

2023 EXAM PLUS PLAN

Group Employer Paid Vision Plan

| 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 | |

Partial list of network providers*

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
VISION[™]

OPTICAL[™]

*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.

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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