



***Momentum Health  
Ingwe / Health4Me\* Network***

**Optometry**

**Service Provider Guide  
2021**

\*Health4Me benefits subject to Employer Group limit.

## 1 SUMMARY OF OPTOMETRY BENEFITS

The following are applicable to the Ingwe and Health4me Network options:

- One optometric examination per beneficiary every second year from last date of service (if spectacles is 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), diagnosis and dispensing.
- 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 (where appropriate).
- Should the beneficiary select a frame from outside the designated range, R200 must be credited towards this frame in lieu of the 'package' frame. The applicable package must be charged according to the Opticlear tariff.
- Contact lenses are excluded (no benefit).
- 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 2021 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 2021

The Opticlear tariffs for 2021 are available on the Opticlear website ([www.optics.co.za](http://www.optics.co.za)).

The following tariffs will apply to both these options for 2021:

| TARIFF CODE | CODE DESCRIPTION      | TARIFF   | SERVICE                        |
|-------------|-----------------------|----------|--------------------------------|
| 90011       | Consultation only     | R235.10  | Consultation                   |
| 93200       | Single vision package | R830.20  | Consultation, frame and lenses |
| 93300       | Bifocal package       | R1416.20 | Consultation, frame and lenses |

- Benefits will not be paid if these codes are not reflected in your claim.
- For a single vision or bifocal 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 2021:

- 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 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 benefit. 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 R200.00. 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 (spectacles including frame, will be rejected).

### 5 OPTICLEAR PROVIDER SERVICE CENTRE

Monday – Friday: 08h00 – 17h00

Closed on Saturdays, Sundays and public holidays

| Contact   | Postal Address                                  |
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