

**Blue Cross Blue Shield FEP Vision
Summary of Benefits**

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- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- We offer additional benefits for children age of 13 and under as well as members with specific conditions (e.g. diabetes, hypertension) see full details in Section 5.
- We offer an additional \$50 frame allowance if you utilize a MyEyeDr. location.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.gov or call 1-877-888-FEDS (1-877-888-3337), TTY: 711, International: 1-571-730-5942.

Covered Services In-Network

Vision Care Exams (a comprehensive exam that focuses on your eye health and overall wellness)

High Option You Pay: Nothing

Standard Option You Pay: Nothing

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Standard Eyeglass Lenses (Contact lenses may be obtained in lieu of glasses)

High Option You Pay: Nothing

Standard Option You Pay: \$10

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Optional Lenses and Treatments

High Option You Pay: Nothing for Transitions®, Polycarbonate Lenses, Standard Progressives Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.

Standard Option You Pay: Nothing for Polycarbonate Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.

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Frame Allowance - Collection Frames:

High Option You Pay: Nothing

Standard Option You Pay: Nothing

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Frame Allowance

High Option You Pay: Any amount over the \$200 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over \$250** frame allowance. 20% discount

does not apply.

Standard Option You Pay: Any amount over the \$140 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over \$190** frame allowance. 20% discount does not apply.

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Contact Lenses

High Option You Pay: Any amount over the \$150 Plan contact lenses allowance after a 15% discount at independent providers. The \$150 allowance is for contact lens materials only and must be used all at one time. For Non-Specialty contact lenses evaluation, fitting and follow-up care are covered in full at network providers. For Specialty lenses you receive a \$60 allowance at in-network providers.

Standard Option You Pay: Any amount over the \$140 Plan contact lenses allowance after a 15% discount at independent providers. The \$140 allowance is for contact lens materials only and must be used all at one time. For Non-Specialty contact lenses evaluation, fitting and follow-up care you pay a \$55 copay at network providers.

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Laser Vision Correction

High Option You Pay: The provider's charge after the negotiated discount

Standard Option You Pay: The provider's charge after the negotiated discount

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See Section 4, Your Cost for Covered Services, for the Out-of-Network benefits available under High Option. See Section 5, Vision Services and Supplies, for complete benefit information.