2019 EXAM PLUS PLAN
Vision plan benefit summary

When you choose a health plan to cover you and your family, it's important that you consider vision care. Why? Regular eye exams do more than identify vision problems. They can also provide the earliest detection of serious health conditions such as diabetes, heart disease, high blood pressure and high cholesterol.[1] That's why your employer offers Blue 20/20 vision coverage from the most preferred health insurer in North Carolina.[2]

Valuable coverage

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers affordable vision coverage for individuals and families, all powered by EyeMed Vision Care.[3]

A plan for your lifestyle

With Blue 20/20, you'll have access to one of the nation's largest vision networks – 104,629 providers at both independent and retail locations.[4] With so many locations to choose from, you're sure to find a provider with a schedule that works for you. In fact, more than 70% of participating locations offer convenient evening and weekend appointment hours.[4]

And Blue 20/20 is easy to use. You won't need an ID card when you visit an in-network provider, and there won't be any claim forms to fill out.

Easy online access

You'll get the most out of your vision coverage when you take advantage of our member website. Anytime you go online to *blue2020nc.com*, you will be able to:

+ View your benefit details
+ Confirm eligibility
+ Check claim status
+ Print replacement ID cards
+ Locate a provider
+ Schedule an appointment online**
+ View general eye health and wellness information

**Most, but not all, network providers offer this.

Learn more

Ask your employer how you can enroll in Blue 20/20 today.

Partial list of network providers*

*For a full list go to *blue2020nc.com*.

Count on the name trusted for over 85 years

BlueCross BlueShield of North Carolina

Blue20/20™ Exam Plus

Exam Plus Benefits†

Vision Care Service	In-Network Member Cost	Out-of-Network Reimbursement[5]
COMPREHENSIVE EYE EXAM	$10 copay	$39
FRAMES[6]	80% of balance over $150.00 allowance	50% of allowance
STANDARD PLASTIC LENSES Single vision	$10 copay	$25
Bifocal	$10 copay	$39
Trifocal	$10 copay	$63
Lenticular	$10 copay	$63
Standard progressive lens	$25 copay plus $65	$39
Premium progressive lens	$25 copay plus $85 – $110	
Tier 1	Copay plus $85	$39
Tier 2	Copay plus $95	$39
Tier 3	Copay plus $110	$39
Tier 4	80% of retail less $120 allowance, plus copay plus $65	$39
LENS OPTIONS[7] Additional lens options are available at discounted member costs.	Go to **blue2020nc.com**, your member portal, for appropriate member costs.	
CONTACT LENSES[8] Conventional	85% of balance over $150.00 allowance	80% of allowance
Disposable	100% of balance over $150.00 allowance	80% of allowance
Medically necessary	$0 copay	$200
LASER VISION CORRECTION[7] LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	Not covered
FREQUENCY Exam Lenses or contact lenses Frames	Once every **12 months** Once every **12 months** Once every **24 months**	

Limitations & Exclusions

This is a partial list of services that are not covered by Blue 20/20. Refer to your member booklet for a full list of exclusions.

- Lost or broken lenses, frames, glasses or contact lenses
- Non-prescription lenses, contact lenses or sunglasses
- Two pairs of glasses in place of bifocals
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Vision training, orthoptic services, aniseikonic lenses, subnormal vision aids or any associated supplemental testing
- Services required by any governmental agency or program, or as a result of any workers' compensation law or similar legislation
- Any eye or vision examination or corrective eyewear ordered by a member's employer, including safety eyewear
- Services or materials provided by any other group benefit plan providing vision care
- Services rendered after the last date of coverage, unless materials are ordered before the end of coverage and services are rendered within 31 days of the order
- Benefit allowances provide no remaining balance for future use within the same benefit frequency

† For costs and further details of the coverage, including exclusions, and reductions or limitations and terms under which the policy may be continued in force, see your benefit administrator. This brochure contains a summary of benefits only. It is not your vision plan policy. Your policy is your vision plan contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. You may be entitled to additional discounts. Check your provider listing for more information.

BlueCrossNC.com

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