

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

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**Out-of-Network Services**

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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.