COUNTYCARE COVERS LASIK

CountyCare has become the first and only Medicaid plan in Illinois that covers LASIK surgery. See below for more information.

Your eye care provider MUST fill in the LASIK provider evaluation form and send it back to CountyCare for you to be considered for LASIK.

What is LASIK surgery?

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Who's eligible?

Lo have LASIK, you must be between 21 and 50 years of age and in good general health. You will go ĊÃþÚē»Ã [Ö §Ĝ§ §ě[Ñ [Ö} [þ§´þ[sĊÆę§ §ě[Ñ ĊÚ }§Ċ§þÑÆÖ§ Æ´ ĜÚē [þ§ [s[Ö}Æ}[Ċ§î ?ÖÍĜ [Ċþ[ÆÖ§} §Ĝ§ care doctor can tell you if you are a candidate for LASIK surgery. You must also be a CountyCare Ñ§Ñ i§þ ĊÃ§ }[Ĝ Ú´ āēþ»§þĜ for it ĊÚ i§ sÚę§þ§}î

Patients who might be eligible:

- Are 21 to 45 years old
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- Have no active eye conditions which may affect healing
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-) Ú ÖÚĊ Ã[ę§ ā§ę§þ§ }þĜ §Ĝ§ Úþ [}ę[Ös§} »Í[ēsÚÑ[
- Are not pregnant or nursing
- Do not have uncontrolled diabetes
- Have corneal thickness of more than half a millimeter
- Have manifest refraction (using positive cylinder) that is between -6 or +5
- Not receiving hormonal therapy of any kind (excluding birth control)

Think you may qualify? Here's what to do next:

1. Print the LASIK evaluation form below.
2. Make an appointment for a general eye exam with an eye doctor who is in the CountyCare network.
3. Fill out the first page of the LASIK evaluation form and bring it with you to ĜÚēþ [ééÚÆÖĊÑ§ÖĊî
4. Give the form to your doctor, who will fill out the second page and send ÆĊ i[sÌ Ċo CountyCare.

If no issues come up on your first eye exam, you will be contacted to ssÃ§}ēÍ§ [r§´þ[sĊÆę§ eĜ§ §ě[Ñî LÃÆā Æā [éþ§Åāēþ»§þĜ §ě[Ñ ĊÚ }§Ċ§þÑÆÖ§ Æ´ : l J39 Æā þÆ»ÃĊ ´Úþ ĜÚēî

Call CountyCare member services at 312-864-8200 for details or if you have questions.

LASIK EVALUATION FORM

Attention Member: Please fill out this side of the form before going to your eye care provider. Your eye care provider must fill out the next page.

First and Last Name

Date of Birth

Preferred Phone

Preferred Email

Member ID

Preferred LASIK procedure location ☐ Stroger Hospital ☐ Provident Hospital ☐ Other provider

Why are you interested in getting LASIK or PRK (Laser Vision Correction)?

Do you understand and accept that laser vision correction may only reduce dependence on glasses and/or contact lenses, and these may be required after the procedure? Yes ☐ No ☐

Do you understand that LASIK does not eliminate the need for reading glasses? Yes ☐ No ☐

Like all surgical procedures, LASIK has the risk of complications, and even complication-free procedures can result in less than 20/20 vision. Do you understand this, and are you willing to become educated about those risks, accept a reasonable risk, and comply with a schedule of post-surgery medications and follow-up exams so that the procedure can be performed for you in the safest manner? Yes ☐ No ☐

How old are the glasses you are currently using?

Has your glasses prescription significantly changed in the past year or two? Yes ☐ No ☐

If yes, please explain:

What medical problems do you have or have you had in the past?

Do you have diabetes? Yes ☐ No ☐

If yes, is it well-controlled?

Do you have an autoimmune disease (for example, lupus, rheumatoid arthritis, multiple sclerosis, or myasthenia gravis)? Or, do you have collagen vascular disease? Yes ☐ No ☐

Are you aware that you are immunocompromised for any reason (e.g., HIV)? Yes ☐ No ☐

Are you currently breastfeeding, pregnant, or planning to become pregnant within the next six months? Yes ☐ No ☐

Please list all medications you have taken in the last six months.

Are you taking steroids, immunosuppressants, chemotherapy, or Imitrex (sumatriptan)? Yes ☐ No ☐

Are you taking isotretinoin or other acne medication? Or, did you use this in the past 6 months? Or, do you have the intention to use it in the next 6 months? Yes ☐ No ☐

Are you receiving hormonal therapy (excluding birth control)? Yes ☐ No ☐