



KEYHEALTH

Optometry

Service Provider Guide

2024

1 SUMMARY OF OPTOMETRY BENEFITS

The following are applicable to the Platinum, Gold, Silver, Equilibrium and Origin 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), diagnosis and dispensing.
- Benefits are subject to available Savings and Day-to-Day benefits.
- One pair of spectacles (frame plus generic / base lenses) per beneficiary every 24 month period, subject to the applicable limits.
- Frames are subject to applicable sub-limits.
- 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.
- On the Silver, Equilibrium and Origin options Bifocal / Multifocal lenses will only be covered up to the generic Opticlear tariff for Single Vision lenses (subject to qualifying criteria).
- 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 2024 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.

Childhood screening – only available for Silver, Equilibrium and Origin options (paid from Healthbooster Benefit):

- Once a lifetime childhood optometry screening benefit across all options for beneficiaries up to and including age seven.
- Screening can only be performed and charged in isolation (without any other examinations or material).

Tariff code	Code description	Tariff	Service
94000	Individual Child Screening	R 105.30	Screening only

It is important to note that signed consent by the child's parent/guardian must be obtained before any form of screening may take place (this consent as well as the patient report must be available on request).

During a child screening the following need to be assessed:

Unaided visual acuity: Assessment of the habitual acuity at distance and near
Acuity through a +1.50 diopter sphere lens: To eliminate the possibility of the patient accommodating during the assessment of his/her habitual visual acuity test
Color vision: To determine the presence of color blindness or deficiency
Stereo acuity (depth perception): To ascertain that depth can be seen in binocular views

Ocular motilities, cover test and near point of convergence (NPC): Assessment of ocular movements, alignment of the eyes and to determine any convergence weakness
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Ophthalmoscopy: To detect and evaluate various retinal vascular diseases or eye diseases and pupil response

Any deviation from clinically accepted norms, will require a comprehensive eye examination (the screening will then be void and only an eye examination must be charged).

2 OPTOMETRY TARIFFS FOR 2024

The Opticlear tariffs for 2024 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 2024:

- 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 and multifocals, 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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