Document Number: V24.05.1 Chapter: Blue Cross Blue Shield FEP Vision - 2024

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

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: \$39 copay Out-of-Network: All charges

Standard Option - You Pay

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In-Network: \$39 copay

Out-of-Network: All charges