (i.e. children/elderly-yearly, adults-once every two years)
- B. In the case of replacement, CHS will pay up to \$100.00 toward the replacement of glasses. The patient will need to submit a letter from the vision provider stating that the glasses are non-repairable and must be replaced. The replacement coverage can only be used one (1) time during each eligible period (i.e. children/elderly-yearly, adults-once every two years)
- C. If you obtained glasses through an alternate resource such as Medicaid and lose your glasses, you must first attempt to get your glasses repaired/replaced through that resource. If denied, CHS may authorize payment not to exceed the allowable repair/replacement amount. Coverage will only be allowed if the provider is a CHS provider. Denial verification is required.

ALTERNATE RESOURCES:

The Contract Health Service program is a payor of last resort; therefore, all alternate resources must be exhausted before authorization of Contract Health Services benefits.

If the client has Vision Insurance through their employer, they are **REQUIRED** to utilize this resource first. The Contract Health Service program will pick up the difference between the Insurance payment and the fee schedule allotment.

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