



RFMCF
Regular Force Medical Continuation Fund

Optometry

Service Provider Guide
2019

1 SUMMARY OF OPTOMETRY BENEFITS

The following are applicable to the RFMCF:

Authorisation is required for services and material from the Opticlear call centre (claims without authorisation will be rejected):

If benefits are available, a unique authorisation number will be created. Authorisation is not a guarantee of payment, as claims will still be subject to final clinical validation, protocols and rules / policy.

Authorisation is required prior to the examination:

- One standard optometric examination (11001) per beneficiary every second year from last date of service.
- Examination includes visual, binocular stability and pathology evaluation (including tonometry where appropriate) and diagnosis.

Authorisation is required after the examination to validate benefits for lenses, frame or contact lenses. The optometrist has to provide the relevant prescription and material detail to the Opticlear Call centre agent:

- One pair of generic clear plastic lenses at the applicable Opticlear tariff per beneficiary every 24 months from last date of service.
- One pair of hard contact lenses or soft contact lenses. Contact lenses are limited to R 782 per beneficiary every 24 months.
- Either contact lenses or spectacles – not both.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will not be covered.
- Frames are limited to R 400 per beneficiary every 48 months from last date of service. Fitting (nylon or rimless, etc) will not be covered.
- Accounts from non-network optometrists will be rejected.
- Upgrades (including tints and coatings) other than generic hard coating, or additional services, will not be covered – this will be for the patients' account.
- No Sunglasses or lenses with a tint over 35% will be covered (spectacles including frame, will be rejected)

NOTE: Benefits listed are subject to the RFMCF and SANDF Policy.

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).

- Benefits will not be paid if these codes are not reflected in your claim.
- Hard coating will only be covered up to the generic hard coating tariff per lens.

3 QUALIFYING CRITERIA

The optometry benefit is subject to qualifying norms.

The following are applicable for 2019:

- Unaided visual acuity of worse than 6/9 (Snellen rating) for distance or near (where appropriate).
- Refractive error of 0.50 Dioptre sphere or 0.50 Dioptre cylinder or more, or reading Rx (Add) of at least +1.00 Dioptre sphere.
- For bifocals and multifocals, both distance and near norms must be satisfied.
- Spectacles or contact lenses for young children require a clinical motivation for consideration of benefits.
- Bifocals or multifocals 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 Opticlear and the RFMCF accepts no responsibility for accounts for extras chosen by beneficiaries that are excluded as per the RFMCF or SANDF Policy.
- All additional out-of-benefit items are to be reflected on the claim, but they will not be funded. Please inform and 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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