



To: Vision Providers
From: IEHP Provider Relations
Date: December 29, 2011
Subject: Vision Benefits Change

IEHP Medicare DualChoice (HMO SNP) Members will see an enhanced Vision benefits!

2011	2012
1 exam, 1 pair of glasses, 1 pair of contacts	1 exam, 1 pair of glasses, 1 pair of contacts
Frames and lenses every 24 months	Frames and lenses every 24 months
Every 2 years: \$150 limit for contact lenses \$100 limit for eye glasses (frames)	Every 2 years: \$150 limit for contact lenses \$150 limit for eye glasses (frames) 100% coverage for lenses
Comprehensive eye exam every 24 months	Comprehensive eye exam every 24 months

**Members must sign a Non-Covered Service/Materials Waiver Form for expenses exceeding the covered material benefit.*

How do you get Authorization?

Call the IVR at (888) 355-2234 and use the Member's DualChoice ID# which ends in 00.
 For questions please contact the IEHP Provider Relations Team at (909) 890-2054.