Blue Cross Blue Shield FEP Vision®

www.bcbsfepvision.com

1-888-550-BLUE (2583)

2027

A PPO Vision Plan, available nationwide and overseas

IMPORTANT
- Rates: Back Cover
- Changes for 2027: Page 5
- Summary of Benefits: Page 27

Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self and Family

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-328, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of Blue Cross Blue Shield FEP Vision under the Blue Cross and Blue Shield Association's contract OPM02-FEDVIP-02AP-04 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Blue Cross Blue Shield FEP Vision
PO Box 507
Troy, NY 12181

1-888-550-BLUE (2583)
TTY: 1-800-523-2847
www. bcbsfepvision.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations and exclusions of this brochure. It is your responsibility to be informed about your benefits. You, and your family members, do not have a right to benefits that were available before January 1, 2027, unless those benefits are also shown in this brochure.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated eligible family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

BCBS FEP Vision is responsible for the selection of in-network providers in your area. Contact us at 1-888-550-BLUE (2583) or TTY: 1-800-523-2847 for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our website at **www. bcbsfepvision.com**. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you can nominate them to join. Nomination forms are available on our website or call us and we will take your nomination over the phone. You cannot change plans, outside of open season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. **Please be aware that the BCBS FEP Vision network is different from the network of your health plan.**

This BCBS FEP Vision plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program / Postal Service Health Benefits (PSHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, www. bcbsfepvision.com and then click on the "Privacy, Legal, and Forms" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 1-888-550-BLUE (2583) or TTY: 1-800-523-2847.

Discrimination is Against the Law

BCBS FEP Vision complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, BCBS FEP Vision does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

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FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information.
Enroll Through BENEFEDS	You enroll online at www.BENEFEDS.gov. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; e.g., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2026 Open Season, your coverage will begin on January 1, 2027. Premium deductions will start with the first full pay period beginning on/after January 1, 2027. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
Annual Enrollment Opportunity	Each year, an open season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, open season runs from November 9, 2026, through midnight Eastern time December 14, 2026. You do not need to re-enroll each open season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.

How We have Changed For 2027

New for 2027!

Standard Option

- We have increased our frame allowance to $160.00. At all MyEyeDr. locations, the frame allowance is $210.

Expanding Provider Network

- We now offer access to over 245,000 eye care providers nationwide, plus many popular online retailers including Warby Parker. Find a provider near you at www. bcbsfepvision.com/providers.

Enhancing our Commitment to our Members

- We have updated our Exclusive Collection of frames with 40 new fashion-forward frames designed for every face. Members have special access to the Exclusive Collection, featuring more than 200 frames available at no cost through thousands of participating in-network independent providers. To find a provider that offers the Exclusive Collection, look for the eyeglass icon in the "Find Care" directory. Members can also explore the latest Exclusive Collection styles, including new color palettes, specialty sizing, and low-bridge fits for adults and children, using the Virtual Try-On Tool at **www. bcbsfepvision.com/frametryon.**

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB), the Postal Service Health Benefits (PSHB) Program or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation. Enrollment in the FEHB/PSHB Program or the Health Insurance Marketplace (Exchange) is not required.

Temporary/Seasonal Employees

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are now eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS), or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement, if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB/PSHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

TRICARE-eligible individual

An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan.

Retired members of the uniformed services and National Guard/Reserve components, including "gray-area" retirees under age 60 and their families are eligible for FEDVIP dental coverage. These individuals, if enrolled in a TRICARE health plan, are also eligible for FEDVIP vision coverage. In addition, uniformed services active-duty family members who are enrolled in a TRICARE health plan are eligible for FEDVIP vision coverage.

Family Members

Except with respect to TRICARE-eligible individuals, family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. FEDVIP rules and FEHB/PSHB rules for family member eligibility are **NOT** the same.

For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in your legal custody by a court. An unremarried former spouse who meets the U.S. Department of Defense's 20-20-20 and/or 20-20-15 benefit eligibility requirements may only enroll in a self-only FEDVIP vision plan. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB/PSHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB/PSHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active-duty uniformed service members. **Note:** If you are an active-duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).
- Temporary/seasonal employees who do not meet the 130 hours per calendar month for 90 days.

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.gov) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (3337), TTY: 711, International: 1-571-730-5942 to enroll or change your enrollment.

If you are currently enrolled in a FEDVIP vision plan and want to switch to BCBS FEP Vision, you must change enrollment through BENEFEDS. If you do not want to change plans or options, your enrollment will continue automatically. Please note: your plan's premiums may change for 2027.

Note: You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; e.g., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee, annuitant, or TRICARE-eligible individual (TEI), you may enroll in a dental and/or vision plan during the November 9, 2026, through midnight Eastern time December 14, 2026, Open Season. Coverage is effective January 1, 2027.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;
- an employee returning to service following a break in service of at least 31 days; or
- a TRICARE-eligible individual

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Opportunities to Enroll or Change Enrollment

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area.
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either a dental or a vision plan, you cannot change or cancel that particular enrollment until the next open season, unless you experience a QLE that allows such a change or cancellation.

VA Exception for Cancellation

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post-tax basis by contacting BENEFEDS at 1-877-888-FEDS (3337), TTY: 711, International: 1-571-730-5942.

When Coverage Stops

Coverage ends for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when:

- you no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- as a Retired Reservist you begin active duty;
- a sponsor or primary enrollee leaves active duty;
- you begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- you are making direct premium payments to BENEFEDS and you stop making the payments;
- it is the last day of the pay period for which BENEFEDS received premium following the loss of eligibility;
- you cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in a FSAFEDS Health Care Flexible Spending Account (HCFSA), Limited Expense Health Care Flexible Spending Account (LEX HCFSA), or any flexible spending account, you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31 of the plan year, FSAFEDS can automatically carry over a set maximum amount of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your re-enrollment must meet the minimum contribution amount for the plan year. If you do not re-enroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31, your funds will not be carried over.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.

See www.fsafeds.gov or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. **Note: FSAFEDS is not open to retired employees or to TRICARE-eligible individuals.**

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB/PSHB and/or FEDVIP plans.

Section 3 How You Obtain Care

Identification Cards/Enrollment Confirmation

Two ID cards are issued for new members, regardless of coverage option. Existing members are not issued new ID cards; the current ID cards are still valid. If additional or replacement cards are needed, you may request them through our website, www.bcbsfepvision.com, or call us at 1-888-550-BLUE (2583) or TTY: 1-800-523-2847. All eligible dependents listed on your enrollment share your identification number. You do not need an ID card for each member of your family. You can view your ID card online in our member portal at www.bcbsfepvision.com/portal, view it in our mobile app or contact customer service to verify your eligibility in the plan.

Plan Providers

We list in-network plan providers in the provider directory, which is updated frequently. The most current list can be found on our website at www.bcbsfepvision.com. It is your responsibility to ensure that the provider chosen is an active participant in the program, at the time you receive services. **The BCBS FEP Vision network (administered by Davis Vision) is specific to routine vision care and is different from the network for your medical plan**.

In some cases, due to local regulations or business practices, the doctor may be independent of the retail location. You should confirm that both the doctor and the retail location are participating prior to seeking services.

In-Network

We negotiate rates with vision care providers to help save you money. BCBS FEP Vision in-network providers are referred to as participating providers and are contracted through Davis Vision. When scheduling an appointment, you should identify yourself as a member of the FEDVIP BCBS FEP Vision plan. The provider is then responsible for verifying eligibility and submitting the claim by contacting BCBS FEP Vision either by telephone or via the web. If you use a participating provider to obtain covered care, benefits are paid at the in-network level. You are responsible for amounts over the plan allowance, lens copays, and optional lens treatment copays.

BCBS FEP Vision also offers several in-network online options such as: warbyparker.com, contactsdirect.com, 1800contacts.com, glasses.com, lenscrafters.com, targetoptical.com, and visionworks.com. Check our website at www.bcbsfepvision.com for additional options.

Under 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 Section 4, Your Cost For Covered Services.

Out-of-Network

Under High Option, you may obtain care from any licensed eye care provider. If the provider you use is not part of our network, benefits will be considered out-of-network. Because these providers are out of the BCBS FEP Vision network, we will reimburse you up to the maximum reimbursement amount allowed by the plan (see fee schedule allowances as described in Section 4, Your Cost For Covered Services). You are responsible to pay the out-of-network provider and then submit a claim along with an itemized receipt to receive your reimbursement (see Section 8, Claims Filing and Disputed Claims Processes, for information).

Under 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 Section 4, Your Cost For Covered Services.

Pre-Authorization

Participating providers may be required to obtain pre-authorization for:

- Medically-necessary contact lenses in the treatment of certain eye health conditions.
- The treatment of low vision.
- The child benefit for children 13 and under if their prescription changes.
- The condition benefit for members with certain conditions (diabetes, hypertension, kidney disease, dementia, pregnancy, HNCRT (Head and Neck Cancer Patients with Radiation Therapy) if their prescription changes.

FEHB/PSHB First Payor

When you visit a provider who participates with both your FEHB/PSHB plan and your FEDVIP plan, and the FEHB/PSHB plan provides routine vision care and services, the FEHB/PSHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge in these cases. You are responsible for the difference between the FEHB/PSHB and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB/PSHB payor.

Coordination of Benefits

We do not coordinate benefits.

Limited Access Areas

If you live in an area that does not have adequate access to an BCBS FEP Vision network provider and you receive covered services from an out-of-network provider, we will pay up to 100% of our plan allowance listed below. You are responsible for any difference between the amount billed and our payment. To determine if you are in a limited access area call us at 1-888-550-BLUE (2583) or TTY: 1-800-523-2847.

Members who reside in areas not meeting access standards* can visit an out-of-network provider, pay billed charges and then be reimbursed based on the plan allowance.

***NOTE: Access Standards**
Urban and suburban ZIP Codes: at least 90% of FEDVIP eligibles in a network access area (ZIP Code plus 15 driving-miles) must have access to a vision care preferred provider.
Rural ZIP Codes: at least 80% of FEDVIP eligibles in a network access area (ZIP Code plus 35 driving-miles) must have access to a vision care preferred provider.

Plan Allowance: The maximum benefit payment for services provided in areas not meeting the access standards are shown in the chart below. You are responsible for charges billed over the amounts shown.

Services/Material: Vision Care Exam/Refraction Exam only
High Option: We pay up to $50
Standard Option: We pay up to $50

Services/Material: Single Vision Lenses
High Option: We pay up to $72
Standard Option: We pay up to $72

Services/Material: Bifocal Lenses
High Option: We pay up to $109
Standard Option: We pay up to $109

Services/Material: Trifocal Lenses
High Option: We pay up to $136
Standard Option: We pay up to $136

Services/Material: Lenticular Lenses
High Option: We pay up to $136
Standard Option: We pay up to $136

Services/Material: Contact Lenses
High Option: We pay up to $150
Standard Option: We pay up to $140

Services/Material: Medically-Necessary Contact Lenses
High Option: We pay up to $600
Standard Option: We pay up to $600

Services/Material: Frames
High Option: We pay up to $200
Standard Option: We pay up to $160

Section 4 Your Cost for Covered Services

This is what you pay out-of-pocket for covered care:

Copayment

A co-payment is a fixed amount of money you pay to the provider when you receive services.

Example: The BCBS FEP Vision High Option and Standard Option plans have a $0 copay for a vision care exam. However, Standard Option has a $10 copay for lenses. This copay does not apply to High Option. Please refer to Section 5 for further details.

In-Network Services

When you visit a BCBS FEP Vision network doctor, your vision care exam is covered in full and prescription glasses or contacts are covered after any co-payments. If you visit an in-network independent provider, you will also receive 20% off any out-of-pocket costs over your frame allowance and a savings of 15% on any balance over your conventional contact allowance. To receive covered benefits, you must stay in-network if you are enrolled in Standard Option.

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 to Obtain Care) for information on limited access areas.

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 Only Exam
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

Section 5 Vision Services and Supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted protocols.

- All BCBS FEP Vision **independent providers** are required to extend a 20% discount (within state regulations) to all members that purchase additional frames, and/or spectacle lenses and/or daily wear contact lenses, and a 15% discount when purchasing additional disposable contact lenses. This discount can either be in conjunction with their benefit (pair 2, 3, etc.) or at any other time.
- Participating providers may offer fashion brand frames, such as RayBan, Gucci or Polo, for which regular benefits apply. Benefits do not apply when RX lenses are added at these **fashion brand stores** directly if they are not participating providers.
- We offer retinal imaging at a $29 copay for both High Option and Standard Option.
- We offer additional benefits for children age 13 and under. See full details below.
- We offer additional benefits for members with specific conditions (e.g., diabetes, hypertension) see full details below.
- We offer an additional $50 frame allowance at MyEyeDr. High Option members have a $250 allowance and Standard Option members have a $210 allowance at all MyEyeDr. locations.

Benefit Description	You Pay	
Diagnostic	**High**	**Standard**
Vision Care Exam: covered in full once every calendar year. • Includes dilation, if professionally indicated BCBS FEP Vision doctors provide a comprehensive exam that focuses on your eye health and overall wellness.	In-Network: Nothing Out-of-Network: Expenses in excess of the fee schedule allowance of $30	In-Network: Nothing Out-of-Network: All charges
Retinal Imaging	In-Network: $29 copay Out-of-Network: All charges	In-Network: $29 copay Out-of-Network: All charges
Eyewear	**High**	**Standard**
Lenses: one pair every calendar year. Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, ultraviolet protective coating, oversized and glass-grey #3 prescription sunglass lenses. **Note:** All lenses include scratch-resistant coating with no additional copayment. There may be an additional charge at in-network national and online retailers. **Note: You may choose prescription glasses or contacts.**	In-Network: Nothing Out-of-Network: Expenses in excess of fee schedule allowance of: $25 single vision $35 bifocal $45 trifocal $45 lenticular	In-Network: $10 copay Out-of-Network: All charges

Eyewear - continued on next page

Benefit Description	You Pay	
Eyewear (cont.)	**High**	**Standard**
Optional Lenses and Treatments	In-Network Only	In-Network Only
Anti-Reflective (AR) Coatings - Standard/Premium/Ultra/Ultimate	$20/$33/$45/$70	$35/$48/$60/$85
Blended Segment Lenses	$20	$20
Blue Light Filtering Lenses	$15	$15
Digital single vision & computer lenses	$30	$30
Edge Polish	$22	$22
Hi-Index Lenses (1.67/1.74)	$55/$120	$55/$120
High Luster Edge Polish	$70	$70
Intermediate Vision Lenses	$30	$30
Mirror Coating	$86	$86
Photochromic Glass Lenses	$20	$20
Plastic Photosensitive Lenses (Transitions®)	**No Copay**	$65
Polarized Lenses	$75	$75
Polycarbonate Lenses	**No Copay**	**No Copay**
Premium Scratch Resistant	$30	$30
Progressives Lenses - Standard/Premium/Ultra/Ultimate	**$0**/$40/$90/$125	$50/$90/$140/$175
Rimless Drill	$66	$66
Roll & Polish	$16	$16
Roll Edge	$24	$24
Scratch Protection Plan	**No Copay**	**No Copay**
Scratch Resistant Coating	**No Copay**	**No Copay**
Scratch Resistant Premium	$30	$30
Slab Off	$186	$186
Specialty Lens (myodisc/double sided grind) and Lenticular)	$206	$206
Tinted Lenses	**No Copay**	**No Copay**
Trivex Lenses	$50	$50
Ultraviolet Protective Coating	**No Copay**	**No Copay**
Frames: covered once every calendar year. Receive an additional $50 towards your frame allowance at all MyEyeDr. locations. ***Note:** Additional discounts are available from in-network independent providers (within state regulations). In-network national and online retailers do not offer the discount. **Note:** "Collection" frames, including RECIRCUL8 sustainable frames made of bio-acetate and recycled stainless steel, with retail values up to $195 are available at no cost at most in-network independent providers. Search for participating Exclusive Collection providers by visiting www. bcbsfepvision.com/providers and looking for the eyeglass icon.	In-Network: Collection Frames: **Nothing** Nothing for frames up to $200 frame allowance. Additionally, a 20% discount applies to any amount over $200* $250 frame allowance at all MyEyeDr. locations. The additional 20% discount does not apply. Out-of-Network: Expenses in excess of fee schedule allowance of $30.	In-Network: Collection Frames: **Nothing** Nothing for frames up to $160 frame allowance. Additionally, a 20% discount applies to any amount over $160* $210 frame allowance at all MyEyeDr. locations. The additional 20% discount does not apply. Out-of-Network: All charges.

Benefit Description	You Pay	
Contact Lenses	**High**	**Standard**
Contact Lenses: covered once every calendar year instead 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 may be required.**	In-Network: Expenses in excess of a $150 allowance. Additionally, a 15% discount applies to any amount over $150.* The $150 allowance is for contact lens materials only and must be used all at one time. 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 $60 less the discount. 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.	In-Network: Expenses in excess of a $140 allowance. Additionally, a 15% discount applies to any amount over $140.* The $140 allowance is for contact lens materials only and must be used all at one time. The evaluation, fitting and follow-up care is covered with a $55 copay for non-specialty contact lenses, plus a 15% discount off the balance Participating providers will bill you for anything over $55, less the discount. Expenses in excess of $600 for medically-necessary contact lenses.** Out-of-Network: All charges.

Warranty

When using the BCBS FEP Vision laboratories, the Breakage Warranty for plan supplied frames and/or lenses;

• All Exclusive Collection frames and spectacle lenses made in our laboratories are warranted against breakage for one (1) year from the original date of dispensing.

• The warranty is limited to one replacement during one (1) year coverage period.

• Note: if a member changes frames within the 30-day material change period, this counts as a replacement, and the new frames will not be covered by the breakage warranty.

• The prescription and frames (when available) must match the original order.

Warranty limitations may apply to the provider or retailer supplied frames and/or eyeglass lenses. Please ask your provider for details of the warranty that is available to you.

Child Benefit

This benefit applies to children 13 years of age and under.

In-Network Only – High Option and Standard Option

One additional vision care exam is covered in full every calendar year.

If the child's prescription changes, one additional pair of lenses is covered in full for High Option members; there is a $10 copay for Standard Option members. Also, one additional pair of frames is covered if the child's prescription changes, with Collection frames covered in full and non-Collection frames subject to the allowance, plus a 20% discount on any amount over the allowance at independent providers.

The prescription must have changed at least a 0.5 diopter or the seg height changed at least a 5.0 millimeter, or lens type changed, e.g. (from single vision to bifocal).

Participating providers may be required to obtain pre-authorization for these services.

Medical Condition Benefit

This benefit provides additional coverage to members who have been diagnosed with the following conditions: diabetes, hypertension, kidney disease, dementia, pregnancy, HNCRT (Head and Neck Cancer Patients with Radiation Therapy).

In-Network Only - High Option and Standard Option

One additional vision care exam is covered in full every calendar year.

If the prescription changes, one additional pair of lenses is covered in full for High Option members; there is a $10 copay for Standard Option members.

The prescription must have changed at least 0.5 diopter or the seg height changed at least a 5.0 millimeter, or lens type changed, e.g. (from single vision to bifocal).

Participating providers may be required to obtain pre-authorization for these services.

Low Vision

Low Vision: Low vision is a significant loss of vision but not total blindness. Ophthalmologists and optometrists specializing in low vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the remaining usable vision for our members with low vision. After pre-authorization by BCBS FEP Vision, covered low vision services (both in- and out-of-network) will include one comprehensive low vision evaluation every five years, with a maximum charge of $300; maximum low vision aid allowance of $600 with a lifetime maximum of $1,200 for items such as high-power spectacles, magnifiers and telescopes; and follow-up care – four visits in any five-year period, with a maximum charge of $100 each visit. **Digital devices such as iPads, cell phones, etc. are not covered.**

Participating providers may be required to obtain pre-authorization for these services.

Medically Necessary Contact Lenses

Medically-Necessary Contact Lenses: Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. Contact lenses may be determined to be medically necessary in the treatment of specific eye conditions such as:

Keratoconus

High Ametropia

Anisometropia

Aphakia

Aniridia

Moderate to Severe Dry Eye Disease

Irregular Astigmatism

Having the diagnosis of a particular eye condition does not guarantee that the contact lenses would be determined to be medically necessary per the criteria outlined in the clinical guidelines.

Participating providers may be required to obtain pre-authorization for these services.

Discounts

Save with Blue365® Discounts

BCBS FEP Vision presents Blue365, a program that provides easy access to premier health and wellness products and services to help members build a path to live a healthy life. With Blue365, members get access to over 100 handpicked discounts from leading brands and there is no limit to how many deals a member can redeem. Many deals are available and new ones are constantly being added, including:

- **Fitness** – Get the support you need to achieve your fitness goals with deals on wearable devices, apparel, home gym equipment, virtual workout classes and in-person gym access.
- **Healthy Eyes and Ears** – Between replacing hearing aids and correcting your vision, caring for your eyes and ears can get expensive quickly. Blue365 provides up to 60% off hearing aids, discounts on LASIK surgery and more.
- **Home and Family** – Your home and family can influence your mental, physical, emotional, and financial well-being. Blue365 offers discounts on premium vitamins and supplements, pet insurance, fertility services, products for new parents, financial offers, family health and more.
- **Nutrition** – Blue365 offers a variety of deals that help you eat right. Choose from meal kit subscriptions, chef-prepared entrees, weight management plans and more.
- **Personal Care** – A little self-care can go a long way toward improving your mental health. Blue365 offers exclusive discounts on skin care products, oral care products, tooth-whitening kits, mindfulness subscriptions and much more.
- **Travel** – Sometimes a vacation is all you need to escape stress and reset. Blue365 makes family getaways more affordable with discounted access to lodging, car rentals and vacation packages.

Each week, Blue365 members can receive great health and wellness deals via email. With Blue365, there is no paperwork to fill out. Just visit http ://www. bcbsfepvision.com/additional-discounts and select Visit Blue365 deals to learn more about the various Blue365 vendors and discounts. BCBS FEP Vision does not recommend, endorse, warrant, or guarantee any specific Blue365 vendor or item. Vendors and the program are subject to change at any time.

Laser Vision Correction: BCBS FEP Vision members can realize substantial discounts on laser correction procedures using the QualSight Network. For more details visit our website at https://bcbsfepvision.qualsight.com.

Your Hearing Network: BCBS FEP Vision members have access to a hearing health care program through Your Hearing Network (YHN). For more details visit our website at https://bcbsfepvision.com/additional-discounts/.

Tools and Resources

Vision Cost Estimator Tool
Description: The vision cost estimator tool is an educational know-before-you-go resource that enables users to estimate their approximate out-of-pocket costs when visiting an in-network eye care provider, reducing financial surprises and demonstrating in-network value. The tool also explains topics such as retinal imaging, eyewear preferences, the benefits of various lenses and other add-ons, and much more. Try our cost estimator tool by visiting www. bcbsfepvision.com/costestimator.

Vision Simulator
Description: Experience vision conditions with the Vision Simulator. See through the eyes of someone affected by glaucoma, cataract, diabetic retinopathy, presbyopia, glare, and macular degeneration, and experience the impact these common conditions have on sight. How would your daily activities be impacted? What moments would you lose? Whose faces would you miss? Try our vision simulator by visiting www. bcbsfepvision.com/visionsimulator.

Virtual Frame Try-on
Description: Our frame try-on tool allows you to try our Exclusive Collection frames from the convenience of your phone, tablet, or computer. Use your webcam to see what the frames look like on you or you can select a model. Try our virtual frame try-on tool by visiting www. bcbsfepvision.com/frametryon.

AskBlue BCBS FEP Vision Plan Finder
Description: Need help choosing between High Option and Standard Option? AskBlue makes it easy. In just 10 minutes, you can answer some simple questions and get recommended a plan based on your needs. Try AskBlue by visiting www. askblue. bcbsfepvision.com.

Member Portal
Description: Visit our member portal at www. bcbsfepvision.com/portal to view your benefits, locate an in-network provider, check the status of your claims, request claim forms, and request a duplicate or replacement ID card. Additional features include:

- **Online EOBs** – You can view, download, and print your Explanation of Benefits (EOB) forms.
  Simply log on to www. bcbsfepvision.com/portal, enter your credentials, and from there you can search claims and select the "EOB" link next to each claim to access your EOB. You can also access EOBs via the bcbsfepvision mobile app.
- **Check eligibility** – You can verify all the eligible members on your account.
- **Submit an out-of-network claim** – If you choose to see an out-of-network provider you can submit your claim online in the member portal or via the bcbsfepvision mobile app.
- **Shop online retailers** – You can access our online retail partners' websites by clicking on the retailer's name.

BCBS FEP Vision Mobile Application
Description: BCBS FEP Vision's mobile application is available for download for both iOS and Android mobile phones. The application provides members with 24/7 access to helpful features, tools and information related to BCBS FEP Vision benefits. They can log in with their username and password to access personal eye care information such as benefits, out-of-pocket costs, and wellness information. They can also view claims and approval status, view/share Explanations of Benefits (EOBs), view/share member ID cards, locate in-network providers and shop online retailers.

Social Media
Description: Follow us @fepblue on Facebook, Instagram, Vimeo and LinkedIn for the latest information happening at BCBS FEP Vision.

Section 6 International Services and Supplies

If you travel or live outside the United States and Puerto Rico, you are still entitled to the benefits described in this brochure. Unless otherwise noted in this section, the same definitions, limitations, and exclusions also apply.

Please note that pre-authorization does not apply when you receive care outside of the United States and Puerto Rico. You or your provider must submit an explanation of medical necessity for the services listed in Section 3, How You Obtain Care, when you receive these services outside of the United States and Puerto Rico.

International Claims Payment

For professional care you receive overseas, we provide benefits as indicated below. You are responsible for any difference between our payment and the amount billed, in addition to any copayment amounts. You must also pay any charges for non-covered services.

Finding an International Provider

We do not maintain a network of providers outside the United States and Puerto Rico. You may visit any international provider of your choice and be reimbursed up to the amount listed under "International Plan Allowances" below.

Filing International Claims

International providers are under no obligation to file claims on behalf of our members. **You may need to pay for the services at the time you receive them and then submit a claim along with an itemized receipt to us for reimbursement.** If you're overseas and have a U.S. VPN, you can download the 2027 BCBS FEP Vision brochure at

www.bcbsfepvision.com/brochure or visit our website at www.bcbsfepvision.com to obtain a claim form or to submit a claim in the member portal. If you do not have a U.S. VPN, you can email us at fepmemberhelp@davisvision.com with any benefit questions or to obtain a claim form. To file a claim for covered vision care services received outside the United States and Puerto Rico, send completed claim forms and itemized receipts to:

Blue Cross Blue Shield FEP Vision
PO Box 507
Troy, NY 12181

Or you may fax your claim to 518-220-6555. Please contact us at fepmemberhelp@davisvision.com to let us know you would like to submit your claim via email. We will respond with instructions on how to securely submit your claim.

Customer Service Website and Phone Numbers

Contact us at: www.bcbsfepvision.com, via email at fepmemberhelp@davisvision.com or at 1-518-220-6569, TTY: 1-800-523-2847.

International Plan Allowances

You may need to pay the provider in-full at the time of service and you will be reimbursed up to the amounts shown below:

Services/Material: Vision Care Exam/Refraction Only Exam
High Option: We pay up to $60
Standard Option: We pay up to $60

Services/Material: Single Vision Lenses
High Option: We pay up to $72
Standard Option: We pay up to $72

Services/Material: Bifocal Lenses
High Option: We pay up to $109
Standard Option: We pay up to $109

Services/Material: Trifocal Lenses
High Option: We pay up to $136
Standard Option: We pay up to $136

Services/Material: Lenticular Lenses
High Option: We pay up to $136
Standard Option: We pay up to $136

Services/Material: Contact Lenses
High Option: We pay up to $150
Standard Option: We pay up to $140

Services/Material: Medically-Necessary Contact Lenses
High Option: We pay up to $600
Standard Option: We pay up to $600

Services/Material: Frames
High Option: We pay up to $200
Standard Option: We pay up to $160

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits.

We do not cover the following:

- Services provided by non-participating providers for Standard Option members;
- Any charges in excess of the benefit, dollar, or supply limits stated in this brochure;
- Any vision service, treatment or materials not specifically listed as a covered service;
- Any exams given during your stay in a hospital or other facility for medical care;
- Drugs or medicines;
- Services and materials that are experimental or investigational;
- Services or materials that are rendered prior to your effective date;
- Services and materials incurred after the termination date of your coverage unless otherwise indicated;
- Services and materials not meeting accepted standards of optometric practice;
- Services and materials resulting from your failure to comply with professionally prescribed treatment;
- Benefits may not be combined with any discount or promotional offering unless otherwise noted in an offer;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or materials provided as a result of intentionally self-inflicted injury or illness;
- Services or materials provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts, or any costs associated with forwarding/mailing copies of your records or charts;
- State or territorial taxes on vision services and materials;
- Medical treatment of eye disease or injury;
- Special vision procedures, such as orthoptics, vision therapy or vision training;
- Special lens designs or coatings other than those described in this brochure;
- Special supplies such as nonprescription sunglasses and subnormal vision aids;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses instead of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services or digital devices such as iPads, cell phones, etc.
- Insurance of contact lenses;
- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, sibling, by blood, marriage or adoption;
- Deductibles, copayments and coinsurance for medical services or other insurance are not reimbursable.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

If your vision care provider is participating in our network, they will file the claim for you, and we will send payment directly to the vision care provider.

If you live in a limited access area, overseas or if you obtain services from a non-participating provider (High Option only), you are responsible for filing the claim. You can submit your out-of-network claim electronically using the mobile app, member portal on our website, or you can obtain claim forms on the website at

www.bcbsfepvision.com or by calling 1-888-550-BLUE (2583) or TTY: 1-800-523-2847.

You can also submit an out-of-network claim form along with copies of the provider's bills by mail to:

Blue Cross Blue Shield FEP Vision
PO Box 507
Troy, NY 12181

Deadline for Filing Your Claim

Out-of-network claims (High Option only), international claims, and claims incurred in limited access areas must be submitted to and received by BCBS FEP Vision within 12 months of the date of service for reimbursement.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claim Steps:

1. Ask us in writing to reconsider our initial decision. You must:

a) Write to us within 6 months from the date of our decision; and
b) Send your request to us at the address shown below; and
c) Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in this brochure; and
d) Include copies of documents that support your claim, such as doctor's letters, and Explanation of Benefits (EOB) forms.

Blue Cross Blue Shield FEP Vision
PO Box 507
Troy, NY 12181

FAX: 1-800-403-1783
Email: fepmemberhelp@davisvision.com

2. We have 30 days from the date we receive your request to:

a) Pay the claim or
b) Write to you and maintain our denial or
c) Ask you or your provider for more information.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days. If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.

3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. We will make a decision within 35 days of the date we receive your request in writing.

4. If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. The decision of the independent third party is binding on us and is the final administrative review of your claim. This decision is not subject to judicial review.

Section 9 Definitions of Terms We Use in This Brochure

Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Enrollee	The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Plan Allowance	The maximum benefit payment for services received. Please refer to Section 4, Your Cost for Covered Services, for the maximum benefit payment for services received in limited access areas or out-of-network and Section 6, International Services and Supplies, for services received outside the United States or Puerto Rico.
Pre-Authorization	This is the procedure used by BCBS FEP Vision to pre-approve services and the amount that BCBS FEP Vision will cover.
Sponsor	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
TRICARE-eligible individual (TEI) certifying family member	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members.
TRICARE-eligible individual (TEI) family member	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, and under age 23 if they are a full-time student or incapable of self-support because of a mental or physical incapacity.
We/Us	Blue Cross Blue Shield FEP Vision.
You	Enrollee or eligible family member.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your BCBS FEP Vision identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your Explanation of Benefits (EOBs) statements, which are available online within the member portal at www. bcbsfepvision.com/portal.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 1-888-550-BLUE (2583) or TTY: 1-800-523-2847 and explain the situation.
- **Federal Civilians -** Do not maintain as a family member on your policy:
  - your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - your child over age 22 (unless they are disabled and incapable of self-support).
- **TRICARE Eligibles -** Do not maintain as a family member on your policy:
  - Your child over age 21 if they are not enrolled in school (unless they are disabled or incapable of self-support)
  - Your child over age 23 if they are enrolled in school (unless they are disabled or incapable of self-support)

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this summary alone**. This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- We offer additional benefits for children age 13 and under as well as members with specific conditions (e.g., diabetes, hypertension) see full details in Section 5.
- We offer an additional $50 frame allowance if you utilize a MyEyeDr. location.
- If you want to enroll or change your enrollment in this plan, please visit www. BENEFEDS.gov or call 1-877-888-FEDS (3337), TTY: 711, International: 1-571-730-5942.
- We offer retinal imaging at a $29 copay for both High Option and Standard Option.

Covered Services In-Network
Vision Care Exams (a comprehensive exam that focuses on your eye health and overall wellness)
High Option: You pay nothing
Standard Option: You pay nothing
Page: 14

Standard Eyeglass Lenses (Contact lenses may be obtained instead of glasses)
High Option: You pay nothing.
Standard Option: You pay $10
Page: 14

Optional Lenses and Treatments
High Option: You pay nothing for Transitions®, Polycarbonate Lenses, Standard Progressives Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.
Standard Option: You pay nothing for Polycarbonate Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.
Page: 15

Frame Allowance - Collection Frames
High Option: You pay nothing
Standard Option: You pay nothing
Page: 15

Frame Allowance
High Option: You pay any amount over the $200 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over $250** frame allowance. 20% discount does not apply.
Standard Option: You pay any amount over the $160 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over $210** frame allowance. 20% discount does not apply.
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Contact Lenses:
High Option: You pay any amount over the $150 Plan contact lenses allowance after a 15% discount at independent providers. The $150 allowance is for contact lens materials only and must be used all at one time. For non-specialty contact lenses evaluation, fitting and follow-up care are covered in full at network providers. For specialty lenses you receive a $60 allowance at in-network providers.
Standard Option: You pay any amount over the $140 Plan contact lenses allowance after a 15% discount at independent providers. The $140 allowance is for contact lens materials only and must be used all at one time. For non-specialty contact lenses evaluation, fitting and follow-up care you pay a $55 copay at in-network providers.
Page: 16

Laser Vision Correction
High Option: You pay the provider's charge after the negotiated discount
Standard Option: You pay the provider's charge after the negotiated discount.
Page: 18

See Section 4, Your Cost for Covered Services, for the Out-of-Network benefits available under High Option. See Section 5, Vision Services and Supplies for complete benefit information.

Notes

Notes

Notes

Rate Information

High - Bi-Weekly			High - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
$5.82	$11.63	$17.45	$12.61	$25.20	$37.81

Standard - Bi-Weekly			Standard - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
$3.56	$7.12	$10.68	$7.71	$15.43	$23.14