



BlueCross BlueShield
of North Carolina



2023 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. Almost half of Americans over the age of 30 are affected by gum disease,¹ which is linked to heart disease (including stroke), diabetes and other health issues.²

It's also important to protect your vision against potential damage, 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.³ 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[™]

- Preventive PPO
- Value 1500 PPO
- Core 1000

Blue20/20[™]

for Individuals[™]

- Exam Plan
- Exam Plus 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.

PREVENTIVE PPO	VALUE 1500 PPO	CORE 1000
<p>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 an in-network dentist.</p>	<p>This plan is a good fit for people who want comprehensive dental coverage for preventive, basic and major services, and are willing to see an in-network dentist.</p>	<p>This plan is a good fit for people who want comprehensive dental coverage with the same benefit level whether or not it is delivered by an in-network dentist.</p>
<p>Lowest premium.⁴</p>	<p>Low premium, richer in-network benefits.⁴</p>	<p>Higher premium, same benefit in- and out-of-network.⁴</p>

For the most savings

See a Blue Cross NC in-network provider. Out-of-network providers may bill you over the allowed amount, which means higher costs for you.

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.



DentalBlue[®]
for IndividualsSM



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



Plan Comparison

Preventive PPO 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 considered basic services rather than preventive
- The plan may pay a benefit on basic and major services, but you pay most of the cost should you have basic or major services even if you see an in-network dentist
- No waiting periods
- Benefits payable under basic and major services are limited⁴

The Preventive PPO Plan focuses mainly on preventive benefits in and out-of-network. You may pay up to 70% of the the dentist's billed charge when you go in-network.

Value 1500 PPO Plan

- Lower premium than the Core plan, with a higher annual maximum
- 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
- Benefit plan maximum is \$1,500

The Value 1500 PPO Plan 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 services. Out-of-network, you pay 30% of the allowed amount for preventive services, and must meet \$100 deductible, then pay 50% for basic and major services.⁵

Core 1000 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
- Benefit plan maximum is \$1,000

The Core 1000 Plan offers comprehensive coverage for preventive, basic and major services. Regardless of whether you see an in-network 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.⁵

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.

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

VALUE 1500 PPO	MONTHLY RATE*
Per member ages 0 – 18	\$34.45
Per member ages 19 – 64	\$34.45
Per member ages 65+	\$42.75

Best value
when using an in-network
dentist**

CORE 1000	MONTHLY RATE*
Per member ages 0 – 18	\$35.95
Per member ages 19 – 64	\$35.95
Per member ages 65+	\$44.35

* **Rates expire 12/31/23.** 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.⁶

** This is your best value because your annual benefit maximum is \$1,500 and your cost share for basic services is lower than the Core 1000 plan. Out-of-network benefits available but at a higher out-of-pocket cost to you.



Member in-network cost share

Dental Blue for Individuals Plan Comparison					
Type of Coverage ⁷	PREVENTIVE PPO ⁵		VALUE 1500 PPO ⁵		CORE 1000 ⁵
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
Preventive services Oral exams, routine cleanings, routine X-rays, sealants, fluoride treatment, other diagnostic and preventive services	No cost	You pay \$20 copayment	No cost	You pay 30% coinsurance	No cost
Deductible (per benefit period) Basic and major services	\$0	\$250	\$50	\$100	\$75
Basic services Fillings, simple extractions, stainless steel crowns	You pay up to 70% of provider's billed amount	You pay the annual deductible and 95% of the out-of-network provider's allowed amount	You pay the annual deductible and 20% coinsurance	You pay the annual deductible and 50% coinsurance	You pay the annual deductible and 30% coinsurance
Major services Periodontal maintenance, inlays/onlays, porcelain crowns, dentures, bridges, oral surgery, endodontics			You pay the annual deductible and 50% coinsurance		You pay the annual deductible and 50% coinsurance
Waiting periods Preventive / basic / major	None / None / None		None / 6 mos / 12 mos		None / 6 mos / 12 mos

Noticeable savings on basic and major services at in-network providers

In the example below, a patient needs a crown which is covered under major services. The provider bills \$1,300. The Blue Cross NC discounted rate is \$920 (in-network and out-of-network).

	IN-NETWORK			OUT-OF-NETWORK		
Member Network Savings	\$380			NO NETWORK SAVINGS		
	Preventive PPO	Value 1500 PPO	Core 1000	Preventive PPO	Value 1500 PPO	Core 1000
Deductible	\$0	\$50	\$75	\$250	\$100	\$75
Coinsurance	\$910	\$435	\$423	\$637	\$410	\$423
Amount above allowed	N/A	N/A	N/A	\$380	\$380	\$380
TOTAL member pays	\$910	\$485	\$498	\$1,267	\$890	\$878
Plan pays	\$10	\$435	\$422	\$33	\$410	\$422
TOTAL member saves	\$390	\$815	\$802	\$33	\$410	\$422
	Member pays no more than 70% of the provider's regular billed charge	Member pays \$50, then 50% with Annual Benefit remaining of \$1,065	Member pays \$75, then 50% with Annual Benefit remaining of \$502	Member pays \$250, then 95% of allowed + amount above allowed (\$380)	Member pays \$100, then 50% of allowed + amount above allowed (\$380)	Member pays \$75, then 50% of allowed + amount above allowed (\$380)

Blue20/20SM
for IndividualsSM



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[®]. 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. Plus, you can buy your eyeglasses 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 eyeglasses.

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 an in-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*

contactsdirect

GLASSES.COMSM

OPTICALSM

INDEPENDENT
PROVIDER
NETWORK

LENSCRAFTERS



PEARLE
EST. 1961
VISIONSM

* For a full list go to BlueCrossNC.com, click on Find a Doctor, then click on the Blue 20/20 bullet below Services & Cost-Saving Details. Blue Cross NC does not recommend, endorse, warrant or guarantee any specific vendor, product or service available through the EyeMed Access Network, their largest network.

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 12/31/23.

Exam Plan

Vision Care Benefit	IN-NETWORK COPAYMENT	OUT-OF-NETWORK REIMBURSEMENT ⁹
ROUTINE EYE EXAM 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 eyeglasses.

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

Exam Plus Plan

Vision Care Benefit	IN-NETWORK COPAYMENT OR ALLOWANCE	OUT-OF-NETWORK REIMBURSEMENT ⁹
ROUTINE EYE EXAM	\$0 copay	Up to \$39**
FRAMES ¹⁰	\$150 allowance, 20% discount on remaining balance	50% of allowance
LENSES OR CONTACT LENSES STANDARD PLASTIC LENSES Single vision Bifocal Trifocal Lenticular Standard progressive lenses ¹⁰ Premium progressive lenses ¹⁰ Tier 1 Tier 2 Tier 3 Tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$25 copay, plus \$65 \$25 copay, plus \$85 \$25 copay, plus \$95 \$25 copay, plus \$110 \$90 copay, plus 80% of retail minus a \$120 allowance	Up to \$25 Up to \$39 Up to \$63 Up to \$63 Up to \$39 Up to \$39 Up to \$39 Up to \$39
ADD-ONS AND SERVICES¹¹ UV treatment, tint, scratch coating, photochromatic, anti-reflective coating	Additional lens options are available at discounted member cost ¹²	N/A
CONTACT LENSES¹³ Conventional or Disposable Medically necessary	Up to \$150 allowance with 15% discount on remaining balance Up to \$150 allowance \$0 copay	80% of allowance 80% of allowance \$200
LASER VISION CORRECTION¹¹ LASIK or PRK from U.S. Laser Network ¹⁴	15% off the retail price, or 5% off the promotional price	Discount does not apply
FREQUENCY Exam Lenses or Contact lenses Frames	Once per 12 months Once per 12 months Once per 12 months	

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

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.

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

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 eyeglasses 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 "Periodontal Disease." Centers for Disease Control and Prevention. Online: www.cdc.gov/oralhealth/conditions/periodontal-disease.html (Accessed December 2021).

2 "Healthy Smile, Healthy You." North Dakota Health. Online: www.health.nd.gov/prevention/oral-health-program/healthy-smile-healthy-you (Accessed June 2022).

3 Reena Mukamal. "20 Surprising Health Problems an Eye Exam Can Catch." American Academy of Ophthalmology, April 29, 2022. Online: www.aaopt.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects.

4 Benefit plan maximum \$5,000 includes preventive services, as well as any plan payments toward basic and major, if applicable.

5 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.

6 ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim.

7 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.

8 EyeMed Vision Care; EyeMed Access Network Provider Listing, January 2022.

9 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.

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

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

12 Vision discounts do not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Discounts are not insured benefits.

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

14 LASIK or PRK discounts offered through the U.S. Laser Network are owned and operated by LCA Vision. LCA Vision is an independent company that is solely responsible for the services it provides. LCA Vision does not offer Blue Cross or Blue Shield products or services.



HOW TO GET Dental and Vision coverage

Step 1

Enroll online – the fastest way to apply

- For Dental Blue for Individuals, go to: BlueCrossNC.com/DentalBlue
- For Blue 20/20 for Individuals, go to: 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, 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 cards⁶
- View general health and wellness information

You can also check out the Blue Connect MobileSM app for iPhone[®] and Android[™] 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.

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) offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician as applicable throughout your health care experience.

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.

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