

Diagnostic

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

Diagnostic

Benefit Description

Vision Care Exam: covered in full once every calendar year.

- Includes dilation, if professionally indicated
- Includes refraction only if vision health exam is billed to medical; an EOB from medical insurance is required.

BCBS FEP Vision doctors provide a comprehensive exam that focuses on your eye health and overall wellness

High Option – You Pay

In-Network: Nothing

Out-of-Network: Expenses in excess of the fee schedule allowance of \$30

Standard Option – You Pay

In-Network: Nothing

Out-of-Network: All charges

Benefit Description

Retinal Imaging

High Option – You Pay

In-Network: \$29 copay

Out-of-Network: All charges

Standard Option – You Pay

In-Network: \$29 copay

Out-of-Network: All charges