

# PEDIATRIC VISION

## ESSENTIAL HEALTH BENEFIT (EHB)

Services and eyewear under the pediatric vision benefit are covered as described below for WHA members under 19 years of age. This is a combined benefit with your medical plan. See your WHA copayment summary.

### EYE EXAMINATION BENEFITS

Examinations and fittings are covered under your medical plan with a WHA participating provider.

- One comprehensive eye examination per year is covered at no cost.
- Annual eye exams do not require a referral from your primary care physician (PCP), but members must select a WHA participating provider.
- Other than the annual eye exam, all vision exams require a referral from your PCP.

### FIND A PROVIDER: EYE EXAM

To schedule an eye exam, locate a participating provider in your area by searching WHA's online directory at [mywha.org.com/directory](http://mywha.org.com/directory).

### EYEWEAR BENEFITS

Glasses, lenses, elective contact lenses and low vision devices are generally covered through MESVision, except as specifically noted below.

- The following are covered by MES at no cost:
  - One pair of glasses with standard lenses; or
  - One pair of standard hard or six pairs of standard soft contact lenses per calendar year instead of glasses
  - One pair of medically necessary contact lenses (except as noted below).

If your WHA participating provider has determined you need contact lenses, they will be covered by MES or by WHA, as listed below:

- Medically necessary contact lenses require prior authorization and are covered by MES for the following conditions: Keratoconus (visual acuity to 20/40), Pathological Myopia, Hyperopia, Anisometropia (visual acuity to 20/60), Corneal Disorders, and Irregular Astigmatism.
- Medically necessary contact lenses require prior authorization and are covered by WHA for the following conditions: Aniseikonia, Aniridia, Post-traumatic Disorders, including Avoidance of Diplopia or Suppression, and Aphakia. To obtain medically necessary contact lenses through WHA, you must obtain a referral from your PCP.
- Expanded benefit for Aniridia and Aphakia: Two medically necessary contact lenses per eye are covered in any 12-month period to treat Aniridia. Six medically necessary contact lenses per eye are covered per calendar year to treat Aphakia including fitting and dispensing, for members through nine years of age.
- For children with low vision (defined as a significant loss of vision but not total blindness), one pair of high-power spectacles per calendar year and a lifetime maximum of one magnifier and one telescope are covered at no charge, with prior authorization.

### FIND A PROVIDER: EYEWEAR

As described, most glasses and contact lenses benefits and low vision devices are provided by MES.

To obtain glasses, contacts or low vision devices through MES under the pediatric vision benefit, you *must obtain* your eyewear from an MES participating provider. It is your responsibility to identify yourself or the member as having an MES plan.



### Customer Service Department

Monday – Friday  
8 a.m. to 5 p.m.

call 800.877.6372

visit [mesvision.com](http://mesvision.com)