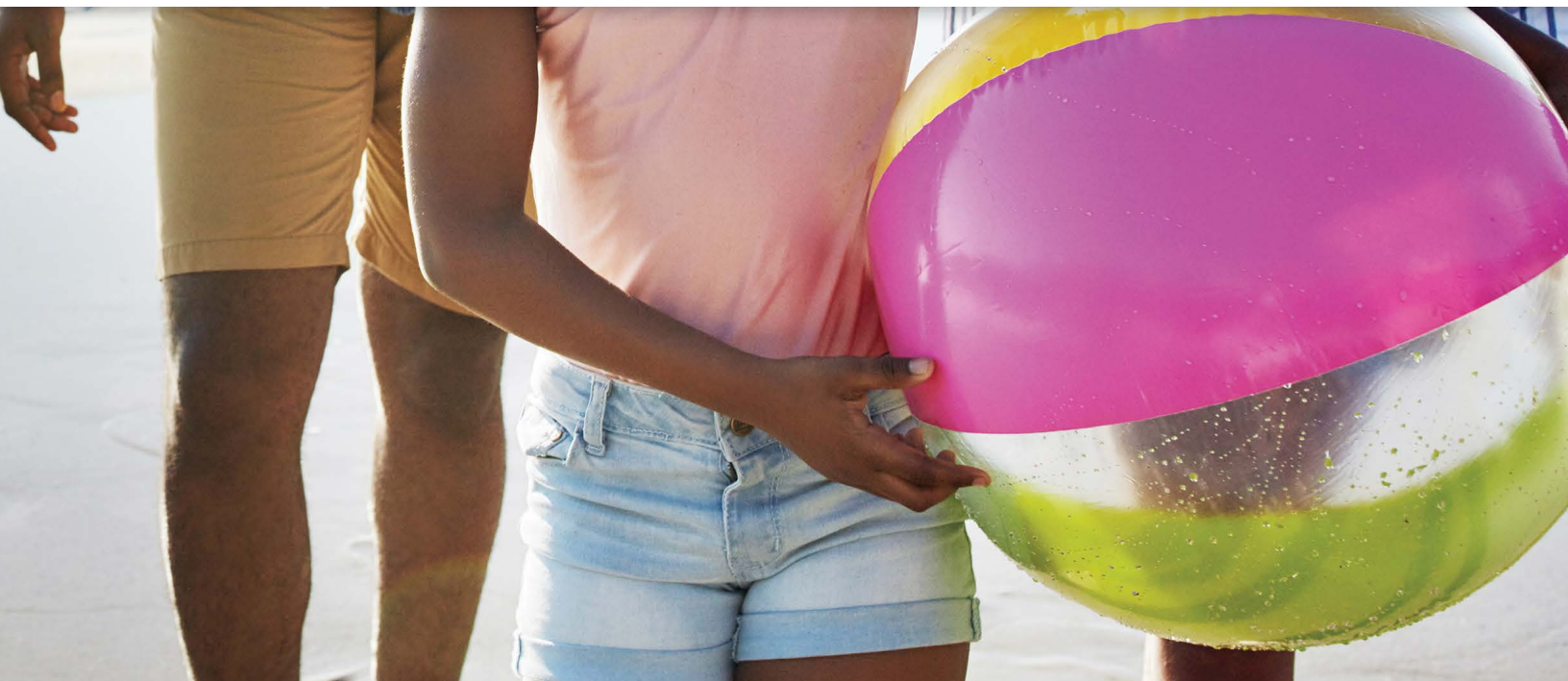




BlueCross BlueShield  
of North Carolina



## 2022 Dental and Vision Plans | For individuals and families





# QUALITY COVERAGE

## with our dental and vision plans

### Dental and vision checkups can detect diseases early

Along with good dental care each day, regular dental checkups help detect, prevent and treat gum disease and other health problems. Half of American adults have some form of gum disease,<sup>1</sup> which is linked to heart disease (including stroke), diabetes and other health issues.

It's more important than ever to protect against potential damage to your vision, especially with the amount of time we spend on our phones and computer screens. Comprehensive eye exams not only help keep your eyes healthy, but they can catch early signs of conditions like diabetes, high blood pressure, some cancers, neuromuscular diseases and more.<sup>2</sup> By spotting these conditions early, you can better manage your overall health.

When you choose dental and vision coverage with Blue Cross and Blue Shield of North Carolina (Blue Cross NC), you take a big step toward protecting your health and saving money by catching problems when they're small. We have options for every budget, and you can buy dental and vision plans even if you don't have a health plan with Blue Cross NC. For more information, visit [BlueCrossNC.com/Shop-Plans](https://www.bluecrossnc.com/Shop-Plans) or contact your authorized Blue Cross NC agent.

### DentalBlue

for Individuals™ PPO

- Preventive plan
- 1500 value plan

### Blue20/20™

for Individuals™

### DentalBlue

for Individuals™

- Core plan





# AFFORDABLE DENTAL COVERAGE

## through three plan options

### Coverage and choice you can smile about

Blue Cross NC knows you have many demands on your budget. For this reason, and because dental health is so important to overall health, we have negotiated with dental care providers to be able to offer you three affordable options for high-quality dental coverage. You can choose the one that works best for you.

### Which plan is right for you?

With the two PPO plans you get richer benefits and better price points, in exchange for seeing dentists that are in the Blue Cross NC network. Individuals who want to see a provider who is not in the network may find the core plan to be a better fit.

DENTAL BLUE FOR INDIVIDUALS PPO PREVENTIVE PLAN	DENTAL BLUE FOR INDIVIDUALS PPO 1500 VALUE PLAN	DENTAL BLUE FOR INDIVIDUALS CORE PLAN
This plan is a good fit for people focused on preventive care or who may otherwise go without coverage. It provides access to important routine care delivered by <b>an in-network dentist</b> .	This plan is a good fit for people who want comprehensive dental coverage for preventive, basic and major services, and are willing to see <b>an in-network dentist</b> .	This plan is a good fit for people who want dental coverage with the same benefit level whether or not it is delivered by an in-network dentist.
This plan offers the lowest premium option.	This plan offers a low premium and a high benefit period maximum.	This plan offers comprehensive coverage with a higher premium.

To search our broad dental network, use the Find a Doctor tool on [BlueCrossNC.com/Find-a-Doctor-or-Facility](https://www.bluecrossnc.com/Find-a-Doctor-or-Facility) and select Dental.



## WHAT YOU GET with each plan

### **Every Blue Cross NC dental plan for you and/or your family includes:**

- Two checkups and cleanings each benefit period
- No deductible for preventive services
- A large network of contracted dental providers

## DentalBlue<sup>®</sup>

for Individuals<sup>SM</sup> PPO

### **The PPO preventive plan**

- Lowest premium option
- No cost to you for certain preventive services when you see an in-network dentist
- Some routine services such as space maintainers and panoramic X-rays are covered under basic services
- No waiting periods
- You pay most of the cost for covered basic and major services, but you save when you see an in-network dentist

The Dental Blue for Individuals PPO preventive plan offers preventive coverage. Plus, when you receive services using in-network dentists, you only pay 70% of billed charges or less, as shown on page 7. That's a savings of at least 30% off the provider's billed charge.<sup>3</sup>



## DentalBlue<sup>®</sup>

for Individuals<sup>SM</sup> PPO

### The PPO 1500 value plan

- Lower premium than the core plan, with a higher annual maximum than the core plan
- You pay less for most services when you see an in-network dentist
- Coverage for preventive, basic and major services
- No waiting period for preventive services

The Dental Blue for Individuals PPO 1500 is our value plan, and offers comprehensive coverage for preventive, basic and major services. In-network, once you meet a \$50 deductible, you only pay 20% of the negotiated rate for basic services and 50% for major. Out-of-network, you pay 30% of the allowed rate for preventive services, and must meet \$100 deductible, then pay 50% for basic and major services.<sup>3</sup> Benefit plan maximum is \$1,500.

## DentalBlue<sup>®</sup>

for Individuals<sup>SM</sup>

### The core plan

- Highest premium option
- The same benefit level regardless of whether or not you see an in-network dentist
- Coverage for preventive, basic and major services
- No waiting period for preventive services

The Dental Blue for Individuals core plan offers comprehensive coverage for preventive, basic and major services. Regardless of whether you see a contracted dentist, once you meet a \$75 deductible, you pay 30% of the allowed amount for basic services and 50% of the allowed amount for major services.<sup>3</sup> Benefit plan maximum is \$1,000.

## Coverage for one person or the entire family

Blue Cross NC offers a choice of plans for all ages and almost every budget. You can cover yourself, your spouse, your child or your whole family. **Premiums are based on the age of each covered member.** See the monthly premium charts below.

### Dental Blue for Individuals PPO

PREVENTIVE PLAN	MONTHLY RATE*
Per member aged 0 – 18	\$23.86
Per member aged 19 – 64	\$23.86
Per member aged 65+	\$23.86

### Dental Blue for Individuals PPO 1500

VALUE PLAN	MONTHLY RATE*
Per member aged 0 – 18	\$34.45
Per member aged 19 – 64	\$34.45
Per member aged 65+	\$42.75

**Best value**

when using an in-network dentist\*\*

### Dental Blue for Individuals

CORE PLAN	MONTHLY RATE*
Per member aged 0 – 18	\$35.95
Per member aged 19 – 64	\$35.95
Per member aged 65+	\$44.35

\* **Rates expire 12/31/22.** Each family member will get charged a rate according to age. All members of the family can choose the same plan, or they may enroll in different plans. Members on different plans will be billed separately and will receive separate ID cards.

\*\* Out-of-network benefits available but at higher out-of-pocket cost to you.

## Member In-Network Cost Share

DENTAL BLUE FOR INDIVIDUALS PLAN COMPARISON <sup>3</sup>					
TYPE OF COVERAGE	DENTAL BLUE FOR INDIVIDUALS PPO PREVENTIVE PLAN		DENTAL BLUE FOR INDIVIDUALS PPO 1500 VALUE PLAN		DENTAL BLUE FOR INDIVIDUALS CORE PLAN
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
<b>Preventive services</b> Oral exams, routine cleanings, routine X-rays, sealants, fluoride treatment, other diagnostic and preventive services <sup>4</sup>	No cost	\$20 copayment <sup>3</sup>	No cost	30% coinsurance	No cost <sup>3</sup>
<b>Deductible (per benefit period)</b> Basic and major services	\$0	\$250	\$50	\$100	\$75
<b>Basic services</b> Fillings, simple extractions, stainless steel crowns	95% of allowed amount or 70% of billed, whichever is less	95% of allowed amount <sup>3</sup> after deductible	20% coinsurance <sup>3</sup> after the deductible	50% coinsurance <sup>3</sup> after the deductible	30% coinsurance <sup>3</sup> after the deductible
<b>Major services</b> Periodontal maintenance, inlays/onlays, porcelain crowns, dentures, bridges, oral surgery, endodontics			50% coinsurance <sup>3</sup> after the deductible		50% coinsurance <sup>3</sup> after the deductible
<b>Waiting periods</b> Preventive / basic / major	None / None / None		None / 6 mos / 12 mos		None / 6 mos / 12 mos
<b>Annual total for all services<sup>5</sup></b> Preventive / basic / major	\$5,000		\$1,500		\$1,000

**The preventive plan offers noticeable savings on basic and major services at in-network providers.**

CLAIMS EXAMPLES (FOR ILLUSTRATIVE PURPOSE ONLY)	WITH NO INSURANCE YOU PAY	WITH PPO PREVENTIVE YOU PAY	YOU SAVE
IN-NETWORK	\$1,000	\$700	30%
OUT-OF-NETWORK	\$1,000	\$975	2.5%



# SIMPLE VISION PLANS for your total health



## Blue 20/20 for Individuals gives you more choice

Our plans provide rich benefits coupled with affordable premiums. We provide you access to one of the nation's largest vision networks through EyeMed®.⁶ More than 100,000 providers at both independent and retail locations give you a variety of choices that make it easy to find a location and hours that are convenient for you.⁶ Plus, you can buy your glasses online, and if they need adjustment, take them to any retail location.

## Choose your vision offering

Selecting the Blue 20/20 for Individuals plan that works for you is simple. There are two plans to choose from: Exam plan and Exam Plus plan. Each offers great price points and benefits to fit your needs.

**The Exam plan offers a routine eye exam and a 35% discount off retail on complete pairs of prescription glasses.**

**The Exam Plus plan provides a routine eye exam, an allowance for frames and your choice of lenses or contact lenses. This plan also offers:**

- A 40% discount off retail on additional complete pairs of prescription eyeglasses and sunglasses
- Your choice of any frame offered by a network provider

Blue 20/20 for Individuals offers options to fit every style and budget – including top brands like Ray-Ban®, Oakley®, PRADA®, Coach® and more, all at the same high benefit level.

You can buy a Blue 20/20 for Individuals plan even if you don't have a medical plan with Blue Cross NC.

## Both plans include additional in-network discounts:

- 15% off conventional contact lenses (does not apply to disposable contact lenses)
- 20% off non-prescription sunglasses
- 20% off a partial pair of eyeglasses (frames or lenses only)
- 15% off retail or 5% off the promo price of LASIK vision correction
- Retinal imaging discounted to \$39

## Partial list of Blue 20/20 providers\*



\* For the full list of Blue 20/20 in-network providers, go to [BlueCrossNC.com/Find-a-Doctor-or-Facility](https://BlueCrossNC.com/Find-a-Doctor-or-Facility). Click on the Blue 20/20 provider bullet below Services & Cost Savings Details.

Blue Cross NC does not recommend, endorse, warrant or guarantee any specific vendor, product or service available through the above vendors. All marks are the property of their respective owners.



## Blue20/20™ for Individuals Price Information\*

PLAN TYPE	MONTHLY RATE	ANNUAL COST
EXAM PLAN – PER MEMBER	\$7.13	\$85.56
EXAM PLUS PLAN – PER MEMBER	\$16.36	\$196.32

\* Rates expire 12/31/22

## Blue20/20™ for Individuals Exam Plan

VISION CARE BENEFIT	IN-NETWORK COPAYMENT	OUT-OF-NETWORK REIMBURSEMENT <sup>7</sup>
<b>ROUTINE EYE EXAM</b> Includes one routine eye exam, with dilation as necessary, once every benefit period	\$0 copay	Up to \$39**

Discounts of up to 35% are available for complete pairs of prescription glasses.

\*\*Claim must be filed by member and reimbursement will be sent to the member.

## Blue20/20™ for Individuals Exam Plus Plan

VISION CARE BENEFIT	IN-NETWORK COPAYMENT OR ALLOWANCE	OUT-OF-NETWORK REIMBURSEMENT <sup>7</sup>
ROUTINE EYE EXAM	\$0 copay	Up to \$39
FRAMES <sup>8</sup>	\$150 allowance, 20% discount on remaining balance	50% of allowance
LENSES OR CONTACT LENSES		
STANDARD PLASTIC LENSES		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$39
Trifocal	\$25 copay	Up to \$63
Lenticular	\$25 copay	Up to \$63
Standard progressive lens <sup>8</sup>	\$25 copay, plus \$65	Up to \$39
Premium progressive lens <sup>8</sup>		
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	\$90 copay, plus 80% of retail minus a \$120 allowance	Up to \$39
ADD-ONS AND SERVICES <sup>9</sup>	Additional lens options are available at discounted member cost <sup>5</sup>	N/A
UV treatment, tint, scratch coating, photochromatic, anti-reflective coating		
CONTACT LENSES <sup>10</sup>		
Conventional	Up to \$150 allowance with 15% discount on remaining balance	80% of allowance
<u>or</u>		
Disposable	Up to \$150 allowance	80% of allowance
Medically necessary	\$0 copay	\$200
LASER VISION CORRECTION <sup>9</sup>		
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 per 12 months	
Lenses <u>or</u> Contact lenses	Once per 12 months	
Frames	Once per 12 months	

## Limitations & Exclusions

### Dental:

This is a partial list of services that are not covered by Dental Blue for Individuals PPO, Dental Blue for Individuals PPO 1500 or Dental Blue for Individuals. Refer to the member booklet for a full list of exclusions.

Your coverage may be canceled by Blue Cross NC for failure to pay premiums when due and for fraudulent statements on your application, among other reasons. Members will be notified 30 days in advance of any change in coverage. Consult your member guide for complete information. Your dental benefits plan does not cover services, supplies, drugs or charges that are:

- Orthodontic services
- Not clinically necessary
- Investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Not prescribed or performed by or under the direction of a dentist or other provider
- Received prior to the member's effective date
- Received on or after the coverage termination date, regardless of when the treated condition occurred or whether the care is a continuation of care received prior to the termination
- For failure to keep a scheduled visit, completion of a claim form, obtaining dental records and late payments
- Incurred more than 18 months prior to member's submission of a claim to Blue Cross NC
- For complications or side effects arising from services, procedures or treatments excluded from coverage under this dental benefits plan
- Provided and billed by a licensed dental care professional who is in training
- Available to a member without charge
- For care given to a member by a provider who is in the member's immediate family
- In excess of the allowed amount<sup>11</sup>

### Vision:

This is a partial list of services that are not covered by Blue 20/20 for Individuals. Refer to the member benefit 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

### Dental and Vision:

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 or dental plan policy. Your vision and dental policies are your plan contracts, including your benefit booklets and ID card letters. If there is any difference between this brochure and the benefit booklets, the provisions of the benefit booklets will control.

You may be entitled to additional discounts. Check your provider listing for more information.

1 American Academy of Periodontology, [www.perio.org/consumer/cdc-study.htm](http://www.perio.org/consumer/cdc-study.htm) (Accessed August 2020).

2 Reena Mukamal. "20 Surprising Health Problems an Eye Exam Can Catch." American Academy of Ophthalmology online. January 16, 2020. Reviewed by Rebecca J. Taylor, MD. [www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects](http://www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects).

3 The in-network allowed amount is the dentist's contracted fee. The out-of-network allowed amount is based on our average in-network contracted rate. Out-of-network dentists may charge you above the allowed amount, and you will be responsible for those additional charges.

4 Refer to the member booklet for a full list of diagnostic and preventive, basic and major services, as well as the differences between in-network and out-of-network benefits.

5 Based on allowed amount. Annual maximum on all services includes diagnostic and preventive, basic and major services.

6 EyeMed Vision Care; EyeMed Access Network Provider Listing, July 2020.

7 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.

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

9 Indicates a service that is not a regular part of your vision benefit plan. Additional lens options are available at discounted member cost.

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

11 The allowed amount out-of-network is based on an average of our in-network contracted rates with participating providers.



## HOW TO GET Dental and Vision coverage

### Step 1

#### **Enroll online – for the fastest way to apply**

For Dental Blue for Individuals, go to: [BlueCrossNC.com/DentalBlue](https://BlueCrossNC.com/DentalBlue).

For Blue 20/20 for Individuals, go to: [BlueCrossNC.com/Blue2020Individuals](https://BlueCrossNC.com/Blue2020Individuals).

#### **OR enroll with a paper application**

Contact a local Blue Cross NC authorized agent to complete an application or obtain a paper application directly from Blue Cross NC.

#### **If you are mailing an application, please send to:**

Blue Cross and Blue Shield of North Carolina  
P.O. Box 30016  
Durham, NC 27702-3016

### Step 2

#### **Submit payment:**

You can pay by credit card, set up automatic bank drafts or make a one-time payment online.

Residents of North Carolina and their eligible dependents may enroll just themselves, their spouse, a child or their entire family in **Dental Blue for Individuals** and **Blue 20/20 for Individuals** plans. Your effective date will be determined by the date your application is submitted. If your application is mailed, your effective date will be set based on the date Blue Cross NC receives your application.



## MEMBER SUPPORT for Dental and Vision coverage

When you sign in to our secure member site [BlueConnectNC.com](https://BlueConnectNC.com), you'll be able to:

- Locate a provider
- Confirm eligibility
- View benefit details
- Access exclusive savings and discounts
- Check claim status
- View or print replacement ID cards
- View general health and wellness information

You can also check out the Blue Connect Mobile<sup>SM</sup> app for iPhone<sup>®</sup> and Android<sup>®</sup> devices.

## We're here to help!

Get information or help purchasing a plan in the following ways:

### Contact a Local Authorized Blue Cross NC Agent

Talk to your local Blue Cross NC agent to find plans that fit your needs.

### Visit the Website

Compare plans, read FAQs, see provider options and enroll online at:  
[BlueCrossNC.com/Shop-Plans](https://BlueCrossNC.com/Shop-Plans).

### Call Blue Cross NC

Call **1-800-324-4973** Monday through Thursday, from 8 a.m. to 6 p.m., and Fridays from 8 a.m. to 5 p.m. (ET) to talk to someone at Blue Cross NC about your options.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

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**M60, 6/21; INDVIS-EXAM, 6/21; INDVIS EP, 6/21.** U35521, 8/21

