



Georgetown University  
Health Policy Institute  
CENTER FOR CHILDREN  
AND FAMILIES

# Vision Benefits for Children under the Affordable Care Act

Focus on Eye Health National  
Conference

June 18, 2013

# It's almost 2014 – What will the ACA change?

- Different effects on different coverage sources
- New coverage for millions
- Most children are already covered or eligible for coverage
- For most plans, vision screenings required
- For some coverage sources, a new set of required benefits with vision care for children

# Health coverage today

Large Employer



Small Employer / Non-group



Public Coverage



Generally Offers Vision Benefits for Kids?

Sometimes

Usually not

Yes

# ACA changes

## Large Employer



## Small Employer / Non-group



## Public Coverage



Changes to  
Vision  
Benefits for  
Kids

Screenings required

Screenings required;  
Pediatric vision care must  
be covered

No new children's  
requirements

# Preventive Services

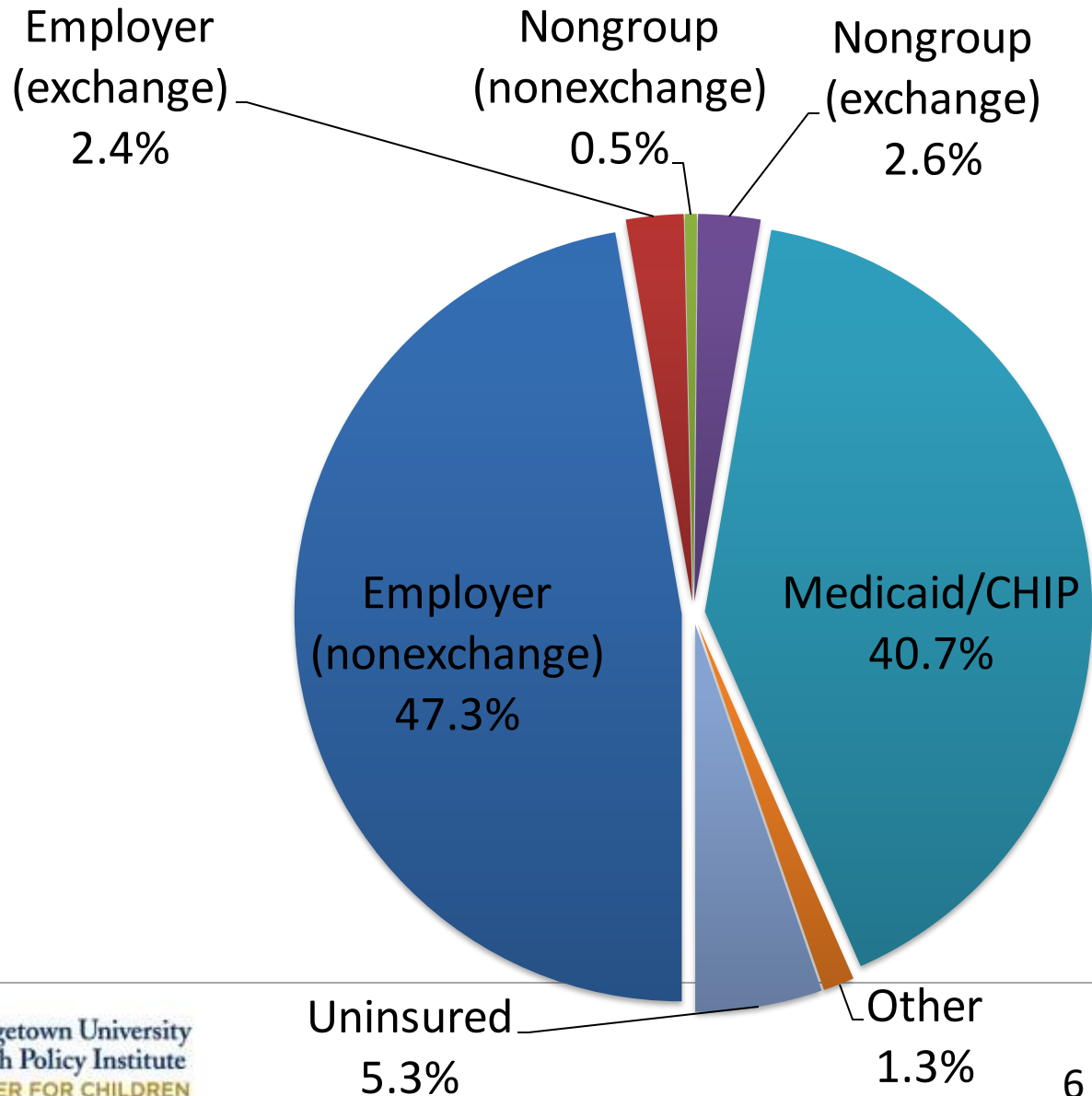
- Non-grandfathered plans must cover preventive services
- Includes risk assessment or vision screening at each well child visit through age 21
- No cost-sharing



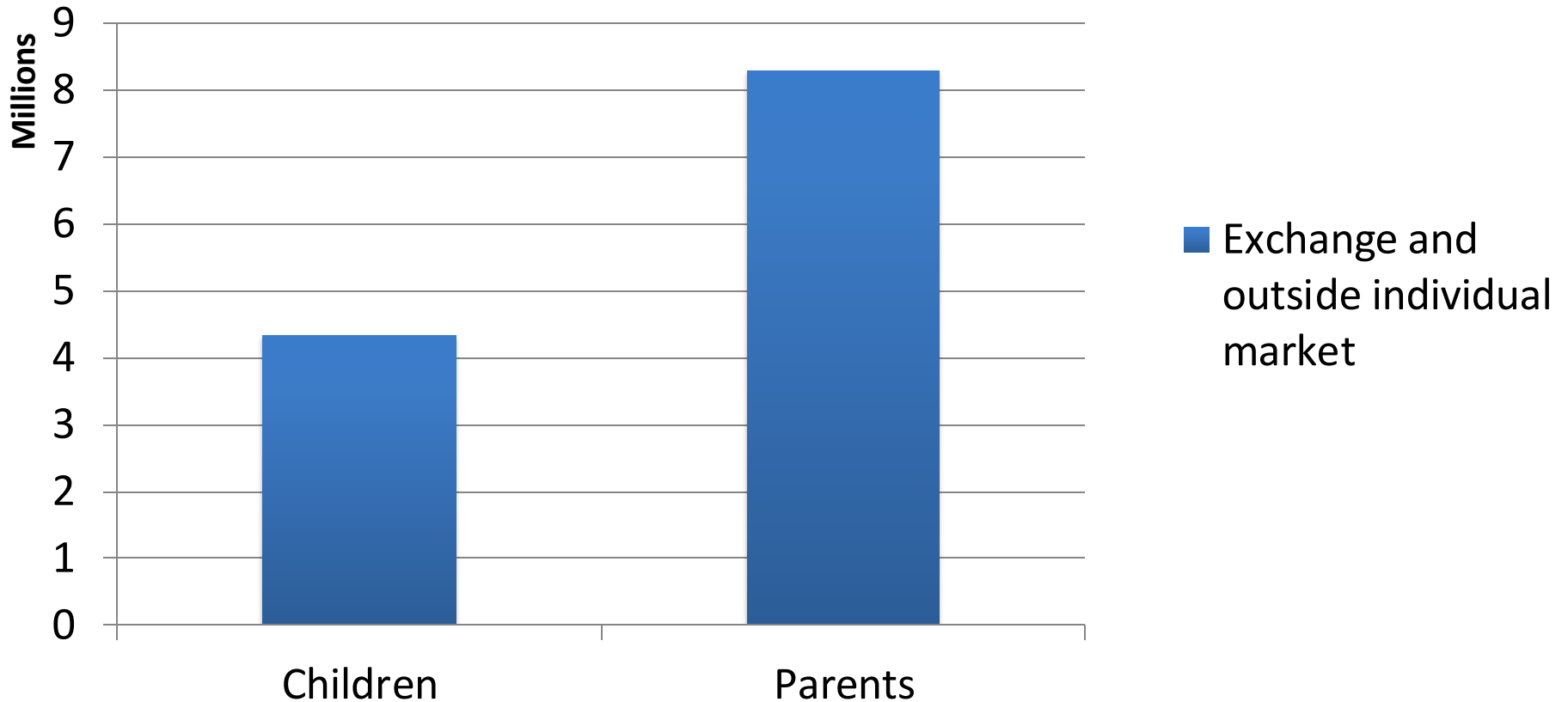
**Bright  
Futures™**

Prevention and health  
promotion for infants,  
children, adolescents,  
and their families™

# Coverage sources by share of children



## Expected Enrollment, United States



Source: Genevieve M. Kenney, et al., Improving Coverage For Children Under Health Reform Will Require Maintaining Current Eligibility Standards For Medicaid And CHIP, Health Affairs, December 2011.

# Essential Health Benefits

- Minimum benefits for certain health plans
- Non-group and small group market plans
- **In and out of exchanges**





# Pediatric vision benefits are EHBs

## An Act

Entitled The Patient Protection and Affordable Care Act.

(b) ESSENTIAL HEALTH BENEFITS.—

(1) IN GENERAL.—Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

- (A) Ambulatory patient services.
- (B) Emergency services.
- (C) Hospitalization.
- (D) Maternity and newborn care.
- (E) Mental health and substance use disorder services, including behavioral health treatment.
- (F) Prescription drugs.
- (G) Rehabilitative and habilitative services and devices.
- (H) Laboratory services.
- (I) Preventive and wellness services and chronic disease management.
- (J) Pediatric services, including oral and vision care.

# EHB selection process



- States selected EHBs from among certain existing employer-sponsored plans.
- They supplemented the plan as necessary to cover the required categories, including vision for kids
- Plans available for supplementing vision benefits for children:
  - State's CHIP vision benefits
  - FEDVIP BlueVision High

# What vision plans did states select?

	FEDVIP BlueVision High	State's CHIP Vision Benefits	No Supplementation Required
States	41	3	7

- Kansas, Kentucky, and North Dakota selected CHIP vision benefits
- Supplementation not required when the benchmark includes any pediatric vision care. This includes:
  - Colorado, Maine, Massachusetts, New Mexico, New York, Pennsylvania, Utah

# What does FEDVIP cover?



- Routine exams
- Standard lenses
- Frames: \$150 allowance plus 20% discount
- Contact lenses: \$150 allowance plus 15% discount

# What does CHIP cover?

- Kansas
  - Screenings, exams and glasses as needed
- Kentucky
  - Screenings, exams, and glasses
- North Dakota
  - Emergency and well child vision services, up to 16 visits lifetime
  - Lenses and frames with limit



# Examples of coverage from non-supplemented states

## Benefits:

- Colorado
  - 1 exam every 24 months
  - Lenses/frames every 12 months
- Maine
  - 1 exam and refraction every 12 months
  - Eyewear every 24 months
- Massachusetts
  - 1 exam every 24 months
  - Eyeglasses not covered
- Utah
  - 1 exam per year for ages 5-18
  - 1 pair of lenses per year for ages 5-18

## Cost Sharing:

- To be determined

# Recommendations

- Assure covered screenings are performed
  - Educate parents and providers
- Include vision measures in health care quality assessments
  - HHS Pediatric Quality Measures Program is a place to start
- Monitor families' experiences accessing vision care through new qualified health plans

# Contact Info

- Joe Touschner  
Senior Health Policy Analyst
- Center for Children and Families  
Georgetown University Health  
Policy Institute
- 202-687-0331
- [jdt38@georgetown.edu](mailto:jdt38@georgetown.edu)





Georgetown University  
Health Policy Institute  
**CENTER FOR CHILDREN  
AND FAMILIES**



 **Prevent  
Blindness  
.America**  
Our Vision Is Vision®

E  
FP  
RTZ  
OP  
IP FCVDH  
TRENMV  
UYTRMSG  
ASDWHJUO  
RTYFD  
PUTRD