

## **AlaskaCare Benefit Clarification**

Benefit Title	Contact Lens Coverage	Group Number	866219-50	
Effective Date	January 1, 2014	Date Submitted	June 30, 2014	
Applicable Benefit Plan (check all that apply):				
Active	Retiree 🗌 Long-Term Care			
Medical Dental Vision Audio Pharmacy Other				
Description: Contact lens in lieu of single vision spectacle lenses.				
AlaskaCare Insurance Information Booklet Reference(s):				
COVERED VISION AND OPTICAL SERVICES				
One pair of cosmetic contacts elected in lieu of glasses. These will be covered the same as any other single vision spectacle lenses. This means that you must pay the difference between the recognized charge for spectacle lenses and contact lenses.				
<b>Decision:</b> Use the appropriate single vision lens code based on the member's vision prescription, when the				
information is provided. If prescription is not provided, use HCPCS code V2111: Spherocylinder, single				
vision, plus or minus 7.25 to plus or minus 12.00d sphere.				
Plan Administrator Approval:				
Signature	I A ICISIN	Deputy Commissioner Department of Administrat	Date 2/19	14

**Comments:** 

## This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.