JERVEY EYEGROUP
Our Mission: Your Best Vision

Cataract Surgery and Lens Implant Options
A Patient Guide to Understanding Your Choices

Part 1: Understanding Cataracts and Vision Changes

What Is a Cataract?

Inside your eye is a natural lens that helps focus light so you can see clearly. When you are young, this lens is clear and flexible. Over time, normal aging causes two important changes:

- The lens becomes stiff — this affects near vision and is called **presbyopia**
- The lens becomes cloudy — this is called a **cataract**

A cataract can cause:

- Blurry or dim vision
- Increased glare or halos around lights
- Trouble driving at night
- Colors appearing faded or yellowed

Glasses may help early on, but once a cataract becomes significant, surgery is the only way to remove it.

When Is Cataract Surgery Needed?

Cataract surgery is recommended when the vision problems related to the cataract interfere with daily activities such as driving, reading, working, or enjoying hobbies. This timing varies for each individual.

During cataract surgery:

- The cloudy natural lens is removed
- A clear artificial lens, called an **intraocular lens (IOL)**, is implanted in its place

Part 2: Vision Issues That Affect Lens Choice

What Is Astigmatism?

Astigmatism occurs when the front surface of the eye (the cornea) is shaped more like a football than a basketball. This prevents light from focusing sharply and can cause blurry or distorted vision at all distances without correction.
Astigmatism can be corrected:

- With glasses or contact lenses
- During cataract surgery using special techniques or lenses

What Is Presbyopia?

Presbyopia is the normal loss of near focusing ability that usually begins in the 40s. It is the reason most people eventually need reading glasses or bifocals.

After cataract surgery:

- Everyone has presbyopia, because the natural lens is removed
- Near and distance vision without glasses is then dependent on the type of IOL chosen

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How Is the IOL Prescription Determined?

Before cataract surgery, a special pre-operative visit is scheduled to take detailed measurements of your eyes. These measurements are used with advanced computer formulas to select the intraocular lens (IOL) power that is most likely to give you the desired vision after surgery.

Because these calculations are based on predictions of how each eye will heal, the final vision may not match the prediction exactly. Small variations are normal.

Some eyes are more difficult to predict accurately, including:

- Eyes that have had prior refractive surgery such as LASIK, PRK, or RK
- Eyes that are very nearsighted or very farsighted
- Eyes with irregular corneas or significant dry eye

If you wear contact lenses, they must be left out for a period of time before these measurements are taken, as contacts can temporarily change the shape of the eye. This is usually at least one week, but may be longer depending on the type of contact lenses you wear. Be sure to discuss this with your surgeon ahead of time.

Part 3: Lens Implant Options- From Basic to Advanced

There is no single best lens for everyone. The best choice depends on:

- Your eyes
- Your lifestyle
- Your desire to reduce dependence on glasses
- Your comfort with visual trade-offs
- Your willingness and ability to cover extra out of pocket expense

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Option 1: Basic Monofocal Lens

What it does

- Focuses at one distance only (distance *or* near, based on your choice)
- Does not correct astigmatism

What to expect

- Clearer vision after cataract removal
- The amount of improvement depends on how severe the cataract was
- Glasses still needed for:
    - Reading or computer work (if distance target)
    - Distance or computer work (if near target)
    - Possibly all distances if astigmatism is present

Astigmatism

- Not corrected by the lens
- Glasses required depending on amount of astigmatism

Best for

- Patients comfortable wearing glasses
- Patients who want the simplest option

Option 2: Astigmatism-Correcting (Toric) Lens

What it does

- Corrects astigmatism at the time of surgery
- Focuses at one distance only (distance *or* near, based on your choice)
- Improves clarity of vision without glasses for the chosen distance

What to expect

- Clearer vision after cataract removal
- The amount of improvement depends on how severe the cataract was
- Clearer vision without glasses compared to a basic lens for patients with astigmatism
- Glasses still needed for:
    - Reading or computer work (if distance target)
    - Distance or computer work (if near target**)**

Best for

- Patients with moderate to high astigmatism
- Patients who want improved vision without glasses

Option 3: Multifocal or Extended Depth of Focus (EDOF) Lens

What it does

- Designed to provide both distance and near vision in the same eye without glasses
- Reduces dependence on glasses for most daily activities
- Splits the light coming in to allow multiple ranges of focus

What to expect

- Many tasks can be done without glasses at distance, intermediate, and near
- Some patients notice glare or halos around lights at night, typically less than what was present from cataracts before surgery
- Vision may be slightly less sharp in dim lighting

Astigmatism

- Can also be corrected at the same time with toric versions of these IOLs

Best for

- Patients motivated to reduce their need for glasses as much as possible
- Patients comfortable with possible mild night-time visual effects
- Patients without other significant eye issues that may limit their vision

Option 4: Light Adjustable Lens (LAL)

What Makes the Light Adjustable Lens Different?

The Light Adjustable Lens (LAL) is the only lens that allows your vision to be adjusted **after surgery**, once the eye has healed and you are using your vision in daily life.

Instead of locking in the lens power before surgery, the LAL allows your doctor to fine-tune your vision afterward using special light treatments performed in the office.

LAL and Astigmatism

- The LAL can correct astigmatism
- Adjustments allow for very precise fine-tuning
- This is helpful because healing can affect astigmatism unpredictably

How the LAL Provides Distance and Near Vision

Vision can be adjusted for:

- Distance vision
- Near vision
- Blended vision (one eye more for distance, one more for near; sometimes called monovision)

Trying Blended Vision Before Making It Permanent

With the LAL:

- Blended vision can be tested after surgery
- You can experience it in real-life situations such as reading, driving, and computer use
- If you like it, the setting is locked in
- If you do not like it, the lens can be adjusted again

This ability to “try before deciding” is **unique to the LAL**.

Adjustment Process

- After the eye has healed, starting 3-4 weeks after surgery, light treatments are performed in the office
- Vision can be adjusted up to 3 times to reach the best result
- Once the desired vision is achieved, the lens is permanently locked in

During this adjustment period, **UV-protective glasses must be worn** until the final lock-in is complete.

Benefits of the Light Adjustable Lens

- Highest level of precision and customization
- Ability to fine-tune astigmatism
- Ability to safely test blended vision
- Reduced dependence on glasses for many patients

Best for

- Patients who want maximum accuracy
- Patients unsure whether blended vision is right for them
- Patients who want flexibility and customization
- Patients whose IOL calculations are likely to be less predictable

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Part 4: Understanding Insurance Coverage and Billing

What Does Insurance Cover?

Most insurance plans, including Medicare, cover **medically necessary cataract surgery**, which includes:

- The surgeon's fee
- The surgical facility fee
- Anesthesia fee
- A **basic monofocal intraocular lens**

These charges are billed **directly to your insurance**. You are responsible for any applicable deductible, copay, or coinsurance required by your plan.

What Are Elective (Out-of-Pocket) IOL Charges?

Advanced lens options — such as **toric lenses, multifocal/EDOF lenses, and the Light Adjustable Lens** — include features that go beyond what insurance considers medically necessary.

Because of this:

- **Insurance does not cover the additional cost of these lenses**
- The **extra fee is separate** from the cataract surgery charges
- This cost is paid **out of pocket by the patient**

The elective IOL fee typically covers:

- The advanced lens itself
- Additional measurements and technology needed for planning and insertion
- Extra surgical planning, time, and expertise
- Postoperative adjustments and lock-in procedures with LAL

Important to Know

- Choosing an elective IOL **does not change** your insurance coverage for the cataract surgery itself
- You will still receive insurance billing for the surgery
- The elective lens fee is **in addition to**, not instead of, insurance-covered charges

Final Thoughts

Cataract surgery is not only about removing a cloudy lens — it is an opportunity to improve how you see in everyday life.

Each lens option has advantages and limitations. None of the IOL options will make your eye healthier, the different options just impact in what situations you will need to wear glasses. Understanding both **vision outcomes and billing differences** helps you make an informed, confident decision.

Your surgeon and surgical team will guide you through these options and help you choose the lens that best fits your **eyes, lifestyle, and visual goals**.

Frequently Asked Questions (FAQ)

1. Is cataract surgery covered by insurance?

Yes. Cataract surgery is considered medically necessary and is usually covered by insurance, including Medicare. Coverage typically includes the surgeon's fee, facility fee, anesthesia, and a **basic monofocal lens**. You will still be responsible for deductibles, copays, or coinsurance based on your plan.

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2. Why do some lens options cost extra?

Insurance only covers the lens needed to remove the cataract and restore basic vision. **Advanced lens options** provide additional features—such as astigmatism correction, improved near vision, or adjustability after surgery—that are considered elective. Because these features go beyond standard coverage, they require an **out-of-pocket fee**.

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3. Is the elective lens fee the total cost of surgery?

No. The elective lens fee is **separate from the surgery charges**.
Your cataract surgery itself is billed to insurance, while the advanced lens upgrade is paid out of pocket.

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4. What does the out-of-pocket lens fee include?

The elective lens fee may include:

- The advanced intraocular lens
- Additional pre-operative testing and measurements
- Specialized surgical planning and technology
- Extra surgical time or techniques
- Post-operative care specific to the lens (including adjustments for the Light Adjustable Lens)

5. If I choose a basic lens, will I still see better?

Yes. Removing the cataract and implanting a basic monofocal lens usually results in **clearer vision** compared to before surgery. The amount of improvement compared to before surgery depends on how bad the cataract was, and glasses are typically still needed for best vision with reading, computer, and distance vision. Vision without glasses with a basic IOL will depend on how much astigmatism is present.

6. Will advanced lenses eliminate the need for glasses?

Advanced lenses can **reduce dependence on glasses**, but no lens can guarantee complete freedom from glasses in all situations. Results vary based on eye health, healing, and personal visual needs. All IOL options are very good, but none are perfect.

7. Are advanced lenses safe?

Yes. All lenses offered are FDA-approved and widely used. Each lens type has benefits and potential trade-offs, which your surgeon will review with you to determine what is appropriate for your eyes.

8. What are glare and halos, and should I be concerned?

Patients with multifocal IOLs will often notice halos around lights at night. These are in most cases not a major limitation, and most patients adapt over time. But not everyone is bothered in the same way, and your lifestyle and night-time visual needs should be part of the decision-making process.

9. What is blended vision or monovision, and do I have to choose it before surgery?

Blended vision or monovision means setting one eye for distance vision and the other for intermediate or near vision. With most lenses, this choice is permanent once surgery is done.
The **Light Adjustable Lens** is unique because it allows you to **try blended vision after surgery** and adjust it before making it permanent.

10. Can I change my mind about the lens after surgery?

With most lenses, the choice is permanent.
The **Light Adjustable Lens** is the exception—it allows adjustments after surgery before the final lock-in.

11. How do I know which lens is right for me?

There is no single “best” lens for everyone. The right choice depends on:

- Your eye measurements and eye health
- Your daily activities and hobbies
- Your tolerance for visual trade-offs
- Your desire to reduce dependence on glasses

Your surgeon and staff will help guide you through the options.

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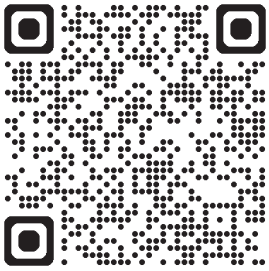
12. Will someone review costs with me before surgery?

Yes. Our team will review **both insurance-covered charges and any elective out-of-pocket costs** in advance, so you can make an informed decision with no surprises.



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