



Optometry

Service Provider Guide
2019

CARECROSS

Selfmed	– Selfnet option
Horizon	– Hospital Plus Network option
Moto Health	– Custom, Essential options
Wooltru	– Core option
Domesticare	– Plus option
OCSACare	– Gold, Silver options
Pick 'n Pay	– Primary option

1 SUMMARY OF OPTOMETRY BENEFITS

The following are applicable to the CARECROSS schemes and options:

- One comprehensive optometric examination per beneficiary every second year from last date of service (if spectacles are not necessary, the appropriate package consultation only code must reflect – 90011, otherwise only the appropriate package code must reflect).
- Examination includes visual, binocular stability and pathology evaluation (including tonometry where appropriate) and diagnosis.
- **Either:** One pair of spectacles (frame plus lenses) at the applicable package tariff per beneficiary every second year from last date of service.
 - Frame choice is from a provider-designated range. Lenses are standard-quality white CR39 lenses: single vision or bifocal. Subject to clinical requirement and qualifying criteria.
 - Should the beneficiary select a frame from outside the designated range, R180 must be credited towards this frame in lieu of the 'package' frame. The applicable package must be charged according to the Opticlear tariff.
- **Or** (not both): Once off clear Contact lenses to the value of R480. Your claim should reflect only the package tariff code of 93800 (which includes the examination) at a tariff of R695. For additional contact lenses over the R480 package value, the normal contact lens codes (2 series) must be used.
- No cash refund or credit is available in lieu of the optometry benefit.
- Accounts from non-network optometrists will be rejected.
- Upgrades or services outside the list of benefits will not be covered by the Scheme – this will be for the patients' account.

NOTE: Benefits listed are subject to the 2019 Scheme Rules.

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

2 OPTOMETRY TARIFFS FOR 2019

The Opticlear tariffs for 2019 are available on the Opticlear website (www.optics.co.za).

The following tariffs will apply to the CARECROSS schemes and options for 2019:

TARIFF CODE	CODE DESCRIPTION	TARIFF	SERVICE
90011	Consultation only	R214.90	Consultation (spectacles not necessary or does not meet qualifying criteria)
93200	Single vision package	R758.80	Consultation, frame and lenses
93300	Bifocal package	R1294.40	Consultation, frame and lenses
93800	Contact lens package	R695	Consultation and contact lenses to the value of R480

- Benefits are limited to only one of the above every 24 months from last date of service.
- Benefits will not be paid if one of these codes are not reflected on your claim.
- For a single vision, bifocal package or contact lens package, your claim should reflect only the package tariff code and not the individual consultation and other tariff codes, e.g. for the bifocal package only claim for 93300 and do not include 90011.

3 QUALIFYING CRITERIA

The optometry benefit is subject to qualifying norms.

The following are applicable to these options for 2019:

- Unaided visual acuity of worse than 6/9 (Snellen rating) for distance or near (where appropriate).
- Refractive error of 0.75 Dioptre sphere or 0.75 Dioptre cylinder or more, or reading Rx (Add) of at least +1.50 Dioptre sphere. Motivations may be submitted for refractions outside of the qualifying criteria – subject to clinical approval and requirement.
- 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 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 benefits. Any claims that have not met the qualifying norms will be rejected.**

4 OUT-OF-BENEFIT UPGRADES

- Out-of-benefit upgrades are payable 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.
- Should members on the options select a non-designated frame, the claim must reflect the package code tariff (according to the Opticlear tariff) as well as the selected frame at the marked price less R180.00. The balance is strictly for the member's account.
- 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 (claim will be rejected).

5 OPTICLEAR PROVIDER SERVICE CENTRE

Monday – Friday: 08h00 – 17h00

Closed on Saturdays, Sundays and public holidays

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