FEP BlueVision®

www.fepbluevision.com

2020

A Nationwide Vision PPO Plan

IMPORTANT
- Rates: Back Cover
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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**

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Healthcare and Insurance
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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 114-38, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of FEP BlueVision under the Blue Cross and Blue Shield Association's contract OPM01-FEDVIP-01AP-7 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)
TTY: 1-800-523-2847
www.fepbluevision.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, 2020 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.

FEP BlueVision is responsible for the selection of in-network providers in your area. Contact us at 1-888-550-2583 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.fepbluevision.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 him or her to join. Nomination forms are available on our web site, 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 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.

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.fepbluevision.com and then click on the "Privacy Policies" 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 1-888-550-2583 or TTY: 1-800-523-2847.

Discrimination is Against the Law

FEP BlueVision 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, FEP BlueVision 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.com. 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; i.e., 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 2019 Open Season, your coverage will begin on January 1, 2020. Premium deductions will start with the first full pay period beginning on/after January 1, 2020. 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 11, 2019 through midnight Eastern time December 9, 2019. 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.

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 or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation. Enrollment in the FEHB Program or the Health Insurance Marketplace (Exchange) is not required.

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 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.

Advise BENEFEDS of your new payroll office number.

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 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, an unremarried former spouse who meets the U.S Department of Defense's 20-20-20 or 20-20-15 eligibility requirements, and certain unmarried persons placed in your 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, 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 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 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).

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 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.

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 2020.

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; i.e., 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, you may enroll in a dental and/or vision plan during the November 11, through midnight EST December 9, 2019, Open Season. Coverage is effective January 1, 2020.

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.
- 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.

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
Marriage	Yes	Yes	No	No	Yes
Acquiring an eligible family member (non-spouse)	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 (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Returning to pay status from Leave without pay	**Yes (if enrollment cancelled during LWOP)**	No	No	No	**Yes (if enrollment cancelled during LWOP)**
Annuity/ compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible position*	No	No	No	Yes	No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

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, except for enrollment because of loss of dental or vision insurance. 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 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.

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 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;
- as sponsor or primary enrollee leaves active duty
- 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;
- cancel the enrollment during Open Season; or
- the sponsor or primary enrollee leaves active duty.

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.

NOTE: Coverage ends for a covered individual when FEP BlueVision does not receive premium payment for that covered individual.

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.

If you have an HCFSA or LEX HCFSA FSAFEDS account and you haven't exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over up to $500 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 be for at least the minimum of $100. 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 31st, 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 period permitted. This is known as the "Use-It-Or-Lose-It" rule. Carefully consider the amount you will elect.

For a health care or limited expense account, each participant must contribute a minimum of $100 to a maximum of $2,700.

Current FSAFEDS participants must re-enroll to participate next year. See www.fsafeds.com 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 can 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 to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Heath Care Flexible Spending Account (LEX HCFSA).

Using your FSA pre-tax dollars for your eyecare and eyewear needs is a great way to get more out of your benefit dollar. And FEP BlueVision will submit your eligible FSAFEDS out-of-pocket expenses electronically, so you don't have to. Using your FSAFEDS account for your eyecare and eyewear expenses is simple:

• Visit your provider for your routine eye examination and eyewear

• Pay any out-of-pocket expenses

• FEP BlueVision will submit your HCFSA eligible expenses for reimbursement for you. If you make additional purchases or receive additional services outside of your benefits, please submit those expenses directly to FSAFEDS.

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.fepbluevision.com, or call us at 1-888-550-2583 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.

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.fepbluevision.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 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, Your Cost For Covered Services, 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. Please 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

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 may be obtained by the member or the provider.

FEHB First Payor

When you visit a provider who participates with both your FEHB plan and your FEDVIP plan, and the FEHB plan provides routine vision care and services, the FEHB 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 and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB payor.

Coordination of Benefits

We do not coordinate benefits with non-FEHB health plans.

Limited Access Areas

If you live in an area that does not have adequate access to an FEP BlueVision network provider 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 or TTY: 1-800-523-2847. Please see Section 4, Your Cost for Covered Services and Section 8, Claims Filing and Disputed Claims Processes, 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 may be 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 and suburban 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	**Standard Option** **We Pay**	**High Option** **We Pay**
Exam	Up to $50	Up to $50
Single Vision Lenses	Up to $72	Up to $72
Bifocal Lenses	Up to $109	Up to $109
Trifocal Lenses	Up to $136	Up to $136
Lenticular Lenses	Up to $136	Up to $136
Contact Lenses	Up to $130	Up to $150
Medically Necessary Contact Lenses	Up to $600	Up to $600
Frames	Up to $130	Up to $150

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.

Benefit Description	You Pay	
Diagnostic	**Standard Option**	**High Option**
Eye exam: covered in full every calendar year. Includes dilation, if professionally indicated. 92002/92004 New patient exams 92012/92014 Established patient exams S0620 Routine ophthalmologic exam w/refraction - new patient S0621 Routine ophthalmologic exam w/refraction - established patient	In-Network: Nothing Out-of-Network: All charges	In-Network: Nothing Out-of-Network: Expenses in excess of the fee schedule allowance of $30
Eyewear	**Standard Option**	**High Option**
You may choose prescription glasses or contacts.		
Lenses: one pair covered in full every calendar year. V2100-2199 Single Vision V2200-2299 Conventional Bifocal V2300-2399 Conventional Trifocal V2121, V2221, V2321 Lenticular Note: 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: Polycarbonate lenses are covered in full. Note: All lenses include scratch resistant coating with no additional copayment. There may be an additional charge at Costco, LensCrafters, Sam's Club and Walmart.	In-Network: Nothing Out-of-Network: All charges	In-Network: Nothing Out-of-Network: Expenses in excess of fee schedule allowance of: $25 single vision $35 bifocal $45 trifocal $45 lenticular
Frame: *High Option:* covered once every calendar year. *Standard Option:* covered once every other calendar year. V2020 Frame *Note: Additional discounts are available from participating providers except Costco, LensCrafters, Sam's Club and Walmart.	In-Network: Collection Frame: Nothing Frame Allowance $130. Additionally, a 20% discount applies to any amount over $130* Out-of-Network: All charges	In-Network: Collection Frame: Nothing Frame Allowance $150. Additionally, a 20% discount applies to any amount over $150* Your $150 allowance is enhanced an additional $50 when you select a frame from a Visionworks location.

Eyewear - continued on next page

Benefit Description	You Pay	
Eyewear (cont.)	**Standard Option**	**High Option**
Note: Your eyewear will be delivered to your provider from the FEP BlueVision laboratory generally within five to seven calendar days. More delivery time may be needed when out-of-stock frames, AR (anti-reflective) Coating, specialized prescriptions or a retail frame is selected. Note: "Collection" frames with retail values up to $195 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.	In-Network: Collection Frame: Nothing Frame Allowance $130. Additionally, a 20% discount applies to any amount over $130* Out-of-Network: All charges	In-Network: Collection Frame: Nothing Frame Allowance $150. Additionally, a 20% discount applies to any amount over $150* Your $150 allowance is enhanced an additional $50 when you select a frame from a Visionworks location. Note: For the enhanced frame benefit at Visionworks (High Option Members only) an additional 20% discount over the $200.00 does not apply. Out-of-Network: Expenses in excess of fee schedule allowance of $30
Contact Lenses	**Standard Option**	**High Option**
Contact Lenses: covered once every calendar year – in lieu of eyeglasses. V2500-V2599 Contact Lenses *Note: Additional discounts are available from participating providers except Costco, LensCrafters, Sam's Club and Walmart. ****Note: Pre-authorization is required.**	In-Network: The remaining balance of a $130 allowance after purchasing contact lenses may be applied toward the cost of evaluation, materials, fitting, and follow up care. Additionally, a 15% discount applies to any amount over $130.* Participating providers usually charge separately for the evaluation, fitting, or follow-up care relating to contact lenses. When this occurs and the value of the Contact Lenses received is less than the allowance, you may submit a claim for the remaining balance (the combined reimbursement will not exceed $130). Expenses in excess of $600 for medically necessary contact lenses.**	In-Network: Expenses in excess of a $150 allowance. Additionally, a 15% discount applies to any amount over $150.* The evaluation, fitting and follow-up care is covered in full for Non-Specialty contact lenses. For Specialty lenses (including, but not limited to, toric, multifocal and gas permeable lenses), you receive $60 toward the contact lens evaluation and fitting, plus a 15% discount off the balance over $60*. Participating providers will bill you for anything over the $60 less the discount so you do not have to file a claim. Expenses in excess of $600 for medically necessary contact lenses.** Out-of-Network: Expenses in excess of fee schedule allowance of:

Contact Lenses - continued on next page

Benefit Description	You Pay	
Contact Lenses (cont.)	**Standard Option**	**High Option**
	Out-of-Network: All charges	$75 elective contact lenses $225 medically necessary contact lenses
Other Vision Services	**Standard Option**	**High Option**
Optional Lenses and Treatments:	**In-Network Only**	**In-Network Only**
Ultraviolet Protective Coating	No Copay	No Copay
Polycarbonate Lenses	No Copay	No Copay
Blended Segment Lenses	$20	$20
Intermediate Vision Lenses	$30	$30
Standard Progressives*	$50	No Copay
Premium Progressives (Varilux®, etc.)*	$90	$90
Ultra Progressive Lenses (Digital)*	$195	$195
Photochromic Glass Lenses	$20	$20
Plastic Photosensitive Lenses (Transitions®)	$65	No Copay
Polarized Lenses	$75	$75
Standard Anti-Reflective (AR) Coating*	$35	$20
Premium AR Coating	$48	$33
Ultra AR Coating	$60	$45
Hi-Index Lenses (up to 1.67)**	$55	$55

* FEP BlueVision provides many product lens offering at low discounted out-of-pocket cost.

** Industry Standard for Hi-Index

Additional Discounts

Laser Vision Correction: FEP BlueVision members can realize substantial discounts on laser correction procedures using the QualSight Network. QualSight has over 1,000 locations in 46 states providing access to credentialed and experienced LASIK Surgeons. All QualSight locations offer contracted pricing to FEP BlueVision members which represents 40% to 50% savings off the national average price for Traditional LASIK with significant savings on procedures such as custom Bladeless (all laser) LASIK.

FEP BlueVision members **MUST** call directly at 855-502-2020 where a QualSight Care Manager will explain the program, answer questions and do a phone screening to ensure the member is a potential candidate for this surgery. They will also provide a list of QualSight participating locations and schedule an appointment. Discounts will only apply by following this process.

Laser vision correction has no out-of-network benefit.

Additional Benefits

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 in lieu of eyeglasses, if they will result in significantly better visual and/or improved binocular function, including diplopia or suppression. Contact lenses may be determined to be medically necessary in the treatment of the following conditions:

Diagnosis	**Qualifying Characteristics from our Clinical Criteria Form.**
Keratoconus	Corneal Disorders
High Ametropia	Myopia, Hyperopia: ***the use of contact lenses, in lieu of eyeglasses results in an improvement of distance visual acuity of 2 lines or more unless there are extenuating clinical circumstances documented in the medical record.***
Anisometropia	Conditions related to Aniseikonia would be submitted by documenting Anisometropia
Aphakia	
Aniridia	

Medically necessary contact lenses are dispensed in lieu of other eyewear once per calendar year. 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.

Warranty: FEP BlueVision "Collection" frames and all eyeglass lenses manufactured in FEP BlueVision laboratories are guaranteed for one year from the original date of dispensing. Warranty limitations may apply to provider – or retailer – supplied frames and/or eyeglass lenses. Please ask your provider for details of the warranty that is available to you.

Discount: All FEP BlueVision independent providers are required to extend a 20% discount to all members that purchase additional frames, and/or spectacle lenses and/or daily wear contact lenses, and a 10% 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. The materials portion of the member's benefit does not need to be exhausted first in order for the member to receive this discount.

NOTE: Retail locations are not required to provide this discount.

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" - see 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 to us for reimbursement.** Claim forms are available at www.fepbluevision.com. 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 2010

Latham, New York 12110-2010

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

www.fepbluevision.com or 1-518-220-6569, TTY: 1-800-523-2847.

Laser Vision Correction

The discount on laser correction procedures (LASIK and PRK) is only available through our QualSight network providers. Therefore, the discount on these procedures is not available for services received overseas. There is no out-of-network benefit for laser correction procedures.

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	We Pay
	Standard Option	**High Option**
Exam	Up to $60	Up to $60
Single Vision Lenses	Up to $72	Up to $72
Bifocal Lenses	Up to $109	Up to $109
Trifocal Lenses	Up to $136	Up to $136
Lenticular Lenses	Up to $136	Up to $136
Contact Lenses	Up to $130	Up to $150
Medically Necessary Contact Lenses	Up to $600	Up to $600
Frames	Up to $130	Up to $150

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, treatment or materials not specifically listed as a covered service;
- Services and materials that are experimental or investigational;
- Services or materials which 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;
- 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;
- 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;
- 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.
- 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 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.fepbluevision.com or call 1-888-550-2583 or TTY: 1-800-523-2847.

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 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, fax or email to:

Reconsideration Department

FEP BlueVision

P.O. Box 2010

Latham, New York 12110-2010

FAX: 1-800-403-1783

Email: fepmemberhelp@davisvision.com

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 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

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, 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 the plan to pre-approve services and the amount that the plan 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 his or her direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
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, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
We/Us	FEP BlueVision.
You	Enrollee or eligible family member.

Non-FEDVIP Benefits

Your Hearing Network: FEP BlueVision members have access to a hearing health care program through Your Hearing Network (YHN). Through YHN members have access to a network of licensed and credentialed audiologists / otolaryngologists for a savings of up to 40% off national average selling prices for brand name hearing aids with the latest advanced technology, including Bluetooth® wireless capabilities, and rechargeable models with hands-free connectivity for smartphones.

For more information on hearing aid discounts or to schedule your appointment today, please call 1 (888) 809-0044 or visit davisvision.yourhearing.com.

Blue365® Discounts

As a member of FEP BlueVision®, you have access to exclusive health and wellness discounts through the Blue365® Program. FEP BlueVision® presents this program at no-cost to help you achieve your best health. Blue365Deals can be accessed at www.blue365deals.com and provides access to some of the industry's best discounts including:

- Low-Cost Gym Membership – Low monthly gym membership with access to over 10,000 locations through Fitness your Way
- Fitbit Wearable Devices - Discounts on Fitbit's entire suite of smartwatches and activity trackers, plus free shipping
- Gym shoes and athletic apparel – Discounts on Reebok and Skechers
- Discount Drug Program – Save on drugs not covered under regular RX programs
- Hearing Aids - Discounts on hearing aids plus free batteries from various hearing aid companies including but not limited to Beltone and TruHearing
- Dieting and Healthy Eating – Discounts on Jenny Craig, Nutrisystem and Sun Basket food delivery
- And other discounts on family travel, personal care, financial health, pet insurance and much more!

How to Sign Up

1. Visit www.Blue365Deals.com/fepbluevision and click on "Register".
2. Enter your personal information (First Name, Last Name, Email, etc.).
3. For the Member ID Prefix, please use "298"
4. Read and accept the terms, and click "Register" to start saving!

Visit www.blue365deals.com/fepbluevision to register and start saving today.

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) or TTY: 1-800-523-2847 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.

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.

Notes

Notes

- **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	Standard Option You Pay	High Option You Pay	Page
Routine Eye Exams (including dilation, if professionally indicated)	Nothing	Nothing	13
Standard Eyeglass Lenses (Contact lenses may be obtained in lieu of glasses)	Nothing	Nothing	13
Optional Lens Treatments	Some additional copays	Some additional copays	15
Frames			
Collection Frames	Nothing	Nothing	13-14
Frame Allowance	Any amount over the $130 Plan allowance after a 20% discount	Any amount over the $150 Plan allowance after a 20% discount Your $150 allowance is enhanced an additional $50 when you select a frame from a Visionworks location. Note: For the enhanced frame benefit at Visionworks (High Option Members only) an additional 20% discount over the $200.00 does not apply.	13-14
Contact Lenses	Any amount over the $130 Plan allowance after a 15% discount	Any amount over the $150 Plan allowance after a 15% discount For Non-Specialty contact lenses the Evaluation, Fitting and Follow-up care are covered in full at network providers.	14-15
Laser Vision Correction	The provider's charge after the negotiated discount	The provider's charge after the negotiated discount	15

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

Rate Information

High - Bi-Weekly			High - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
$5.49	$10.97	$16.46	$11.90	$23.77	$35.66

Standard - Bi-Weekly			Standard - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
$3.50	$6.99	$10.49	$7.58	$15.15	$22.73