GLAUCOMA AND QUALITY CARE

Understanding the Right Insurance for You



Importance of Quality Care for Your Glaucoma

Glaucoma is a chronic eye disease caused by increased pressure in the eye that can also cause damage to your vision. It is irreversible and ultimately, if left untreated, can cause blindness. If diagnosed early, your eye doctor can recommend treatments to manage glaucoma and help prevent loss of vision.

The most common treatment is prescription eye drops. Taken as prescribed and put in your eyes properly, eye drops are generally effective at controlling eye pressure. It can be challenging to remember these treatment requirements multiple times a day, every day, to help prevent vision loss.

Care can be costly. This can include the ongoing cost of medications, office visits, diagnostic testing, and surgery, as well as budgeting for costs that may increase over time.

Understanding insurance coverage options and selecting the proper plan can allow you to have access to the treatments that support quality care for your glaucoma.

Selecting the right insurance coverage is important for people living with glaucoma to receive the medications and treatments they need to manage their condition.

Questions to Ask Yourself When Selecting Coverage

- What does the insurance plan cover?
- How much does the plan cost?
- What are the plan's limitations?
- Is my current doctor covered by this plan?
- What is this plan's prescription drug coverage like?
- Can I reduce my out-of-pocket responsibility?

Insurance Coverage and Your Glaucoma Care

MEDICARE

A federal government health insurance program for people 65 years of age or older and younger people with disabilities. The four parts of Medicare cover specific services. Understanding Medicare options is important so that your plan covers what is most beneficial to you.

Part A—Hospital coverage

Covers inpatient hospital treatments. However, most glaucoma treatments, including surgery, are considered outpatient procedures, and are likely covered under Part B. You will be automatically enrolled in Part A when you apply, and most people don't have to pay a premium for Part A.

Part B—Doctor and outpatient services

Covers doctor visits, lab tests, diagnostic screenings, medical equipment, and other outpatient services. Participants are responsible for an annual deductible and a percentage of the bills for doctor visits and other outpatient services. This can include laser procedures or eye surgeries to treat glaucoma, where patients go home the same day.

Additionally, if patients are at a high risk for developing glaucoma annual tests are covered. Medicare considers patients high risk if they:

- have diabetes
- have a family history of glaucoma
- are Black and over 50 years old
- are Hispanic and over 65 years old

Parts A and B typically require people to pay 20% out-of-pocket for covered services. Therefore, many people enrolled choose to have a supplement plan to help cover their out-of-pocket costs.

Part C—Medicare Advantage

Private insurance companies sell Part C
Medicare Advantage plans as an alternative to
Medicare Parts A and B. Plans bundle together
coverage from various parts of Medicare Parts
A and B and require cost sharing with the
person enrolled in the plan. Part C cost sharing
and premiums can vary by plan and can change
every year. Part C plans offer the same level
of coverage as original Medicare, so they will
cover glaucoma screenings and treatments.
Plans may offer extra vision care benefits, but
a Part C Medicare Advantage plan might also
mean needing to go to a doctor in the plan's
network.

Part D—Prescription drugs

Covers prescription drugs, including eye drops for treating glaucoma. Part D plans generally have premiums and other out-of-pocket costs, so patients should check their plan's list of covered medications to get an idea of what copay costs will look like.

MEDICAID

Joint federal and state program that helps cover medical costs for people with limited income and resources. Each state runs its own program, meaning eligibility requirements and benefits can vary from state to state.

COMMERCIAL INSURANCE

Commercial or private health insurance often comes through an employer-sponsored health insurance plan but can also be bought through the Affordable Care Act (ACA) marketplace.

Each plan offers different ways to balance costs and flexibility. For Health Maintenance Organizations (HMO) plans, participants must go to specific in-network doctors, and usually need a referral from their main doctor. With Preferred Provider Organization (PPO) plans, participants can go to more doctors without a referral, but specialists may cost more. With High-Deductible Health (HDHP) Plans, participants may pay more out-of-pocket, but their monthly bill might be lower.

Along with qualifying HDHP plans, employers may choose to offer a health savings account (HSA), which doesn't expire and allows employees to use pretax money to fund the account. Another option is a flexible spending account (FSA), where employees can contribute a percentage of their pretax earnings to pay for qualified medical expenses during the year, but employers will take back any unspent funds.

The ACA marketplace, or the ACA exchanges, allows participants to compare available plans and purchase insurance through HealthCare.gov. These plans may offer premium tax credits and subsidies based on household income. There are four types of health plans offered and each plan has a monthly premium that participants pay out of pocket, and that may be reduced by a premium subsidy. For care outside of covered preventive health services, there will be out-of-pocket costs before the insurance company begins to pay. Bronze plans have the lowest monthly premiums, but the highest costs for getting care.

Support in Obtaining Quality Care

There are two types of eye doctors—ophthalmologists and optometrists. People often see an optometrist first. If additional care is needed, people will see an ophthalmologist, who can treat complicated eye problems with surgery or other procedures. There are also many patient advocacy organizations offering education and support for people living with glaucoma throughout their treatment journey.

Living with and managing glaucoma can be complex.

Talk with your doctor about your treatment options and selecting the right coverage to ensure your plan fits your individual needs.

