Please click here for Premier Program Information

BlueCross BlueShield
Federal Employee Program
FEP BlueVision℠

Affinity Plan

All eyewear and laboratory services under this Affinity Plan are supplied by the provider using your usual sources.

DAVIS VISION
THE EYECARE ADVANTAGE
www.davisvision.com

SECTION I - PROVIDER/PATIENT SECTION

Member Name: _____

Member ID No.: _____

Patient Name: _____

Relationship: Member __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Authorization No.: _____

Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Affinity

Copayments:

Eye examination	15% off providers U&C
Refraction Only (when exam is covered by Medicare)	$20.00
Contact lens examination	15% off providers U&C
Frame	Discount only see section III
Spectacle lenses	Discount only see section III
Contact Lenses:	Discount only see section III

Plan Description: A discounted eye examination , and a discount towards the cost of spectacle lenses and a frame, or contact lenses.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐

1a. Was examination comprehensive? Yes ☐ No ☐

1b. Was dilation performed? Yes ☐ No ☐

1c. Was this a new patient? Yes ☐ No ☐

1d. Primary Diagnosis code: _____

Secondary Diagnosis code (if any): _____

B. Spectacle Lenses Provided: (check all that apply)*

		Member Pays:
Single Vision	☐	$35.00
Bifocal	☐	$55.00
Trifocal	☐	$65.00
Lenticular	☐	$110.00

C. Contact Lenses:

		Member Pays:
Conventional	☐	20% off U & C
Disposable/planned replacement	☐	10% off U & C

D. Frame Provided*:

	Member Pays:
Priced up to $70 retail ☐	$40
Priced above $70 retail ☐	$40 plus 10% off the amount over $70.00

SECTION IV - OPTIONS SECTION*

Patient charges for selected options.
(in addition to lens price)

Option	☑	Patient Charge
Standard Progressive Lenses	☐	$60.00
Premium Progressive Lenses	☐	$110.00
Blended Invisible Bifocals	☐	$20.00
High Index	☐	$55.00
Polarized Lenses	☐	$75.00
Glass Lenses	☐	$18.00
Polycarbonate Lenses	☐	$30.00
Scratch-Resistant Coating	☐	$15.00
Standard ARC (anti-reflective coating)	☐	$45.00
Ultraviolet Coating	☐	$15.00
Solid Tint	☐	$10.00
Gradient Tint	☐	$12.00
Photochromic Lenses	☐	$35.00
Plastic Photosensitive Lenses	☐	$65.00
Intermediate Vision Lenses	☐	$30.00

*Special lens designs, materials, powers and frames may require additional cost. Member cost may vary dependent upon retailer selected.

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Premier Plan

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SECTION I - PROVIDER/PATIENT SECTION

Member Name: _____

Member ID No.: _____

Patient Name: _____

Relationship: Member __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Authorization No.: **FEP** _____

Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level:	Premier	
Copayments:	Eye examination	$ 0.00
	Frame and/or Spectacle lenses	$ 0.00
	Contact Lens Formulary	$ 0.00
Plan Description:	An eye examination (including dilation), frames and spectacle lenses or contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.	

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐

1a. Was examination comprehensive? Yes ☐ No ☐

1b. Was dilation performed? Yes ☐ No ☐

1c. Was this a new patient? Yes ☐ No ☐

1d. Primary Diagnosis code:_____

Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)

1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses: Plan Supplied:

Formulary ☐

Provider Supplied:

Elective ☐

Medically Necessary ☐

D. Frame Provided:

Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Spectacle Lenses	Contact Lenses	Medically Necessary Contact lenses
$130.00 plus 20% off overage	N/A	$130.00 plus 15% off overage	Paid in Full (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Premier Frame	☐	Included	$ 5.00
Ultraviolet Coating	☐	$12.00	$ 6.00
Scratch-Resistant Coating	☐	$20.00	$10.00
Photochromic Lenses	☐	$20.00	$10.00
Blended Segments	☐	$20.00	$10.00
Intermediate Vision Lenses	☐	$30.00	$10.00
Standard Progressive Addition Multifocals	☐	$50.00	$30.00
Premium Progressive Addition Multifocals	☐	$90.00	$30.00
Polycarbonate Lenses*	☐	$30.00	$20.00
Standard ARC (anti-reflective coating)	☐	$35.00	$ 7.00
Premium ARC (anti-reflective coating)	☐	$48.00	$ 7.00
Ultra ARC (anti-reflective coating)	☐	$60.00	$15.00
Polarized Lenses	☐	$75.00	$25.00
High Index Lenses	☐	$55.00	$25.00
Plastic Photosensitive Lenses	☐	$65.00	$25.00

***No copayment/additional dispense for dependent children, monocular members and patients with Rx +/-6.00 or greater.**