



2020 EXAM PLUS PLAN

Group Employer-Paid Vision Plan information

When you choose a health plan to cover you, your employees and their families, it's important that you consider vision care. Why? Through a comprehensive eye exam, an eye doctor can often see early signs of glaucoma, brain tumors, cataracts, diabetes, heart disease, high blood pressure, high cholesterol, some cancers, neuromuscular diseases, rheumatic diseases and sickle cell anemia.¹ That's why both you and your employees 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 affordable vision coverage for individuals and families, all powered by EyeMed Vision Care.³

A plan for your employees' lifestyle

With Blue 20/20, your employees will have access to one of the nation's largest vision networks – more than 100,000 providers at both independent and retail locations.⁴ With so many locations to choose from, your employees are sure to find a provider with a schedule that works for them. In fact, more than 70 percent of participating locations offer online provider options, convenient evening and weekend hours, and walk-in appointments.⁴ Plus, employees can choose from 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 your employees 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*



LENSCRAFTERS



*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 EyeMed.

Easy online access

Your employees will get the most out of their vision coverage when they take advantage of our member portal. Any time they go online to their member portal, they will be able to:

- + Review their benefits
- + Find an eyecare provider
- + Check claim status
- + Learn more about eye health
- + Print replacement ID cards

Administrative ease for you

- + Member maintenance is integrated with the medical and dental plan

Learn more

Ask your Blue Cross NC Agent or Sales Rep how your employees will benefit from Blue 20/20 today.





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| Vision Care Benefits | In-Network Copayment or Allowance | Out-of-Network Reimbursement |
|--|---|--------------------------------|
| ROUTINE EYE EXAM | \$10 copayment | Up to \$39 |
| FRAMES ^{5,6} | Up to \$130 allowance, then member pays 80% of balance | Up to \$65 |
| LENS OPTIONS ^{5,6,7} | | |
| STANDARD PLASTIC LENSES ^{5,6} | | |
| Single vision | \$10 copayment | Up to \$25 |
| Bifocal | \$10 copayment | Up to \$39 |
| Trifocal | \$10 copayment | Up to \$63 |
| Lenticular | \$10 copayment | Up to \$63 |
| Standard progressive lens | \$10 copayment plus \$65 | Up to \$39 |
| Premium progressive lens | \$10 copayment plus the amount shown in tier 1, 2, 3 or 4 | |
| Tier 1 | \$85 | Up to \$39 |
| Tier 2 | \$95 | Up to \$39 |
| Tier 3 | \$110 | Up to \$39 |
| Tier 4 | 80% of retail less \$120 allowance, plus \$65 | Up to \$39 |
| ADD-ONS & SERVICES ⁷ | | |
| UV treatment, tint, scratch coating, photochromatic, anti-reflective coating | See footnote 7 for more detail | See footnote 7 for more detail |
| CONTACT LENSES ⁶ | | |
| Conventional | Up to \$130 allowance, with 15% discount on remaining balance | Up to \$104 |
| OR | | |
| Disposable | Up to \$130 allowance | Up to \$104 |
| 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 | Discount does not apply |
| FREQUENCY | | |
| Exam | Once every 12 months | |
| Lenses OR Contact Lenses | Once every 12 months | |
| Frames | Once every 12 months | |
| RATES | | |
| For groups with 51+ employees, rates apply to plans with a 2020 effective start date and for a period of 24 months from the 2020 effective start date. | Subscriber \$7.55 | |
| | Subscriber + spouse \$14.35 | |
| | Subscriber + children \$15.10 | |
| | Subscriber + family \$22.20 | |

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1 Source: www.eyesightonwellness.com/make-a-date-for-your-eyes-your-annual-exam/ (Accessed June 2019).

2 Blue Cross NC Brand Tracking; survey conducted by Maru, an independent market research firm; May 2018.

3 On behalf of Blue Cross NC, EyeMed Vision Care (EyeMed) assists in the network services of our Blue 20/20 product. EyeMed Vision Care is an independent company that is solely responsible for the services it provides. EyeMed Vision Care does not offer Blue Cross or Blue Shield products or services.

4 EyeMed Provider Listing, July 2019.

5 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.

6 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.

7 Additional lens options are available to the member at the discounted amount. For dependents under age 19 the standard polycarbonate lens add on is funded by the plan - no cost to the member. For over age 19 Standard Polycarbonate is \$40.

Rates are valid for groups domiciled in the state of North Carolina. At least 25% employer contribution and 75% 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 pair 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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VIS-EP, 6/19; U20639aj, 9/19



Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, call the Customer Service or TTY number on the back of your member ID card.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. If you need these services, call the Customer Service or TTY number on the back of your member ID card.

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Service or TTY number on the back of your member ID card.

ATENCIÓN: Si habla otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número de teléfono para personas con problemas auditivos (TTY) que figura al dorso de su tarjeta de identificación.

注意：他の言語を話す方は、言語支援サービスを無料でご利用いただけます。

顧客サービスにお電話いただくか、会員IDカードの裏面にあるTTYサービスをご利用ください。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng hoặc TTY trên mặt sau thẻ ID thành viên của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 혹은 TTY 번호로 전화해 주십시오.

ATTENTION: si vous parlez une autre langue, des services d'aide linguistique vous sont proposés gratuitement. Contactez le service clients au numéro figurant au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء أو رقم الهاتف النصي الموضح على ظهر بطاقة هوية العضو.

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, , peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Customer Service tus xov tooj los yog tus xov tooj TTY rau cov neeg tsis hnov lus zoo uas nyob sab tom qab koj daim npav ID.

ВНИМАНИЕ: Если вы говорите на другом языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на обратной стороне вашей идентификационной карточки участника.

PAUNAWA: Kung nagsasalita ka ng ibang lengguwahe, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Customer Service o TTY sa likod ng iyong member ID card.

સુચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિ:શુ ક ઉપલ ધ છે. તમારા સ ચપદ ઓળખન રની (આઈ.ડી) પાછળની બાજુ પર આપેલ ગરહક સેવાઓના નંબર અથવા TTY નંબર પર કોલ કરો.

ບໍ່ມື້: ບຼສົນບຼເຕກສຸກສິນຢາຍຳກາສາໂຂງ ບສຳກັຍຜູ້ຊ່ຽງຍຸກສາສາຍຳລຸ່ມຜູ້ສບຍາບຼເຕກສຸກເດຍຍິສຄິດໂຕ້ ຢູ່ສູຍເຕເຕັກ ສໍບສ ກັສຄິດສເດຍບຼບລູສູ່ເຕັກສຸກສາສາຍຳກັສຍຳກັສບຼເຕກສຸກ ຢູ່

ACHTUNG: Falls Sie eine andere Sprache sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die Nummer des Kundenservices oder von TTY an, die auf der Rückseite Ihrer Mitgliedskarte angegeben ist.

ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवा या TTY नंबर पर कॉल करें।

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການລູກຄ້າທຳລື ເບີ TTY ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ.

注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服或 TTY 號的電話號碼。

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