

Blue20/20SM

Vision coverage focused on you

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 trusted health insurer in North Carolina.²

Valuable coverage

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

A plan for your lifestyle

With Blue 20/20, you'll have access to one of the nation's largest vision networks – 70,000 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

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. Any time you go online to **blue2020nc.com**, you will be able to:

- + Review your benefits
- + Find a provider
- + Check the status of a claim
- + Access eye health information

LEARN
MORE

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



Blue20/20™ Exam Plus

Vision care service	In-network member cost	Out-of-network reimbursement ⁴
Comprehensive eye exam	\$10 copay	\$39
Frames⁵	80% of balance over \$130 allowance	\$65
Standard plastic lenses		
Single vision	\$25 copay	\$25
Bifocal	\$25 copay	\$39
Trifocal	\$25 copay	\$63
Lenticular	\$25 copay	\$63
Standard progressive lens ⁶	\$25 copay plus \$65	\$39
Premium progressive lens ⁶	\$25 copay plus \$85--\$110	
Tier 1	\$85	\$39
Tier 2	\$95	\$39
Tier 3	\$110	\$39
Tier 4	\$90, 80% of charge less \$120 allowance	\$39
Lens options⁶		
Standard polycarbonate for covered dependents under age 19	\$0	\$28
Contact lenses⁷		
Conventional	85% of balance over \$130 allowance	\$104
Disposable	100% of balance over \$130 allowance	\$104
Medically necessary	\$0 copay	\$200
Laser vision correction⁶		
LASIK or PRK from U.S. Laser Network	Discount applies	Not covered
Frequency		
Exam	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frames	Once every 24 months	
	Valid from 01/01/2016-12/31/2016	

INDEPENDENT
PROVIDER
NETWORK

PEARLE
VISION

LENSCRAFTERS

optical

OPTICAL

sears OPTICAL

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.

1 "Make a Date for Your Eyes: Your Annual Exam." American Academy of Ophthalmology, "Frequency of Ocular Examinations," 2009. <http://www.eyesiteonwellness.com/eye-care-articles/your-annual-eye-exam>. (Accessed September 2013).

2 BCBSNC Brand Image and Advertising Tracking: Vision Critical; March 2014.

3 EyeMed Provider Listing, October 2014.

4 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.

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

6 Indicates a service that is not a regular part of your vision benefit plan.

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

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