Kirkwood School District

EyeMed Vision Care Diabetic Product

What healthy habits look like

Diabetes and eye wellness are linked by healthy choices. Full of advice from vision experts, eyesiteonwellness.com is a collection of videos, quizzes, articles, recipes and tools to help you make those choices.

SUMMARY OF BENEFITS

DIABETIC CARE SERVICE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
For Type 1 or Type 2 Diabetes with Diabetic Retinopathy		
Medical Follow-Up Eye Examination	$0 copay	Up to $77
Fundus Photography Examination	$0 copay	Up to $50
Extended Ophthalmoscopy (initial and subsequent)	$0 copay	Up to $15
Gonioscopy	$0 copay	Up to $15
Scanning Laser	$0 copay	Up to $33

Benefit frequency: All Diabetic Care Services are covered once every 6 months*

QL-0000113667

DEFINITIONS

Medical Follow-Up Examination *means 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 *means 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 *means 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 *means 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.

R-03080

INDEPENDENT PROVIDER NETWORK +

OPTICAL