

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 cost of the evaluation, fitting and follow-up care is **not** covered. The remaining balance of a \$140 allowance after purchasing contact lenses may be applied toward the cost of evaluation, materials,

fitting, and follow up care.

Participating providers usually charge separately for the evaluation, fitting, or follow-up care relating to contact lenses. When this occurs and the value of the Contact Lenses received is less than the allowance, you may submit a claim for the remaining balance (the combined reimbursement will not exceed \$140).

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

Out-of-Network: All charges