

FEP BlueVision®

<http://www.fepblue.org>



Federal Employee Program

FEP BlueVisionSM

2009

A Nationwide Vision PPO Plan

Who may enroll in this plan: All Federal employees and annuitants in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program.

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



The FEP BlueVision credentialing process was constructed to meet and exceed NCQA requirements.



The FEP BlueVision fabrication system has received full certification from the COLTS Laboratories “Quality First” program, a leading, independent ophthalmic testing organization.



The FEP BlueVision laboratories have ISO 9001:2000 certification. The International Organization for Standardization with ISO 9000 is the international reference for quality management requirements.



Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:



**United States
Office of Personnel Management**

Center for
Retirement and Insurance Services
<http://www.opm.gov/insure>

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employees Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act 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.

This brochure describes the benefits of FEP BlueVision under the Blue Cross and Blue Shield Association's contract OPM-06-00060-2 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

FEP BlueVision
711 Troy Schenectady Road, Suite 301
Latham, New York 12110
1-888-550-BLUE (2583)
www.fepblue.org

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, 2009 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.

FEP BlueVision is responsible for the selection of in-network providers in your area. Contact us at 888-550-2583 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.fepblue.org. 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 him or her to join. Nomination forms are available on our web site, or call us and we will have a form sent to you. 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 FEP BlueVision network is different from the network of your health plan.

This FEP BlueVision plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

Table of Contents

How We Have Changed for 2009	2
FEDVIP Program Highlights	3
A Choice of Plans and Options	3
Enroll Through BENEFEDS	3
Coverage Effective Date	3
Pre-Tax Salary Deduction for Employees	3
Annual Enrollment Opportunity	3
Continued Group Coverage After Retirement	3
Waiting Period	3
Section 1 Eligibility	4
Section 2 Enrollment	5
Enroll Through BENEFEDS	5
Enrollment Types	5
Opportunities to Enroll or Change Enrollment	5
When Coverage Stops	7
Continuation of Coverage	7
FSAFEDS/High Deductible Health Plans and FEDVIP	7
Section 3 How You Obtain Care	8
Identification Cards/Enrollment Confirmation	8
Plan Providers	8
In-Network	8
Out-of-Network	8
Pre-Authorization	8
Coordination of Benefits	8
Limited Access Areas	8
Section 4 Your Cost for Covered Services	9
Copayment	9
Annual Benefit Maximum	9
In-Network Services	9
Out-of-Network Services	9
Limited Access Areas	9
Section 5 Vision Services and Supplies	11
Section 6 International Services and Supplies	14
Section 7 General Exclusions – Things We Do Not Cover	15
Section 8 Claims Filing and Disputed Claims Processes	16
How to File a Claim for Covered Services	16
Deadline for Filing Your Claim	16
Disputed Claims Process	16
Section 9 Definitions of Terms We Use in This Brochure	17
Stop Health Care Fraud!	18
Summary of Benefits	19
Rate Information	20

How We Have Changed for 2009

FEP BlueVision has added an out-of-network benefit under High Option for services provided by non-participating providers during the 2009 calendar year. Please see Section 4, Your Cost for Covered Services, for additional information.

We have also clarified the benefits for medically necessary contact lenses. Please see Section 5, Vision Services and Supplies, for additional information.

Benefits are now available for “Collection Frames” with a retail value of up to \$225. This is an increase of \$25 from the 2008 benefit of \$200.

Scratch resistant coating is now included on all lenses with no additional copay. NOTE: There may be an additional charge at Wal-Mart.

FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas regional, dental Preferred Provider Organizations (PPO), 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. Visit www.opm.gov/insure/dental or www.opm.gov/insure/vision for more information.
Enroll Through BENEFEDES	You enroll through the Internet at www.BENEFEDS.com . Please see Section 2, Enrollment, for more information.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2008 Open Season, your coverage will begin on January 1, 2009. Premium deductions will start with the first full pay period beginning on/after January 1, 2009. 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.
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 10, 2008 through December 8, 2008. 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.
Waiting Period	There are no waiting periods under this plan.

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) Program. Enrollment in the FEHB Program is not required.
Federal Annuitants	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none">• 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. <p>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 Program.</p> <p>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.</p>
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.
Family Members	<p>Eligible 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.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.</p>
Not Eligible	<p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none">• Deferred annuitants;• Former spouses of employees or annuitants;• FEHB Temporary Continuation of Coverage (TCC) enrollees; or• Anyone receiving an insurable interest annuity who is not also an eligible family member.

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.com) sponsored by OPM.

If you are currently enrolled in FEDVIP and do not want to change plans or options, your enrollment will continue automatically. **Please note:** your plans' premiums may change for 2009.

If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

Note: You cannot enroll 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.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

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

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 10 through December 8, 2008 Open Season. Coverage is effective January 1, 2009.

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; or
- an employee returning to service following a break in service of at least 31 days.

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

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: From One Plan to Another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status*	No	No	No	Yes	No
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	Yes	Yes	No	No

*This also applies when your spouse goes on active duty and, as a result, you and your dependents are covered under the active military health/dental plans.

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; and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, 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 haven't 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.

Canceling an enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- 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;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- 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 an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), 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.

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 period 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 2009. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

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 and FEDVIP plans. You will be required to submit your claim on behalf of the FEP BlueVision Plan to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA).

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

Two ID cards are issued for each member, regardless of coverage option. If additional cards are needed, you may request them through our website, www.fepblue.org. All eligible dependents listed on your enrollment share your identification number.

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.fepblue.org. It is your responsibility to ensure that the provider chosen is an active participant in the program at the time you receive services. The FEP BlueVision network 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

In-network providers are referred to as participating providers. The FEP BlueVision in-network benefit is paperless and extremely user-friendly for members. When scheduling an appointment, you should identify yourself as a member of FEP BlueVision and provide your name and identification number. The provider is then responsible for verifying eligibility by contacting FEP BlueVision either by telephone or via the web.

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

Out-of-network providers are referred to as non-participating providers. High Option: We will provide fee schedule allowances as described in Section 4 for covered services performed by non-participating providers. However, since these providers do not participate with FEP BlueVision, you may be responsible for any amounts over the fee schedule allowances. You must pay the bill at the time of service and submit the claim to FEP BlueVision for reimbursement. Out-of-network benefits do not apply if you live in a limited access area.

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

Pre-authorization is only required for:

- Medically necessary contact lenses in the treatment of certain eye health conditions and is obtained by the participating provider.
- The treatment of low vision and is obtained by the participating provider.
- Discounts for laser vision correction and is obtained by the member.

Coordination of Benefits

If you have vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will pay their benefits first. We are responsible for coordinating benefits with the primary payor. We do not coordinate benefits with coverages other than FEHB health plans.

Limited Access Areas

If you live in a limited access area and you receive covered services from an out-of-network provider, we will pay up to 100% of our Plan Allowance. 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 1-888-550-2583. Please see Section 4, Your Cost for Covered Services, for more information.

Section 4 Your Cost for Covered Services

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

Copayment

There are no copayments for covered eye examinations, standard eyeglass lenses, plan frames, or contact lenses in lieu of eyeglasses. There are copayments for optional lens types and treatments.

**Annual Benefit
Maximum**

- Standard Option: one routine eye examination every calendar year; one pair of standard eyeglass lenses or contact lenses every calendar year; one frame every other calendar year. (Contact lens benefit available in lieu of eyeglasses.)
- High Option: one routine eye examination every calendar year; one pair of standard eyeglass lenses or contact lenses every calendar year; one frame every calendar year. (Contact lens benefit available in lieu of eyeglasses.)

In-Network Services

Members are only responsible for any cost that exceeds the Plan Allowances (as described in Section 5, Vision Services and Supplies) and copayments for optional lenses and treatments (as described in Section 5, Vision Services and Supplies). 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.

If you are enrolled in High Option and you choose to visit a non-participating provider, you will be reimbursed according to the following fee schedule allowances shown in the chart below. You are responsible for charges billed over the amounts shown.

Services/Materials	We Pay
Exam	Up to \$30
Single Vision Lenses	Up to \$25
Bifocal Lenses	Up to \$35
Trifocal Lenses	Up to \$45
Lenticular Lenses	Up to \$45
Elective Contact Lenses	Up to \$75
Medically Necessary Contact Lenses	Up to \$225
Frames	Up to \$30

Please see Section 3, How You Obtain Care, for more information.

Limited Access Areas

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 zip codes: at least 90% of Federal eligibles (employees and annuitants) 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 Federal eligibles (employees and annuitants) 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/Materials	We Pay
Exam	Up to \$50
Single Vision Lenses	Up to \$72
Bifocal Lenses	Up to \$109
Trifocal Lenses	Up to \$136
Lenticular Lenses	Up to \$136
Contact Lenses	Up to \$130
Frames	Up to \$130

Section 5 Vision Services and Supplies					
		<p>Important things you should keep in mind about these benefits:</p> <p>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.</p>			
Benefit Description		You Pay			
Diagnostic		Standard Option		High Option	
<p>Eye exam: once every 12 months; i.e., calendar year. Includes dilation, if professionally indicated.</p> <p>92002-92004 New patient exams</p> <p>92012-92014 Established patient exams</p> <p>S0620 Routine ophthalmologic exam w/refraction - new patient</p> <p>S0621 Routine ophthalmologic exam w/refraction - established patient</p>		<p>In-Network: Nothing</p> <p>Out-of-Network: You pay all charges</p>		<p>In-Network: Nothing</p> <p>Out-of-Network: Expenses in excess of the fee schedule allowance of \$30</p>	
Eyewear		Standard Option		High Option	
<p>Lenses: one pair, every 12 months; i.e., calendar year</p> <p>V2100-2199 Single Vision</p> <p>V2200-2299 Conventional (Lined) Bifocal</p> <p>V2300-2320 Conventional (Lined) Trifocal</p> <p>V2321 Lenticular</p> <p>Note: Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses.</p> <p>Note: Polycarbonate lenses are covered in full for children, monocular patients and patients with prescriptions $\geq \pm 6.00$ diopters.</p> <p>Note: All lenses include scratch resistant coating with no additional copayment. There may be an additional charge at Wal-Mart.</p> <p>Frame High Option: one every 12 months; i.e., calendar year.</p> <p><i>Standard Option:</i> one every 24 months; i.e., every other calendar year.</p> <p>V2020 Frame</p> <p>*Note: Additional discounts are available from participating providers except Wal-Mart.</p>		<p>In-Network: Nothing</p> <p>Out-of-Network: You pay all charges</p> <p>In-Network:</p> <p>Collection Frame: Nothing</p> <p>Non-Collection Frame: Expenses in excess of a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount applies to any amount over \$130*</p> <p>Out-of-Network: You pay all charges</p>		<p>In-Network: Nothing</p> <p>Out-of-Network: Expenses in excess of fee schedule allowance of:</p> <p>\$25 single vision</p> <p>\$35 lined bifocal</p> <p>\$45 lined trifocal</p> <p>\$45 lenticular</p> <p>In-Network:</p> <p>Collection Frame: Nothing</p> <p>Non-Collection Frame: Expenses in excess of a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount applies to any amount over \$130*</p> <p>Out-of-Network: Expenses in excess of fee schedule allowance of \$30</p>	

2009

Benefit Description	You Pay	
Eyewear (cont.)	Standard Option	High Option
<p>Note: Your eyewear will be delivered to your provider from the FEP BlueVision laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, AR (anti-reflective) Coating, specialized prescriptions or a non-collection frame is selected.</p> <p>Note: “Collection” frames with retail values up to \$225 are available at no cost at most participating independent providers. Retail chain providers typically do not display the “Collection,” but are required to maintain a comparable selection of frames that are covered in full.</p> <p>Contact Lenses: every 12 months; i.e., calendar year – in lieu of eyeglasses.</p> <p>V2500-V2599 Contact Lenses</p> <p>Note: The FEP BlueVision Contact Lens Formulary is available through participating independent providers. Retail chains do not typically provide the Formulary, but dispense a comparable selection of contact lenses that are covered in full. All contacts on our Formulary are Single-Vision Spherical lenses. The Formulary is subject to change without notice. The participating provider will determine if the lenses prescribed are in the Formulary.</p> <p>*Note: Additional discounts are available from participating providers except Wal-Mart.</p> <p>Note: In some instances, participating providers may charge separately for the evaluation, fitting, or follow-up care relating to contact lenses. Should this occur and the value of the Contact Lenses received is less than the \$130 allowance, you may submit a claim for the remaining balance (the combined reimbursement will not exceed the total allowance of \$130).</p>	<p>In-Network:</p> <p>Collection Frame: Nothing</p> <p>Non-Collection Frame: Expenses in excess of a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount applies to any amount over \$130*</p> <p>Out-of-Network: You pay all charges</p> <p>In-Network:</p> <p>Formulary Contact Lenses: Nothing</p> <p>Formulary contact lenses are covered in full. Members receive either one pair of daily wear contact lenses, two boxes of planned replacement lenses (approximately a one-year supply), or four boxes of disposable lenses (approximately a six-month supply) per calendar year. Includes contact lens evaluation, fitting and follow-up care.</p> <p>Non-Formulary Contact Lenses:</p> <p>Expenses in excess of a \$130 allowance that may be applied toward the cost of evaluation, materials, fitting and follow-up care. Additionally, a 15% discount applies to any amount over \$130.*</p> <p>Out-of-Network: You pay all charges</p>	<p>In-Network:</p> <p>Collection Frame: Nothing</p> <p>Non-Collection Frame: Expenses in excess of a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount applies to any amount over \$130*</p> <p>Out-of-Network: Expenses in excess of fee schedule allowance of \$30</p> <p>In-Network:</p> <p>Formulary Contact Lenses: Nothing</p> <p>Formulary contact lenses are covered in full. Members receive either one pair of daily wear contact lenses, two boxes of planned replacement lenses (approximately a one-year supply), or four boxes of disposable lenses (approximately a six-month supply) per calendar year. Includes contact lens evaluation, fitting and follow-up care.</p> <p>Non-Formulary Contact Lenses:</p> <p>Expenses in excess of a \$130 allowance that may be applied toward the cost of evaluation, materials, fitting and follow-up care. Additionally, a 15% discount applies to any amount over \$130.*</p> <p>Out-of-Network: Expenses in excess of fee schedule allowance of:</p> <p>\$75 elective contact lenses</p> <p>\$225 medically necessary contact lenses</p>

Benefit Description	You Pay	
Other Vision Services	Standard Option	High Option
Optional Lenses and Treatments:	In-Network Only	In-Network Only
Ultraviolet Coating	\$12	\$12
Polycarbonate Lenses, (if not child, monocular or prescription $\geq \pm 6.00$ diopters)	\$30	\$30
Blended Segment Lenses	\$20	\$20
Intermediate Vision Lenses	\$30	\$30
Standard Progressives	\$50	\$50
Premium Progressives (Varilux®, etc.)	\$90	\$90
Photochromic Glass Lenses	\$20	\$20
Plastic Photosensitive Lenses (Transitions®)	\$65	\$65
Polarized Lenses	\$75	\$75
Standard Anti-Reflective Coating (AR) Coating	\$35	\$35
Premium AR Coating	\$48	\$48
Ultra AR Coating	\$60	\$60
Hi-Index Lenses	\$55	\$55

Replacement Contact Lens Program: FEP BlueVision offers a contact lens replacement program to members. This exclusive mail order program provides you with the guaranteed lowest prices on contact lens replacement materials. Members may call 1-800-536-7123 with a current prescription and every order comes with a complimentary starter kit.

Medically Necessary Contact Lenses: Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be medically necessary in the treatment of the following conditions:

Keratoconus, Pathological Myopia, Aphakia, Anisometropia, Aniseikonia, Aniridia, Corneal Disorders, Post-traumatic disorders, Irregular Astigmatism.

Medically necessary contact lenses are dispensed in lieu of eyewear. Participating providers will obtain the necessary pre-authorization for these services.

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 FEP BlueVision, covered low vision services (both in- and out-of-network) will include one comprehensive low vision evaluation every 5 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. Participating providers will obtain the necessary pre-authorization for these services.

Laser Vision Correction: FEP BlueVision members can realize substantial discounts on laser correction procedures (LASIK and PRK). Members are entitled to savings of up to 25% off the provider's usual and customary fees, or a 5% discount on any advertised special, from participating physicians and affiliated laser centers. (Some centers provide a flat fee equating to these discount levels.) To insure that the discount is applied correctly, the member must obtain pre-authorization for this service.

Contact us at 1-888-550-2583 for the names of participating providers and to receive a pre-authorization number.

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 Benefits, 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 noncovered services.

Finding an International Provider

We do not maintain a network of providers outside the United States and Puerto Rico. You may utilize a provider of your choice.

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 to us for reimbursement.** To file a claim for covered vision care services received outside the United States and Puerto Rico, send completed claim forms and itemized bills to:

FEP BlueVision

P.O. Box 791

Latham, New York, 12110-0791

Claim forms are available at www.fepblue.org.

Customer Service Website and Phone Numbers

www.fepblue.org or 1-888-550-2583 or call collect 1-518-220-2583.

Laser Vision Correction

The discount on laser correction procedures (LASIK and PRK) is only available through network providers. Therefore, the discount on these procedures is not available for services received overseas.

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/Materials	We Pay
Exam	Up to \$60
Single Vision Lenses	Up to \$72
Bifocal Lenses	Up to \$109
Trifocal Lenses	Up to \$136
Lenticular Lenses	Up to \$136
Contact Lenses	Up to \$130
Frames	Up to \$130

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care or treatment of a covered condition.**

We do not cover the following:

- Services provided by Non-participating providers for Standard Option members;
- Any vision service or treatment not specifically listed as a covered service;
- Services and treatment that are experimental or investigational;
- Services or supplies which are rendered prior to your effective date;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment not meeting accepted standards of optometric practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- 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 treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment 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 performed;
- Medical treatment of eye disease or injury;
- Visual therapy;
- Special lens designs or coatings other than those described in this brochure;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses in lieu of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services;
- Materials not specified in this brochure;
- Insurance of contact lenses;
- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, brother or sister, by blood, marriage or adoption.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

If your vision care provider is in the participating network, he or she will file the claim for you, and payment will be sent 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 obtain claim forms at www.fepblue.org or call 1-888-550-2583.

After services have been received, submit an out-of-network claim form along with copies of the provider's bills to:

FEP BlueVision

P.O. Box 2010

Latham, New York 12110-2010

Deadline for Filing Your Claim

Participating providers will file your claim for you.

For international claims, those incurred in limited access areas and out-of-network claims*, the standard time limit for filing a claim is up to one year from the date of service.

* High Option Only

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. The provider, member or patient may appeal any decision to deny services before, during or after the service is provided. Ask us in writing to reconsider our initial decision. You must send written notice of disputed claims via U.S. Mail to:

Quality Assurance/Patient Advocate Department

FEP BlueVision

P.O. Box 791

Latham, New York 12110-0791

2. We will acknowledge receipt of your request within five business days from the date we receive it and will give you a decision within 30 days.

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

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.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	The maximum annual benefit that you can receive, per person, under this plan.
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 or annuitant 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 the plan to pre-approve services and the amount that the plan will cover.
We/Us	FEP BlueVision.
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 plan 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.
- 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) and explain the situation.
- 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 he/she is disabled and 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.

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 in the plan.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

Covered Services In-Network	High Option You Pay	Standard Option You Pay	Page
Routine Eye Exams	Nothing	Nothing	12
Standard Eyeglass Lenses (Contact lenses may be obtained in lieu of glasses) Optional Lens Treatment	Nothing Additional copays	Nothing Additional copays	12
Frames			
Collection Frames	Nothing	Nothing	12
Non-Collection Frames	Any amount over the \$130 Plan allowance after a 20% discount	Any amount over the \$130 Plan allowance after a 20% discount	12
Contact Lenses			
Formulary Contact Lenses	Nothing	Nothing	13
Non-Formulary Contact Lenses	Any amount over the \$130 plan allowance after a 15% discount	Any amount over the \$130 plan allowance after a 15% discount	13
Laser Vision Correction	The provider's charge after the negotiated discount.	The provider's charge after the negotiated discount	14

See Section 4, Your Cost for Covered Services, for the Out-of-Network benefits available under High Option.

Rate Information

These rates apply nationwide and internationally.

Monthly Rates

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
\$10.83	\$21.67	\$32.50	\$8.67	\$17.33	\$26.00

Bi-Weekly Rates

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
\$5.00	\$10.00	\$15.00	\$4.00	\$8.00	\$12.00