

2020

Molina Healthcare of New Mexico, Inc.
Agreement and Individual Evidence of
Coverage

Molina Pediatric Vision Services Rider No. 1

New Mexico

PO Box 3887, Albuquerque, NM 87190

MolinaMarketplace.com



Your Extended Family.

MHNM10102020-A2

This Pediatric Vision Services Rider No. 1 amends and supplements the Molina Healthcare of New Mexico, Inc. Agreement and Individual Evidence of Coverage (also called the “EOC” or “Agreement”) and is issued by Molina Healthcare of New Mexico, Inc. (“Molina Healthcare”, “Molina”, “we” or “our”) for the product specified as part of the Agreement.

The following provisions of the Agreement are amended as follows:

1. The Molina Healthcare of New Mexico, Inc. Summary of Benefits and Coverage (SBC) is amended and supplemented by adding the following summary of pediatric vision services to the category of “Outpatient Professional Services” covered under the Agreement:

| Outpatient Professional Services (cont'd) | At Participating Provider, You Pay |
|---|---|
| Pediatric Vision Services (for Members under age 19 Only) Services must be provided by a participating VSP provider. | |
| Vision Exam (limited to 1 routine eye exam, including refraction, each calendar year) | No Charge |
| Prescription Glasses <i>Frames</i> <ul style="list-style-type: none"> • Limited to 1 pair of frames every calendar year • Limited to a selection of covered frames <i>Lenses</i> <ul style="list-style-type: none"> • Limited to 1 pair every calendar year • Single vision, lined bifocal, lined trifocal, lenticular lenses, polycarbonate lenses • All lenses include scratch resistance coating UV protection | No Charge |
| Prescription Contact Lenses <ul style="list-style-type: none"> • In lieu of prescription glasses, prescription contact lenses covered with a minimum three-month supply for any of the following modalities every calendar year: • Standard (one pair annually) <ul style="list-style-type: none"> • Monthly (six-month supply) • Bi-weekly (three-month supply) • Dailies (three-month supply) • Medically Necessary contact lenses for specified medical conditions require Prior Authorization.) | No Charge |
| Low Vision Optical Devices and Services (Subject to limitations and Prior Authorization.) | No Charge |

THE GUIDE ABOVE IS INTENDED TO BE USED TO HELP YOU DETERMINE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE MOLINA HEALTHCARE OF NEW MEXICO, INC. AGREEMENT AND INDIVIDUAL EVIDENCE OF COVERAGE, AS AMENDED BY THIS PEDIATRIC VISION SERVICES RIDER NO. 1, SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF BENEFITS AND LIMITATIONS.”

2. The “Pediatric Vision Services” section under “What is Covered Under My Plan?” is deleted in its entirety and replaced by the following provisions:

“Pediatric Vision Services

Molina Healthcare covers the following vision services for Members under the age of 19:

- One routine eye exam in a 12-month period
- One pair of prescription eye glasses (lenses and frame) no more frequently than once every 12 months (prescription eye glasses may be covered more frequently when an ophthalmologist or optometrist recommends a change in prescription due to a medical condition, including but not limited to, cataracts, diabetes or hypertension)
- Lens tinting if certain medical conditions are present as confirmed by ophthalmologist or optometrist
- Polycarbonate lenses if medical conditions require prescriptions for high power lenses or an eligible Member has monocular vision
- Lenses to prevent double vision
- Minor repairs to prescription eye glasses

Contact lenses (original prescriptions or replacements) are covered only when Prior Authorized for certain medical conditions. We cover the replacement of eyeglasses or contact lenses that are lost, broken or have deteriorated to the point that they have become unusable to eligible Members. Laser corrective surgery is not covered.”

3. All provisions of the Agreement which are not deleted, modified, supplemented or otherwise amended by this Pediatric Vision Services Rider No. 1 remain in full force and effect.
4. The provisions of the Agreement, together with this Pediatric Vision Services Rider No. 1, any other riders or amendments to the Agreement, and any application(s) submitted to Molina Healthcare to obtain coverage under the Agreement , including the applicable rate sheet for this plan, are incorporated into the Agreement by reference, and constitute the legally binding contract between Molina Healthcare, on the one hand, and Subscriber or Member, on the other.
5. Pediatric Vision Services that are obtained by a non-participating provider are not covered. Should You or Your eligible Dependents who are enrolled in this Policy obtain Pediatric Vision Services with a non-participating provider You will be 100% responsible for payment and the payments will not apply to Your Deductible or Annual Out-of-Pocket Maximum for any of these services.