

Contact Lenses

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 is 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 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 the \$60 less the discount so you do not have to file a claim.

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

Participating providers will bill you for anything over the \$55, less the discount, so you do not have to file a claim.

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

Out-of-Network: All charges