

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

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**Child Benefit**

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This benefit applies to children 13 years of age and under.

**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 and one additional pair of frames – collection frames covered in full, non-collection frames subject to allowance, plus a 20% discount on any amount over the allowance at independent providers.

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 may be required.**