

Blue 20/20 Benefit Highlights (Exam Plus)

Benefit	In Network Allowance or Copayment	Out of Network Reimbursement
ROUTINE EYE EXAM	\$10 Copayment	Up to \$39
FRAMES	\$200 Allowance, with 20% discount on remaining balance	Up to 50% of Allowance
STANDARD PLASTIC LENSES Single vision Bifocal Trifocal Lenticular Standard progressive lens Premium progressive lens Tier 1 Tier 2 Tier 3 Tier 4 OR CONTACT LENSES Conventional OR Disposable Allowance amount is for materials only and does not include fittings for contact lenses or follow-up services.	\$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment plus \$65 \$25 Copayment plus \$85 \$25 Copayment plus \$95 \$25 Copayment plus \$110 80% of retail less \$120 Allowance, plus \$25 Copayment plus \$65 \$200 Allowance, with 15% discount on remaining balance	Up to \$25 Up to \$39 Up to \$63 Up to \$63 Up to \$39 Up to \$39 Up to \$39 Up to \$39 Up to \$39 Up to 80% of Allowance for Contact Lenses
MEDICALLY NECESSARY CONTACT LENSES* *Subject to eligibility review	\$0 Copayment	Up to \$200
VOLUNTARY OR NON-VOLUNTARY	Non-Voluntary	

Note: Additional discounts may be offered at participating retail and provider locations. Please check provider locator for participation.

Benefit	Frequencies and Limitations
Routine Eye Exam	1 visit every 12 months
Frames	1 pair every 12 months
Lenses or Contact Lenses	1 set of lenses, supply of contact lenses, or set of medically necessary contact lenses every 12 months

We offer these features as standard:

- Retinal imaging discounts available
- Promotional pricing for LASIK vision correction
- Discounts available on non-prescription glasses/sunglasses

Additional retail discounts may be available that supplement your benefits. Discounts are updated on the Blue 20/20 member portal, BlueConnectNC.com

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; structures
- 2) Medical and/or surgical treatment of the eye, eyes or supporting structures
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment i.e. Safety eyewear
- 4) 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
- 5) Cosmetic (non-prescription) lenses and/or contact lenses
- 6) Non-prescription sunglasses
- 7) Two pair of glasses in lieu of bifocals
- 8) Services or materials provided by any other group benefit plan providing vision care
- 9) 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
- 10) 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
- 11) Certain brand name vision materials in which the manufacturer imposes a no-discount practice
- 12) Fees charged by a provider for services other than a covered benefit must be paid-in-full by the insured person; such fees or materials are not covered under the policy

Blue 20/20SM Benefit Highlights (Exam Plus)

The amounts that appear on this benefit highlight represent Member responsibility.

Useful information about your vision plan:

Finding a Contracted Provider is easy: Go to bluecrossnc.com click "Find Doctor / Drug / Facility" then "Blue 20/20 Providers" to find an eye care provider anywhere in our national vision network.

In-Network (INN) Claims: Providers will directly submit the claims to the Blue 20/20 administer, EyeMed on behalf of the member. No claim form is required.

Out-of-Network (OON) Claims: When visiting an out-of-network provider, the member is responsible for payment in full at the time of service or on the day of the materials are purchased. EyeMed will reimburse the member for the authorized services according to their plan design.

All out-of-network claims must be submitted within 12 months of the date of service to:

Blue 20/20
c/o EyeMed Vision Care
P.O. Box 8504
Mason, OH 45040-7111

Voluntary: Minimum 20% employee participation required; 100% employee paid, or the employer may choose to contribute any amount towards the premium

Non-Voluntary: Minimum 75% participation required; minimum 25% employer contribution required