

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

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**Medical Condition Benefit**

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This benefit provides additional coverage to members who have been diagnosed with the following conditions: Diabetes, Hypertension, Kidney Disease, Dementia, Pregnancy, HNCRT (Head

**In-Network Only** – High Option and Standard Option

One additional vision care exam covered in full every calendar year

If prescription changes, one additional pair of lenses covered in full for High Option members, \$10 copay for Standard Option members. The prescription must have changed at least a 0.5 diopter or the seg height changed at least a 5.0 millimeter, or lens type changed, e.g. (from single vision to bifocal).

**Pre-authorization is required.**