

## Contact Lenses

### Benefit Coverage

Contact lenses are covered only if medically necessary to treat medical eye conditions such as keratoconus, keratitis sicca, or aphakia following cataract surgery when no intraocular lens has been implanted. The following medical necessity criteria are used by Blue Shield HMO to determine coverage:

- Keratoconus when visual acuity cannot be corrected to 20/40 with eyeglasses
- Anisometropia when 3 diopters or more, provided visual acuity improves to 20/40 in weaker eye
- Astigmatism of 3 diopters or more
- Aphakia (after cataract surgery), contacts in lieu of glasses
- Myopia when more than 12 diopters
- Hyperopia when more than 7 diopters
- Following cataract surgery when no intraocular lens has been implanted

Coverage is provided for medically necessary contact lenses when the member does not have supplemental benefits for vision care through a Blue Shield vision plan (administered by the vision plan administrator (VPA)) or another vision plan for contact lenses.

## Contact Lenses

### Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

*Other Services*

*Orthotics, Prosthetics (external)*

### Benefit Exclusion

Contact lenses needed for routine vision correction, cosmetic purposes, or other purposes not specifically listed above.

### Benefit Limitations

Medically necessary contact lenses (except when used as an optical bandage) will not be covered under the Access+ HMO plan if the employer provides supplemental benefits for vision care that cover contact lenses through a Blue Shield vision plan administered by the VPA or another vision plan. There is no coordination of benefits between the health plan and the vision plan for these benefits.

### Exceptions

Contact lenses used as medically necessary corneal bandages following a surgical procedure and not used solely for vision correction, when authorized.

CalPERS: Eyeglasses following cataract surgery are a benefit.

## Contact Lenses

### Examples of Covered Services

Medically necessary contact lenses are covered:

1. Following cataract surgery when no intraocular lens has been implanted
2. To treat the following eye conditions such as:
  - Keratoconus
  - Keratitis Sicca
  - Aphakia
  - Amblyopia
  - Severe Anisometropia
  - Strabismus

### Examples of Non-Covered Services

- All contact lenses used solely for the purpose of routine vision correction, or for cosmetic purposes
- Replacement of contact lenses due to loss
- Contact lenses in lieu of other eyewear
- Accommodative Intraocular implants (e.g., Crystalens)

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*

*HMO Benefit Guideline for:*

*Vision Care – Optional Benefits*

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