



KEYHEALTH

Optometry

**Service Provider Guide
2016**

1 SUMMARY OF OPTOMETRY BENEFITS

The following are applicable to the Comprehensive and Essential options:

- One optometric examination (11001) per beneficiary per 24 month period.
- A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry where appropriate) and diagnosis.
- Benefits are subject to available Day-to-Day benefits.
- One pair of spectacles (frame plus lenses) per beneficiary every 24 month period, subject to the applicable limits.
- Frames are subject to applicable sub-limits. Fitting (nylon or rimless, etc.) will not be covered.
- Benefits are for either spectacles or contact lenses, not both.
- Tariff codes are restricted to Opticlear tariff codes.
- Accounts from non-network optometrists will be refunded to the member.
- Hard coating will be covered up to the generic Opticlear tariff for hard coating on the Platinum and Gold options.
- Upgrades or services outside the list of benefits will not be covered by the Scheme – this will be for the patients' account.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered up to the relevant clinical appropriate benefit.

NOTE: Benefits listed are subject to the 2016 Scheme Rules.

Optical devices that are not regarded by Opticlear (Optometry Management Program) as clinically essential or clinically desirable will be excluded from benefits and will not be paid for by the Scheme.

2 OPTOMETRY TARIFFS FOR 2016

The Opticlear tariffs for 2016 are available on the Opticlear website (www.optics.co.za).

3 QUALIFYING CRITERIA

The optometry benefit is subject to qualifying norms.

The following are applicable to these options for 2016:

- Refractive error of 0.50 Dioptre sphere or 0.50 Dioptre cylinder or more, or reading Rx (Add) of at least +1.00 Dioptre sphere or more.
- For bifocals, both distance and near norms must be satisfied.
- Spectacles or contact lenses for young children require a clinical motivation for consideration of benefits.
- Bifocals or multifocals for patients under the age of 38 require a clinical motivation for consideration of benefits.

- **All claims for spectacles and lenses must meet the qualifying criteria to qualify for benefit. Any claims that have not met the qualifying norms will be rejected.**

4 OUT-OF-BENEFIT UPGRADES

- Out-of-benefit upgrades can be paid by members directly to the participating optometrist at no more than the relevant Opticlear tariff at the discounted rate of 15%.
- The Scheme accepts no responsibility for accounts for extras chosen by beneficiaries that are excluded as per the Scheme Rules or Opticlear (Optometry Management Program).
- All additional out-of-benefit items are to be reflected on the claim, but they will not be funded. Please discuss this with the member. Split billing is not allowed.
- No Sunglasses or lenses with a tint over 35% will be covered (spectacles including frame, will be rejected).

5 OPTICLEAR PROVIDER SERVICE CENTRE

Monday – Friday: 08h00 – 17h00

Closed on Saturdays, Sundays and public holidays

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