



2020 INDIVIDUAL VISION PLAN | See the difference





A VISION PLAN for your total health

People today spend a lot of time looking at their phone and computer screens. And because of this, it's more important than ever to protect potential damage to your vision. At Blue Cross and Blue Shield of North Carolina (Blue Cross NC), we recognize how an eye exam can make all the difference for both your vision and total health.

Comprehensive eye exams not only help keep your eyes healthy, but they can also catch early signs of other conditions like diabetes, high blood pressure, some cancers, neuromuscular diseases and more.¹ By spotting these issues early, you can better manage your conditions in the long run.

It's time to make your visual health a priority with a high-quality vision plan offered through Blue 20/20 for Individuals.

Blue 20/20 for Individuals gives you more choice

You can buy a Blue 20/20 for Individuals plan even if you don't have a medical plan. We make it easy. We've partnered with EyeMed Vision Care[®] (EyeMed) to give you access to one of the nation's largest vision networks. More than 100,000 providers at both independent and retail locations, plus online in-network options, give you a variety of options that make it easy to find a location and hours that are convenient for you.²

You can choose any frame you like. There are options to fit every style and budget — including top brands like Ray-Ban[®], Oakley[®], PRADA[®], Coach[®] and more.

Choose your vision offering

Selecting the Blue 20/20 for Individuals plan that works for you is simple. There are two plans to choose from: Exam Plan and Exam Plus Plan. Each offer great price points and benefits to fit your needs.

The **Exam Plan** offers a routine eye exam and a 35% discount off retail on complete pairs of prescription glasses.

The **Exam Plus Plan** provides a routine eye exam, an allowance for frames, and your choice of lenses or contact lenses. This plan also comes with a 40% discount off retail on additional complete pairs of prescription eyeglasses and sunglasses.

Both plans include additional in-network discounts:

- + 15% off conventional contact lenses (does not apply to disposable contact lenses)
- + 20% off non-prescription sunglasses
- + 20% off a partial pair of eyeglasses (frames or lenses only)
- + 15% off retail or 5% off the promo price of LASIK vision correction
- + Retinal imaging discounted to \$39

Partial list of EyeMed network providers**



Blue20/20SM Price Information^{*}

	Monthly Rate	Annual Cost
EXAM PLAN	\$7.13	\$85.56
EXAM PLUS PLAN	\$16.36	\$196.32

* Rates expire 12/31/20

** For a full list, go to BlueConnectNC.com. Blue Cross NC does not recommend, endorse, warrant, or guarantee any specific vendor, product or service available through the above vendors. All marks are the property of their respective owners.

Blue20/20™ for Individuals Exam Plan

Vision Care Benefit	In-Network Copayment	Out-of-Network Reimbursement ³
ROUTINE EYE EXAM <small>Includes one routine eye exam, with dilation as necessary, once every benefit period.</small>	\$0 copay	Up to \$39

Discounts of up to 35% are available for complete pairs of prescription glasses.

Blue20/20™ for Individuals Exam Plus Plan

Vision Care Benefit	In-Network Copayment or Allowance	Out-of-Network Reimbursement ³
ROUTINE EYE EXAM	\$0 copay	Up to \$39
FRAMES ⁴	\$150 allowance, 20% discount on remaining balance	50% of allowance
LENSES OR CONTACT LENSES STANDARD PLASTIC LENSES Single vision Bifocal Trifocal Lenticular Standard progressive lens ⁴ Premium progressive lens ⁴ Tier 1 Tier 2 Tier 3 Tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$25 copay plus \$65 \$25 copay, plus \$85 \$25 copay, plus \$95 \$25 copay, plus \$110 \$90 copay, plus 80% of retail less than \$120 allowance	Up to \$25 Up to \$39 Up to \$63 Up to \$63 Up to \$39 Up to \$39 Up to \$39 Up to \$39
ADDS-ONS AND SERVICES⁵ <small>UV treatment, tint, scratch coating, photochromatic, anti-reflective coating</small>	Additional lens options are available at discounted member cost ⁵	N/A
CONTACT LENSES⁶ Conventional or Disposable Medically necessary	Up to \$150 allowance with 15% discount on remaining balance Up to \$150 allowance \$0 copay	80% of allowance 80% of allowance \$200
LASER VISION CORRECTION⁵ LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	Discount does not apply
FREQUENCY Exam Lenses or Contact Lenses Frames	Once per 12 months Once per 12 months Once per 12 months	



MEMBER support

When you go to BlueConnectNC.com, you'll be able to:

- + View benefit details
- + Confirm eligibility
- + Access exclusive savings and discounts
- + Check claim status
- + Print replacement ID cards
- + Locate a provider
- + View general health and wellness information

You can also check out the Blue ConnectSM Mobile app for iPhone[®] and Android[®] devices.

We're here to help!

Please contact your authorized Blue Cross NC agent or visit BlueCrossNC.com/Shop-Plans to learn more about Blue 20/20 for Individuals.

Limitations & Exclusions

This is a partial list of services that are not covered by Blue 20/20 for Individuals. Refer to the 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.

1 James, S.D. (2012, April 11). Get an Eye Exam: Arthritis to Cancer Seen in Eye. Retrieved from abcnews.go.com (Accessed July 2019).

2 EyeMed Provider Listing, May 2019.

3 Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the vision benefit plan's and member's payment obligations.

4 Certain brand-name vision materials in which the manufacturer imposes a no-discount practice are excluded.

5 Indicates a service that is not a regular part of your vision benefit plan. Additional lens options are available at discounted member cost.

6 Discount applies to materials only and not fittings for contact lenses.

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