



EXAM PLUS PLAN

Group Voluntary Vision Plan

Vision Care Service	In-Network Member Cost	Out-of-Network Reimbursement
COMPREHENSIVE EYE EXAM	\$10 copay	Up to \$39
FRAMES ^{1,2}	Up to \$130 allowance, then member pays 80% of balance	Up to \$65
STANDARD PLASTIC LENSES ^{1,2}		
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	\$25 copay plus \$65	Up to \$39
Premium progressive lens	\$25 copay plus \$85 – \$110	
Tier 1	\$85	Up to \$39
Tier 2	\$95	Up to \$39
Tier 3	\$110	Up to \$39
Tier 4	\$90, 80% of charge	Up to \$39
LENS OPTIONS ^{1,2}		
Standard polycarbonate for covered dependents under age 19	\$0	Up to \$28
CONTACT LENSES ²		
Conventional	Up to \$130 allowance, then member pays 85% of balance	Up to \$104
Disposable	Up to \$130 allowance, then member pays 100% of balance	Up to \$104
Medically necessary	\$0	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	Not covered
FREQUENCY		
Exam	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frames	Once every 24 months	

- 1 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.
- 2 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.

Rates are valid for groups domiciled in the state of North Carolina. At least 20% 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 pairs 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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