

Medicare Benefits and Your Eyes



Eye Health is Important!

As you age, your risk for vision impairment and vision loss grows. Because some vision-threatening conditions are not readily noticeable, it is important that you preserve your vision by maintaining a healthy lifestyle and having an eye exam through dilated pupil every 1-2 years or as recommended by your eye doctor. Half of all blindness can be prevented through early detection and treatment.

Medicare beneficiaries, especially those at risk for or diagnosed with a variety of diseases, are entitled to a number of vision-related services. It is especially important for people with diabetes, a family history of glaucoma, or those who have suffered an eye disease or injury to be aware of and utilize these benefits. Below are details about medical benefits that may be available to you. See the "Need More Help" section for whom to contact for additional assistance.

"Welcome to Medicare" Preventive Visit

The "Welcome to Medicare" visit is an excellent way for you to get up-to-date on important screenings and vaccinations, as well as to talk with your health care provider about how to stay healthy. You can get this introductory visit only within the first 12 months you have Medicare Part B (medical). This visit is covered one time. Your doctor will:

Record and evaluate your medical and family history, current health conditions, and prescriptions.

Check your blood pressure, vision, weight, and height to get a baseline for your care. Keep in mind the vision check is a screening for vision loss risk factors, not an eye exam through dilated pupil.

Make sure you're up-to-date with preventive screenings and services, such as cancer screenings and shots.

Order further tests, depending on your general health and medical history.

Following the visit, your doctor will give you a plan or checklist with screenings and preventive services that you need. Ask about eye exams!



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Routine Eye Exams

Medicare does not generally cover the costs of routine eye exams, with some exceptions. Medicare does help cover the exam if you have diabetes, or are at risk for glaucoma. Keep in mind that Medicare does not cover refractions for eyeglasses or contacts even as a part of some otherwise covered exams. Check with your eye care professional for more information. Medicare does not cover eyeglasses or contact lenses, except immediately following cataract surgery. Medicare does cover an eye exam for medical reasons, such as in the case of injury or disease. Medicare Advantage plans, which are administered by private companies, may choose to offer vision coverage and beneficiaries also have the option to purchase supplemental coverage (Medigap) in addition to their Medicare coverage that may cover routine eye care or help to cover the cost of deductibles and other fees.

Glaucoma

Glaucoma is called “the sneak thief of sight” because often there are no warning signs, but there is treatment for glaucoma if detected early. A leading cause of blindness, glaucoma affects close to 2.7 million Americans age 40 and older.

Medicare provides annual coverage for glaucoma screenings if you are considered to be at high risk for glaucoma. High risk is defined as:

- » Individuals with a family history of glaucoma – family defined as a blood parent or sibling;
- » Individuals with diabetes - either diet-controlled, oral-agent controlled, or insulin-dependent;
- » African Americans age 50; and
- » Hispanic individuals age 65 or older.

The exam for glaucoma includes:

- » Visual acuity;
- » Dilated eye examination;
- » Intraocular pressure measurement; and
- » Direct ophthalmoscopy.

Medicare will cover 80 percent of the doctor’s exam fee. You or your secondary insurance must pick up the deductible and the remaining 20 percent balance. A minimum of 366 days is required between glaucoma screening visits.



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Diabetes

If you have diabetes, you are at risk for developing diabetic retinopathy, glaucoma, and cataracts. Diabetic eye disease can affect anyone with diabetes. Often there are no symptoms, so it is important to see your eye care professional for a comprehensive eye exam.

Medicare beneficiaries with diabetes qualify for the annual glaucoma screening benefit. This benefit includes a comprehensive eye exam. Because people with diabetes need to have an eye exam at least once a year, Medicare beneficiaries should be sure to make full use of the yearly glaucoma screening benefit to receive an eye exam that can check for both glaucoma and diabetic retinopathy. See “Medicare Benefits for Glaucoma” on previous page for details.

Cataract Surgery

Cataract affects millions of Americans and are a leading cause of blindness worldwide. In the U.S., cataract surgery is the most commonly performed surgical procedure in those 65 and older.

Medicare beneficiaries have two choices for cataract surgery: receiving basic lens replacement (IOL), paid in full by Medicare up to \$2,000, or applying the credit to new replacement lenses that can correct both near and farsightedness (multifocal IOLs), in addition to cataract removal. Patients are then responsible for paying the difference.

Medicare also covers corrective eyeglasses or contacts following cataract surgery with an implanted intraocular lens. Medicare pays 80 percent of the Medicare-approved amount for one pair of eyeglasses or contact lenses after each cataract surgery. The beneficiary also pays any additional charges for upgraded frames and the Part B deductible.

Age-related Macular Degeneration (AMD)

AMD diminishes central vision that currently affects the vision of more than 2 million Americans age 50 and older and is a leading cause of blindness. AMD is a progressive disease that, if left untreated, can result in severe vision loss and even blindness.

Medicare Part B covers treatment for beneficiaries with age-related macular degeneration, including lucentis, Avastin, pegaptanib, and ocular photodynamic therapy with verteporfin (Visudyne). The beneficiary pays 20 percent of the Medicare-approved amount for the drug and the doctor’s services or a co-payment if the treatment is offered in a hospital outpatient setting.



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Prescription Drug Benefits

All Medicare beneficiaries, no matter how they get their health care today or whether they have existing drug coverage, are eligible for drug coverage under a Medicare prescription drug plan (also known as a Part D plan). This includes eye medications.

There are penalties for people who miss enrollment deadlines below:

- » October 15 – annual open enrollment period begins
- » December 7 – annual open enrollment period ends
- » January 10 – new choices take effect

Medicare prescription drug plans will vary depending on where you live, and each plan is different. This can be confusing, but there are resources which can help you to understand your choices. Start with www.Medicare.gov and 1.800.MEDICARE.

Financial assistance is available for those who meet certain income and resource limits. Contact Social Security at 1.800.772.1213 or visit www.socialsecurity.gov to learn more about this program.

Need More Help?

Centers for Medicare and Medicaid Services:

1.800.633.4227 or www.medicare.gov

Social Security

1.800.772.1213 or www.socialsecurity.gov

State Health Insurance Assistance Program (SHIP)

Each state has a SHIP program funded by Medicare which provides objective information about Medicare related issues. One-on-one counseling and assistance is available to people with Medicare and their families. To find the SHIP program in your state go to: www.shiptalk.org

Prevent Blindness America Vision Health Resource Center

1.800.331.2020 or www.preventblindness.org

