

Blue Cross Blue Shield FEP Vision
Section 4 Your Cost for Covered Services

Out-of-Network Services

If you are enrolled in Standard Option, you must stay in-network for covered services. If you receive care from a non-participating provider, we will not pay for any services unless you reside in a limited access area.

If you are enrolled in High Option, you'll get more out of your coverage and pay lower out-of-pocket costs when you see a BCBS FEP Vision network doctor. Plus, there are no claim forms to submit when you see an in-network doctor. When you visit an out-of-network provider, you will be reimbursed according to the schedule shown in the chart below. You will be responsible for charges billed over the amounts shown.

Services/Material: Vision Care Exam

We Pay: Up to \$30

Services/Material: Single Vision Lenses

We Pay: Up to \$25

Services/Material: Bifocal Lenses

We Pay: Up to \$35

Services/Material: Trifocal Lenses

We Pay: Up to \$45

Services/Material: Lenticular Lenses

We Pay: Up to \$45

Services/Material: Elective Contact Lenses

We Pay: Up to \$75

Services/Material: Medically Necessary Contact Lenses

We Pay: Up to \$225

Services/Material: Frames

We Pay: Up to \$30

Please see Section 3, How You Obtain Care, for more information.