



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Contact Lenses/Eyeglasses

Benefit

Contact lenses for correction of vision are in benefit to the extent described in the Vision Care benefits interpretation. Separately, contact lenses are in benefit under the medical coverage for the treatment of certain diseases of the eye.

Interpretation

Keratoconus is a congenital defect of the cornea in which there is a conical deformity of the cornea due to noninflammatory thinning of the membrane. Keratoconus can be corrected with the use of hard or semi-rigid contact lenses. Contact lenses and eyeglass lenses (lenses only – frames are not covered) are covered for this condition under the medical benefit.

Contact lenses are in benefit following trauma or infection to the cornea to restore regular curvature to the eye.

Contact lenses and eyeglass lenses (only lenses –frames are not included) are in benefit following cataract surgery without intraocular lens implantation. (aphakic post-surgery members).

Paid by	For Correction of Vision:	
	Professional Charges (including those related to refraction and fitting)	IPA/HMO/Member (as described in the Vision Care benefits interpretation)
Lens charges	Member (as described in the Vision Care Benefits.)	

Paid by	For Medical treatment of certain diseases of the eye:	
	Professional Charges	IPA
	Lens charges	HMO

Coverage Variation

Benefit Plan DIRPI- Excluded

Note: See related benefits interpretation on Vision Care on Vision Screening/Routine Vision Care and Prosthetic Devices

Note: Eyeglass lenses and contact lenses do not require use of a contracted Provider. The IPA may refer the member to a supplier of their choice.