Out-of-Network Services

If you are enrolled in Standard Option, you must stay in-network for covered services. If you receive care from a non-participating provider, we will not pay for any services unless you reside in a limited access area. Please see details described in Section 3, How You Obtain Care, for information on limited access area.

If you are enrolled in High Option, you'll get more out of your coverage and pay lower out-of-pocket costs when you see a BCBS FEP Vision network provider. Plus, there are no claim forms to submit when you see an in-network provider. When you visit an out-of-network provider, you will be reimbursed according to the schedule shown in the chart below. Only items listed in the chart below are reimbursable. You will be responsible for charges billed over the amounts shown.

Services/Material: Vision Care Exam/Refraction Exam only
We Pay: Up to $30

Services/Material: Single Vision Lenses
We Pay: Up to $25

Services/Material: Bifocal Lenses
We Pay: Up to $35

Services/Material: Trifocal Lenses
We Pay: Up to $45

Services/Material: Lenticular Lenses
We Pay: Up to $45

Services/Material: Elective Contact Lenses
We Pay: Up to $75

Services/Material: Medically-Necessary Contact Lenses
We Pay: Up to $225

Services/Material: Frames
We Pay: Up to $30