



2021 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? Because it's about your total health. Your eye doctor can often see early signs of glaucoma, macular degeneration and cataracts through a comprehensive eye exam, but did you know they can also detect diabetes, heart disease, high blood pressure and more?¹ That's why you will benefit from 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 you value. You get great benefit coverage combined with our experience and affordable rates. Plus, your vision coverage is from a name trusted in North Carolina for over 85 years.

A plan for your lifestyle

With Blue 20/20, you'll have access to one of the nation's largest vision networks – more than 100,000 providers at both independent and retail locations.³ 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,³ online provider options and walk-in appointments. Plus, you can choose any available frame at an in-network provider location.

Blue 20/20 is easy to use. There is no need for an ID card when you visit an in-network provider, and there won't be any claim forms to fill out because your benefit is applied at point of sale.

Partial list of network providers*



*For a full list go to Blue2020NC.com. Blue Cross NC does not recommend, endorse, warrant or guarantee any specific vendor, product or service available through the EyeMed Access Network, their largest network.

Easy online access

You have access to all of your Blue Cross NC plans through Blue ConnectSM. Anytime you visit BlueCrossNC.com and log in to your Blue Connect portal, from the Vision tab you will be able to:

- + Find an eyecare provider
- + Review your benefits
- + Check claim status
- + Learn more about eye health

Learn more

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



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Group Voluntary Vision Plan

Vision Care Benefits	In-Network Copayment or Allowance	Out-of-Network Reimbursement
ROUTINE EYE EXAM	\$10 copayment	Up to \$39
FRAMES ^{4,5}	Up to \$100 allowance, then member pays 80% of balance	50% of allowance
LENS OPTIONS ^{4,5,6}		
STANDARD PLASTIC LENSES ^{4,5}		
Single vision	\$25 copayment	Up to \$25
Bifocal	\$25 copayment	Up to \$39
Trifocal	\$25 copayment	Up to \$63
Lenticular	\$25 copayment	Up to \$63
Standard progressive lens	\$25 copayment plus \$65	Up to \$39
Premium progressive lens		
Tier 1	\$25 copay plus \$85	Up to \$39
Tier 2	\$25 copay plus \$95	Up to \$39
Tier 3	\$25 copay plus \$110	Up to \$39
Tier 4	80% of retail less \$120 allowance, plus \$25 copay plus \$65	Up to \$39
ADD-ONS & SERVICES		
UV treatment, tint, scratch coating, photochromatic, anti-reflective coating	Discounts vary; see next page for details	Discounts do not apply
OR		
CONTACT LENSES ⁵		
Conventional	Up to \$100 allowance, with 15% discount on remaining balance	80% of allowance
OR		
Disposable	Up to \$100 allowance	80% of allowance
Medically necessary	\$0 copayment	Up to \$200
LASER VISION CORRECTION LASIK or PRK from U.S. Laser Network	15% off the retail price, or 5% off the promotional price	Discounts do not apply
FREQUENCY		
Exam	Once every 12 months	
Lenses OR Contact Lenses	Once every 12 months	
Frames	Once every 12 months	

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There's more: Discounts honored at in-network providers

GLASSES & SUNGLASSES

- + 20% off a partial pair of eyeglasses (frames only or lenses only)
- + 40% off additional complete pairs of prescription eyeglasses and prescription sunglasses (frames/lenses/lens add-ons)
- + 20% off non-prescription glasses/sunglasses

LENS OPTIONS	MEMBER DISCOUNTED COST
Anti-Reflective Coating	
Standard	\$45
Premium Tier 1	\$57
Premium Tier 2	\$68
Premium Tier 3	20% off retail price
Photochromic Plastic	\$75
Polycarbonate Standard	
Age 19 and older	\$40
Age 18 and younger	\$0 copayment
Scratch Coating – Standard Plastic	\$15
Tint – Solid or Gradient	\$15
UV Treatment	\$15
All Other Lens Options	20% off retail price

ADDITIONAL CONTACT SERVICES

- + Retinal imaging discounted to \$39
- + Contact lens fittings discounted to \$55 for standard fit, 10% off premium
- + 15% off retail, or 5% off promo price for LASIK vision correction
- + 15% off conventional contact lenses

SPECIAL DISCOUNTS

Additional discounts may be available from time to time. Check your Vision tab on Blue Connect for updates.

1 Source: www.abcnews.go.com/Health/dozens-diseases-diagnosed-simple-eye-exam/story?id=16111097 (Accessed July 2020).

2 Ipsos Consumer Brand Tracking Study, June 2020.

3 EyeMed Provider Listing, July 2020.

4 Additional discounts: 40% off additional complete pairs of prescription eyeglasses; 20% off non-prescription sunglasses. These discounts are not insured benefits and are for in-network providers only.

5 Benefit allowances provide no remaining balance for future use within the same benefit frequency. Certain brand name vision materials in which the manufacturer imposes a no-discount practice are excluded.

6 Benefit assumes either eyeglass lens or contact lens.

Rates are valid for groups domiciled in the state of North Carolina. At least 20% employee participation required.

Plan exclusions:

- + Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses
- + Medical and/or surgical treatment of the eye, eyes or supporting structures
- + Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
- + Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- + Plano (non-prescription) lenses and/or contact lenses
- + Non-prescription sunglasses
- + Two pairs of glasses in lieu of bifocals
- + Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
- + Services or materials provided by any other group benefit plan providing vision care
- + Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available

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