

Mesquite ISD

Diabetic Rider



EyeMed offers members the opportunity to receive follow-up diabetic eye care as part of their EyeMed benefit. Diabetic eye care is important for overall ocular health of diabetic patients. These diagnostic visits allow for early detection of diabetic ocular changes and referral for treatment, which is intended to aid in the prevention of vision loss. EyeMed understands the eye care needs of diabetics and offers a benefit that provides coverage for additional office service visits to help detect diabetic ocular changes early and refer for treatment, which is intended to aid in the prevention of vision loss.

SUMMARY OF BENEFITS

Diabetic Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Medical Follow-up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

BENEFITS PERIOD

All Diabetic Care Services are covered once every 6 months*

DEFINITIONS

Medical Follow-Up Eye Examination - An office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination - Photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy - An examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy - An eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser - Means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Exclusions In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.

Mesquite ISD

Diabetic Rider



EyeMed offers members the opportunity to receive follow-up diabetic eye care as part of their EyeMed benefit. Diabetic eye care is important for overall ocular health of diabetic patients. These diagnostic visits allow for early detection of diabetic ocular changes and referral for treatment, which is intended to aid in the prevention of vision loss. EyeMed understands the eye care needs of diabetics and offers a benefit that provides coverage for additional office service visits to help detect diabetic ocular changes early and refer for treatment, which is intended to aid in the prevention of vision loss.

SUMMARY OF BENEFITS

Diabetic Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Medical Follow-up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

BENEFITS PERIOD

All Diabetic Care Services are covered once every 6 months*

DEFINITIONS

Medical Follow-Up Eye Examination - An office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination - Photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy - An examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy - An eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser - Means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Exclusions In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.