

Vision Care

Applies to:

☒ **Essential, Enhanced & Entrust PPO**



Vision Care

Vision care is designed to cover a member's preventive and routine visual needs. An annual comprehensive eye exam can detect signs of health conditions such as glaucoma, diabetes, high blood pressure and macular degeneration. Routine eye exams are for both preventive and diagnostic purposes. Eyewear is for corrective purposes.

Original Medicare

Original Medicare covers glaucoma tests once every 12 months for people who are at high risk. The beneficiary is at high risk if they have diabetes, a family history of glaucoma, are African American and 50 years of age or older, or are Hispanic and age 65 or older. An eye doctor who is legally authorized by the state must perform the test.

Original Medicare also covers one pair of eyeglasses with standard frames (or one set of contact lenses) after cataract surgery that implants an intraocular lens.

Original Medicare does not cover routine eye exams.

WyoBlue Advantage PPO Enhanced Benefit

WyoBlue Advantage plans are Medicare Advantage plans, which provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan.

This flexibility allows WyoBlue Advantage to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for routine vision exams and supplemental eyewear is provided to members under WyoBlue Advantage plans. Since Original Medicare does not cover routine vision care and supplemental eyewear, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by WyoBlue Advantage.

Exams and Eyewear

- A routine eye exam is a complete assessment by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing, and other tests necessary to determine overall visual health.
- An allowance toward eyewear is included on the Supplemental Benefits Flex card. For more information and allowance amounts, please see the *Evidence of Coverage* or *Medical Benefits Chart*.

The table below specifies conditions for routine vision exam.

| Conditions for Payment | | |
|------------------------|---|--|
| Eligible provider | In-network through VSP Choice Provider or out-of-network via any ophthalmologist or optometrist | |
| Diagnosis restrictions | Eye/vision related diagnosis | |
| Payable location | Outpatient or provider office | |
| Service Description | CPT/HCPCS codes | Frequency limitations |
| Exam Services | 92002, 92004, 92012, 92014, 92015, S0620, S0621 | One supplemental routine eye exam in any period of 12 consecutive months |

Member Cost Sharing

- Please reference the *Evidence of Coverage* or *Medical Benefits Chart* for plan specific in- and out-of-network cost-share amounts and vision benefit allowances.
- WyoBlue Advantage providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance, or a deductible. Providers can only collect the appropriate WyoBlue Advantage cost sharing amounts from the member.
- Members are responsible for all charges that exceed the annual allowance for the items listed above that are ordered and delivered by either in-network or out-of-network providers.
- Cost-share amounts and charges above the plan's benefit allowance incurred by the member under this benefit do not count toward the combined maximum out-of-pocket or to the deductible as listed in the *Evidence of Coverage*.
- If member services or purchases cost more than the available allowance, members are responsible for the difference. If they cost less than the allowance, members can use the remainder for another qualifying purchase during the plan year.
- The Supplemental Benefits Flex card will be programmed to allow for purchase through licensed providers whose official business is primarily focused on delivering vision services. Members can view a list of providers by visiting the Nations member portal at WyoBlueAdvantage.NationsBenefits.com
- To verify eligibility, benefits, and cost share, go to the WyoBlue Advantage secure website at www.WyoBlueAdvantage.com or call Provider Inquiry **1-844-682-9966**.

Conditions for Payment

In-network benefits are provided by Vision Service Plan providers. Medicare members can find a VSP provider by calling **1-855-492-9028**. VSP network providers can also be located online by visiting the VSP website at: www.vsp.com/choiceretail.

Members don't require approval to use an out-of-network provider. If a PPO member chooses to receive services from an out-of-network provider, the member is responsible to pay for all services out-of-pocket and to seek reimbursement from VSP for covered services, minus the member's cost sharing.

Reimbursement

In-network provider reimbursement is handled directly through VSP. For non-VSP providers, the Medicare member will need to submit an out-of-network reimbursement form and receipts to VSP, either electronically or

via mail, and will be reimbursed up to their plan allowance. Out-of-network reimbursement forms can be found at <http://www.vsp.com/claims/submit-oon-claim>.

To stay in network, Medicare members can locate a VSP Choice Network provider by calling **1-855-492-9028** from 8 a.m. to 8 p.m., 7 days a week (TTY: **711**). Members can also visit www.vsp.com/choiceretail.

For eyewear purchases, members must present their Supplemental Benefits Flex card at the point of sale.

Billing Instructions for Providers

Providers should contact VSP directly for billing instructions. The VSP website is www.VSP.com.

Revision History

Plan policy numbers: WYO PPO 001, 002, 003

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