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

Contact Lenses

Benefit Description

Contact Lenses: covered once every calendar year – in lieu of eyeglasses.

*Note: Additional discounts are available from in-network independent providers. In-network national and online retailers do not offer the discount.

****Note: Pre-authorization may be required.**

High Option – You Pay
In-Network: Expenses in excess of a $150 allowance. Additionally, a 15% discount applies to any amount over $150.*

The $150 allowance is for contact lens materials only and must be used all at one time.

The evaluation, fitting and follow-up care is covered in full for Non-Specialty contact lenses. For Specialty lenses (including, but not limited to, toric, multifocal and gas permeable lenses), you receive $60 toward the contact lens evaluation and fitting, plus a 15% discount off the balance over $60*. Participating providers will bill you for anything over $60 less the discount.

Expenses in excess of $600 for medically necessary contact lenses.**

Out-of-Network: Expenses in excess of fee schedule allowance of:
$75 elective contact lenses
$225 medically necessary contact lenses

Standard Option – You Pay
In-Network: Expenses in excess of a $140 allowance. Additionally, a 15% discount applies to any amount over $140.*

The $140 allowance is for contact lens materials only and must be used all at one time.

The evaluation, fitting and follow-up care is covered with a $55 copay for non-specialty contact lenses, plus a 15% discount off the balance.

Participating providers will bill you for anything over $55, less the discount.

Expenses in excess of $600 for medically necessary contact lenses.**

Out-of-Network: All charges