

BULLETIN NUMBER: 19-2019
TITLE: DENTAL, VISION AND HEARING CARE
DATE: OCTOBER 1, 2018

PURPOSE:

The purpose of this bulletin is to clarify coverage for dental, vision and hearing care. This bulletin further clarifies item, services, and procedures for dental, vision and hearing that is not covered under the plan.

BACKGROUND:

When RPPL 8-14 passed on May 7, 2011 one of the exclusions in the HCF regulations is coverage for dental, hearing and vision care. Generally all care for dental, hearing and vision is not covered under the Plan, except due to accident or injury. The Healthcare Fund Plan covers for medically necessary medical services and lacks separate plans for coverage for dental, hearing or vision care. However, coverage maybe granted due to incident or accident that resulted in loss or damage to natural teeth, hearing and vision.

INTERPRETATION:

OFF-ISLAND REFERRAL

Dental Care:

- Dental care is excluded from coverage under the Plan, but is covered in the event of accident or injury that resulted in loss or damage to natural teeth.
- Items and services furnished in connection with care such as treatment, filling, removal or replacement of teeth or the structure directly supporting the teeth are not covered under the Plan.
- Surgery to correct or treat malformation or damage to natural teeth due accident or injury maybe covered.

Exclusions:

Dental Cleanings, fillings, procedures such as root canals and implants, or dentures is excluded from the Plan.

Hearing Care:

- Hearing care is excluded from coverage under the Plan, but is covered in the event of accident or injury that resulted in loss or damage to natural hearing.
- Surgery to correct or treat malformation or damage to natural hearing may be covered.
- Hearing Congenital Malformation treatment or services may be covered
- Chronic disease that resulted in hearing loss may be covered
- Severe sensorineural hearing loss may be covered.

Exclusions:

Hearing exam, hearing aid, or exam to fit hearing aid, diagnostic hearing and balance hearing, services for cochlear implants

Vision Care:

- Vision care is excluded from coverage under the Plan, but is covered in the event of accident or injury that resulted in loss or damage to natural vision.
- Diabetic Retinopathy may be covered under the plan subject to copayment and OOP max

Exclusions:

Eyeglasses and contact lenses eyeglasses and contact lenses to correct eyesight are not covered under the plan.

Orthoptics and vision therapy are not covered under the Plan.

Eye surgery to fix errors of refraction, such as nearsightedness is not covered under the Plan. This includes but not limited to LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.

ON-ISLAND CARE

- Dental cleanings, fillings, procedures or dentures in payable under MSA
- Eyeglasses and contact lenses are payable under MSA
- Hearing aid and ear piece devices provided on-island are payable under MSA