



Eyewear for Pediatric

The purpose of this policy is to provide clarity and specificity for coverage of eyewear for children under the age of 19. Members should refer to the Preventive Care section of the benefits contract for routine vision exam coverage information.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Eyewear for Children

Definitions or summary

- **Eyeglasses or Spectacles:** A pair of lenses mounted in a frame to aid vision, as prescribed by an optometrist or ophthalmologist
- **Polycarbonate lenses:** eyeglass lenses made of strong, lightweight, and flexible plastic that is shatter- and scratch-resistant

Coverage policy

Covered

For members under age 19, the following eyeglasses and contacts are covered:

- UCare covers one pair of eyewear (frame and lenses) per calendar year
 - This includes polycarbonate lenses with scratch-resistant coating*

OR

- One pair of standard contact lenses, or one 12-month series of planned replacement lenses per calendar year to correct vision.
 - This includes lens fitting and exam.
- Refer to the Preventive Care section of the Benefits Chart for routine vision exam coverage information.

****Coverage is limited to most cost-effective alternative. When frames, lenses, or optical devices are purchased that are more costly than is considered medically necessary by UCare's medical director or its designee, member must pay the difference in purchase and maintenance cost.**

Services not covered include but are not limited to:

- Eyeglasses and contacts for members 19 and older, except as described in the Vision - Injury or Illness section of this Benefits Chart
- Safety glasses or goggles for sports or job-related reasons
- Protective coating for plastic lenses
- Non-prescription lenses, including reading glasses
- Two pairs of eyeglasses in place of bifocals
- Sunglasses, sport lenses and sport frames
- Special lens designs and coatings not medically necessary, including special lenses and lens modifications that do not correct vision problems. This includes tinted lenses, transition (photochromic) lenses, high-index lenses, progressive or invisible lenses, ultraviolet coating, and photochromic and non-reflective coating.
- Repairs to frames and lenses
- Replacement of stolen, broken or lost eyewear
- Replacement of lenses or frames due to provider error in prescribing, frame selection or measurement. The provider who made the error is responsible for the cost of correcting the error.
- Color contact lenses
- Daily wear specialty contact lenses
- Contact lens supplies
- Contact lens insurance

Prior authorization**Not required****Related policies and documentation***References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description

References and source documents*Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy*[Bright Futures Recommendations for Preventive Pediatric Health Care](#)[Individual & Family Plan Member Contract](#)**Coverage policy development and revision history**

Version	Date	Note(s)
V1	Jan. 1,2021	New policy: Original Effective Date:
	Dec.14,2021	Annual review; no changes
	Nov.30,2022	Annual review; no changes
	Oct. 16,2023	Annual review: aligned with contract language and added definitions
	Oct. 2,2024	Annual review: New Disclaimer added no changes
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1,2025	Annual Review: Changed Title, updated non covered heading "Services not covered include but are not limited to" to match 2026 contract