

**Blue Cross Blue Shield FEP Vision
Section 5 Vision Services and Supplies**

Diagnostic

Benefit Description

Vision Care Exam: covered in full once every calendar year.

- Includes dilation, if professionally indicated
- Includes refraction only if vision health exam is billed to medical

BCBS FEP Vision doctors provide a comprehensive exam that focuses on your eye health and overall wellness

High Option – You Pay

In-Network: Nothing

Out-of-Network: Expenses in excess of the fee schedule allowance of \$30

Standard Option – You Pay

In-Network: Nothing

Out-of-Network: All charges

Benefit Description**Retinal Imaging****High Option – You Pay**

In-Network: \$39 copay

Out-of-Network: All charges

Standard Option – You Pay

In-Network: \$39 copay

Out-of-Network: All charges