Predictable lens treatment costs: the savings are clear³

Lens treatment options	Average cost without BCBS FEP Vision	What you pay with High Option*	What you pay with Standard Option*
Polycarbonate	\$50	\$0	\$0
Transitions	\$120	\$0	\$65
Blue Light Filtering	\$25	\$15	\$15
Premium Anti-Reflective Coating	\$125	\$33	\$48
Ultra Anti-Reflective Coating	\$150	\$45	\$60
Ultimate Anti-Reflective Coating	\$175	\$70	\$85
Standard Progressives	\$230	\$0	\$50
Premium Progressives	\$295	\$40	\$90
Ultra Progressives	\$345	\$90	\$140
Ultimate Progressives	\$440	\$125	\$175

See our full list of lens options and their costs at bcbsfepvision.com/lenses.

Ready to enroll? Go to <u>BENEFEDS.gov</u> or call 1-877-888-FEDS (3337) (TTY: 711, International: 1-571-730-5942)

Learn more about BCBS FEP Vision at: bcbsfepvision.com or call 1-888-550-BLUE (2583) (TTY: 1-800-523-2847) 8 a.m. to 9 p.m. ET, Mon.-Fri.; 10 a.m. to 2 p.m. ET, Sat.; Closed Sun.











³Savings are based on 2025 BCBS FEP Vision estimates.

This is a summary of the many features and benefits of BCBS FEP Vision.9 For a complete description, please view the benefit brochure. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

BLUE CROSS BLUE SHIELD FEP VISION

2026 COVERAGE AT A GLANCE **BCBS FEP Vision** is a Federal Employees

Dental and Vision Insurance Program (FEDVIP) plan available to active and retired federal and USPS employees, retired uniformed service members and their families as well as the families of active duty service members. With our comprehensive vision coverage, you and your family can focus on what matters most because we're always **HERE FOR YOU.**



Here's why more people choose Blue:



An expansive network with over 200,000 providers nationwide.



Fully covered, comprehensive vision care exams for all members.



Pay nothing out-of-pocket for our Exclusive Collection of 220 designer frames, each valued at up to \$195.



If a child's prescription changes, an extra pair of frames and lenses is \$0 with High Option and \$10 with Standard Option.



Set copays for lenses so you always know what you'll pay.



No-cost lens treatments, including tinted lenses, ultraviolet protective coating, scratch-resistant coating and a scratch protection plan.



A frame allowance you can use toward any pair of frames not in the Exclusive Collection. Our High Option frame allowance covers over 80% of national retailers' frames in full.

Open Season kicks off November 10 and ends at midnight ET, December 8, 2025.







bcbsfepvision.com

^{*}Assumes you visit in-network providers.

2026 Plan Highlights: A look at coverage and costs

Benefit	High Option	Standard Option	
Vision Care Exam (Including dilation)	You pay nothing for one exam per year.	You pay nothing for one exam per year.	
Retinal Imaging	You pay a \$29 copay .	You pay a \$29 copay .	
Eyeglass Lenses	You pay nothing for one pair per year.	You pay a \$10 copay for one pair per year.	
BCBS Exclusive Collection Frames	You pay nothing for one pair per year.	You pay nothing for one pair per year.	
Frame Allowance (In lieu of Exclusive Collection Frames)	You receive a \$200 frame allowance toward any other provider-supplied frames, plus 20% off charges over \$200.1	You receive a \$140 frame allowance toward any other provider-supplied frames, plus 20% off charges over \$140.1	
	You receive a \$250 frame allowance at MyEyeDr.	You receive a \$190 frame allowance at MyEyeDr.	
Contact Lenses (In lieu of eyeglasses)	You receive \$150 per calendar year toward contact lenses, plus 15% off charges over \$150.1	You receive \$140 per calendar year toward contact lenses, plus 15% off charges over \$140.1	
Contact Lens Evaluation	You pay nothing for evaluation, fitting and follow-up for non-specialty lenses, plus 15% off charges over \$60 for specialty contacts.	You pay a \$55 copay for evaluation, fitting and follow-up for non-specialty lenses.	
	You pay nothing for two vision care exams per year.	You pay nothing for two vision care exams per year.	
Children 13 and Under	If your child's prescription changes, you pay nothing for one extra pair of lenses and Collection Frames, or use your frame allowance toward any other frames. ²	If your child's prescription changes, you pay a \$10 copay for one extra pair of lenses. Pay nothing for Collection Frames or use your frame allowance toward any other frames. ²	
Adults With Specific Conditions Diabetes, hypertension, kidney disease, dementia, pregnancy, head and neck	You pay nothing for two vision care exams per year. If your prescription changes, you pay	You pay nothing for two vision care exams per year. If your prescription changes, you pay a	
cancer patients with radiation therapy (HNCRT)	nothing for one extra pair of lenses. ²	\$10 copay for one extra pair of lenses. ²	

¹Available at independent providers. Retail locations and online providers are not required to provide this discount.

²Prescription changes must be at least a 0.5 diopter, 5.0 millimeter seg height or a lens type change. Pre-authorization may be required.



Use your BCBS FEP Vision benefits at independent providers and national retailers, including MyEyeDr., Walmart, America's Best, Warby Parker, LensCrafters, Visionworks, Costco, Target Optical, glasses.com, 1800contacts.com, contactsdirect.com and more.

Find a provider at bcbsfepvision.com/providers

Getting frames

Members pay nothing out-of-pocket for frames from our Exclusive Collection. This collection includes over 220 designer frames, featuring RECIRCUL8 sustainable frames made of bio-acetate and recycled stainless steel. These frames are available at over 7,800 independent and privately owned provider offices nationwide.



Shop Exclusive Collection frames and look for the eyeglasses icon when you search for providers at **bcbsfepvision.com/providers**.

If you prefer frames that are not in our Exclusive Collection, you can use your frame allowance toward any pair of frames. The frame allowance is **\$200** with High Option and **\$140** with Standard Option.

Get an additional **\$50** frame allowance at **all MyEyeDr. locations**. This means High Option members have a **\$250** frame allowance and Standard Option members have a **\$190** frame allowance.

2026 BCBS FEP Vision premiums

Bi-weekly Premiums

Monthly Premiums

	High Option	Standard Option	High Option	Standard Option
Self Only	\$5.66	\$3.56	\$12.26	\$7.71
Self + One	\$11.31	\$7.12	\$24.51	\$15.43
Self & Family	\$16.97	\$10.68	\$36.77	\$23.14

Helpful tools and resources

Visit bcbsfepvision.com/tools-resources to access many helpful tools, such as:



Cost Estimator



Virtual Frame Try-On Tool



Vision Simulator



Virtual Vision Exam Education Tool



BCBS FEP Vision app for quick access to your vision coverage



Our **AskBlueSM BCBS FEP Vision Plan Finder** can help you find the right plan. Try it at <u>askblue.bcbsfepvision.com</u>.



Blue365

Treat yourself and your health with Blue365

As a Blue Cross Blue Shield member, you get access to 100+ exclusive deals through our discount program, Blue365. From gym memberships to fresh meal kits and even travel deals—there's something for everyone in your family to thrive all year long. Sign up at blue365deals.com/fep to start saving.