

**Blue Cross Blue Shield FEP Vision
Summary of Benefits**

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- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- We offer additional benefits for children age of 13 and under as well as members with specific conditions (e.g. diabetes, hypertension) see full details in Section 5.
- We offer an additional \$50 frame allowance if you utilize a MyEyeDr. location.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

Covered Services In-Network

Vision Care Exams (a comprehensive exam that focuses on your eye health and overall wellness)

High Option You Pay: Nothing

Standard Option You Pay: Nothing

Page: 15 [[Diagnostic](#)]

Standard Eyeglass Lenses (Contact lenses may be obtained in lieu of glasses) Optional Lens Treatments

High Option You Pay: Nothing. Some additional copays

Standard Option You Pay: \$10, Some additional copays

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Frame Allowance - Collection Frames:

High Option You Pay: Nothing

Standard Option You Pay: Nothing

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Frame Allowance - Frame Allowance

High Option You Pay: Any amount over the \$200 Plan allowance after a 20% discount. At MyEyeDr. you pay any amount over \$250 frame allowance. 20% discount does not apply.

Standard Option You Pay: Any amount over the \$140 Plan allowance after a 20% discount. At MyEyeDr. you pay any amount over \$190 frame allowance. 20% discount does not apply.

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Contact Lenses

High Option You Pay: Any amount over the \$150 Plan allowance after a 15% discount For Non-Specialty contact lenses the Evaluation, Fitting and Follow-up care are covered in full at network

providers. Standard Option You Pay: Any amount over the \$140 Plan allowance after a 15% discount
Page: 16-17 [[Contact Lenses](#)]

Laser Vision Correction

High Option You Pay: The provider's charge after the negotiated discount

Standard Option You Pay: The provider's charge after the negotiated discount

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See Section 4, Your Cost for Covered Services, for the Out-of-Network benefits available under High Option. See Section 5, Vision Services and Supplies for complete benefit information