

DoD NAF HBP Vision

DoD NAF HBP includes a vision benefit that provides for a \$150 hardware allowance per calendar year as well as a routine eye exam and/or a contact lens fitting per calendar year. Please note that Aetna Standard is to cover either vision exam OR contact lens fitting but not both so some vision providers will not be familiar with covering both.

Aetna partners with EyeMed to access their provider network of over 60,000 vision providers on behalf of Aetna members. Aetna provides eligibility and high level vision coverage to EyeMed. This way EyeMed can pull up the DoD NAF HBP plan information to help file a claim on your behalf. Non-standard benefits such as covering BOTH vision exam and contact lens fittings as well as Pediatric vision are not sent to EyeMed on the data feed.

HELPFUL INFORMATION WHEN USING VISION BENEFIT:

- If an EyeMed provider states they are being advised that they are not eligible for coverage at the time of the visit and if it is during the Member Services normal business hours, contact Member Services and the Aetna call representative will review the account and contact EyeMed to verify what they show and get any updates and approvals done.
- Please remember when paying for eyewear, get a fully itemized receipt. Advise the provider it is needed for insurance filing purposes.
- If you use your FSA debit card to purchase eyewear/contacts at time of service, you will first submit your claim for the \$150 vision reimbursement to the Aetna Medical plan. Once the claim has been processed and you have received your Explanation of Benefits (EOB), you will need to submit the EOB to the FSA for substantiation of the amount over \$150. Any amounts above \$150 are at vision provider so you will need to call and have them credit the debit card.
- When utilizing the Pediatric Vision Benefit, it is covered under the medical plan as DoD NAF HBP's vision coverage is included with the medical coverage. The DoD NAF HBP website, www.nafhealthplans.com, outlines the specific codes that are covered under this benefit. The EyeMed providers will not be familiar with this benefit as it's non-standard so you will be required to pay out of pocket. Please make sure you request a fully itemized receipt, with appropriate coding, and submit as a claim for reimbursement.

Pediatric Vision Coverage

- Covered dependent children up to age 22 will have one pair of basic frames and lenses covered per calendar year at 100% with no copay (both in and out of network). Basic frames and lenses covered under this benefit have very specific vision codes associated with them called V codes. **The V Codes covered under this benefit are V2020, V2100-2199, V2200-2299, V2300-2399, V2121, V2221, V2321.** Please note: these codes are detailed on your Medical Summary of Benefits which can be found at www.nafhealthplans.com. You may find it helpful to print this off and bring it with you for your vision care visit.
- In order to have this benefit paid at 100%, you may have to pay for the frames and lenses out of pocket and submit a claim to Aetna for reimbursement of the covered charges.
- Pediatric vision benefit claims are processed manually as it is non-standard to have vision benefits covered under medical plan. As DoD NAF HBP vision is part of medical, the pediatric vision benefit was required to be HCR compliant. Most vision plans are “standalone” (eligibility is separate from medical).