



# 2015 Individual Adult Dental and Vision Care Plan Overview



## Take care of your health with Adult Vision Care and Dental plans

Adult Vision Care and Dental plans through Independence Blue Cross (Independence) offer low out-of-pocket costs, access to a large network of providers, and cover adults age 19 and older.\* Vision care gives you access to eye exams, eyeglasses, contacts, and value-added discounts on laser vision correction, while dental care benefits help you maintain your oral health.

### Choose the plans that are right for you

Adding the right specialty plans so eligible family members will have coverage for Vision Care and Dental is easy. Choose the plan or plans based on your needs. You can purchase a Dental plan or Vision Care plan separately, or you can choose to purchase certain Dental and Vision Care plans at the same time and receive a discount on your vision monthly premium.

#### Choose from the following Vision Care PPO plans:

- Adult Vision Care 100
- Adult Vision Care 180

#### Choose from the following Dental PPO plans:

- Adult Plus Dental
- Adult Prime Dental

#### Choose from the following bundled options:

- Adult Plus Dental and Adult Vision Care 100
- Adult Plus Dental and Adult Vision Care 180
- Adult Prime Dental and Adult Vision Care 180

\*\*Pediatric Dental and Vision coverage is included with all Independence Blue Cross Individual Medical policies except for Personal Choice Bronze Basic, which does not include Pediatric Dental. This 2015 Adult Dental and Vision Care Plan Overview represents only a partial listing of the benefits and exclusions of the dental and vision plans. These managed care plans may not cover all your expenses. Once enrolled, you can view your benefit information at [www.ibxpress.com](http://www.ibxpress.com). Read your contracts carefully to determine which services are covered and for details on the conditions of your policy. If you need more information please call 1-800-ASK-BLUE (1-800-275-2583).

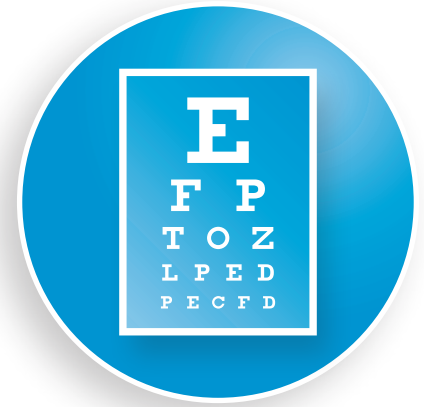
Personal Choice PPO Platinum Complete includes both pediatric and adult dental and vision coverage.  
Personal Choice PPO Silver includes pediatric dental, pediatric vision, and adult vision coverage.

# Adult Vision Care 100 and Vision Care 180 plans

Routine eye exams help keep you seeing clearly and can help detect more serious medical conditions like diabetes, hypertension, and heart disease. Both vision plans offer you comprehensive benefits including routine eye care, frames, and lenses. You can save on out-of-pocket costs by choosing a provider from the Davis Vision network. With more than 40,000 ophthalmologists, optometrists, and regional and national retailers, including Visionworks optical retail centers — located across the Philadelphia five-county area and surrounding states — getting eye care is easy and convenient.

## With our Vision Care plans, take advantage of:

- **Unlimited frame selection.** Use your frame allowance at any network location, including Visionworks, and toward any frame on the market today.
- **Fully covered designer brands.** Choose any frame from the Exclusive Frame Collection, featuring over 200 of the latest stylish, contemporary frames covered in full, or with a minimal copay.
- **One-year warranty.** Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.
- **Contact lenses replacement.** LENS123® will ship replacement contact lenses or solution anywhere the same day, with low prices guaranteed.
- **Value-added vision correction discounts.** Laser Vision Correction gives you up to 25 percent off the participating provider's usual and customary fees, or 5 percent off any participating provider's advertised specials on laser vision correction services.
- **Online account management.** Use our member website, [ibxpress.com](http://ibxpress.com), to check eligibility, locate a participating provider, view the Davis Vision Collection of frames, and manage your vision coverage.



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## Find a vision provider near you

- Access the Find A Provider online directory at [ibx4you.com/visionprovider](http://ibx4you.com/visionprovider) to search for network providers.
  - View and print provider information, driving directions, and personalized directories.
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# Adult Vision Care PPO plans

In-Network Benefits		Adult Vision Care 100	
<b>Eye Exam and Hardware Benefit</b>		<b>Frequency</b>	
Eye examination inclusive of dilation (when professionally indicated)		Once every calendar year	
Spectacle lenses		Once every calendar year	
Frame		Once every calendar year	
Contact lens evaluation, fitting & follow-up care		Once every calendar year	
Contact lenses (in lieu of eyeglasses)		Once every calendar year	
<b>Copayments</b>		<b>Copayments</b>	
Eye examination		\$0	
Spectacle lenses		\$0	
<b>Eyeglass Benefit – Frame</b>		<b>Average Retail Value</b>	
Non-collection frame allowance (retail):		Up to \$100	
Davis Vision Frame Collection <sup>2</sup> (in lieu of allowance):			
Fashion level		Up to \$125	
Designer level		Up to \$175	
Premier level		Up to \$225	
<b>Eyeglass Benefit – Spectacle Lenses</b>		<b>Eyeglass Benefit – Frame</b>	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		Up to \$100; plus a 20% discount on any average <sup>1</sup>	
Oversize lenses		Included	
Tinting of plastic lenses		Included	
Scratch-resistant coating		\$15 copayment	
Polycarbonate lenses <sup>3</sup>		\$40 copayment	
Ultraviolet coating		<b>Average Retail Value</b>	
Standard anti-reflective (AR) coating		\$60-\$120	
Premium AR Coating		Included	
Ultra AR Coating		\$20	
Standard progressive lenses		\$20	
Premium progressives (Varilux®, etc.)		\$25-\$40	
Intermediate-vision lenses		\$60-\$75	
High-index lenses		\$25-\$30	
Polarized lenses		\$50-\$70	
Plastic photosensitive lenses		\$65-\$90	
Scratch protection plan: single vision/multifocal lenses		\$100-\$125	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>		\$150-\$195	
Non-collection contact lenses: Materials allowance		\$195-\$300	
Evaluation, fitting, and follow-up care – Standard lens types		\$150-\$175	
Evaluation, fitting, and follow-up care – Specialty lens types		\$90-\$150	
<b>Medically necessary contact lenses (with prior approval)</b>		\$95-\$110	
Materials, evaluation, fitting and follow-up care		\$95-\$150	
<b>Out-of-Network Reimbursement Schedule: Up to</b>		<b>Member Charges</b>	
Eye examination: \$40	Frame: \$50	Included	
Trifocal lenses: \$80	Lenticular lenses: \$100	\$20/\$40	
		<b>Contact Lens Benefit</b>	
		Up to \$100; plus a 15% discount on any average <sup>1</sup>	
		15% Discount	
		15% Discount	
		Included	
Single vision lenses: \$40	Bifocal/progressive lenses: \$60		
Elective contact lenses: \$105	Medically necessary contact lenses: \$225		

One-year eyeglass breakage warranty included.

1. Additional discounts not applicable at Walmart or Sam's Club locations.

2. Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

3. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

Vision policies are for a full 12-month period. If you terminate your Independence Adult Vision plan prior to the end of the Policy Period, you will be responsible for the payment of the premium for the remainder of the Policy Period. For additional information please refer to the FAQs available online. Once enrolled, you can review your Policy at [www.ibxpress.com](http://www.ibxpress.com).

In-Network Benefits		Adult Vision Care 180	
<b>Eye Exam and Hardware Benefit</b>		<b>Frequency</b>	
Eye examination inclusive of dilation (when professionally indicated)		Once every calendar year	
Spectacle lenses		Once every calendar year	
Frame		Once every calendar year	
Contact lens evaluation, fitting & follow-up care		Once every calendar year	
Contact lenses (in lieu of eyeglasses)		Once every calendar year	
<b>Copayments</b>		<b>Copayments</b>	
Eye examination		\$0	
Spectacle lenses		\$0	
<b>Eyeglass Benefit – Frame</b>		<b>Average Retail Value</b>	
Non-collection frame allowance (retail):		Up to \$180	
Davis Vision Frame Collection <sup>2</sup> (in lieu of allowance):			
Fashion level		Up to \$125	
Designer level		Up to \$175	
Premier level		Up to \$225	
<b>Eyeglass Benefit – Spectacle Lenses</b>		<b>Eyeglass Benefit – Frame</b>	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		Up to \$130 or up to \$180; <sup>1</sup> plus a 20% discount on any overage	
Oversize lenses		Included	
Tinting of plastic lenses		Included	
Scratch-resistant coating		Included	
Polycarbonate lenses <sup>3</sup>		\$25 copayment	
Ultraviolet coating		<b>Average Retail Value</b>	
Standard anti-reflective (AR) coating		<b>Member Charges</b>	
Premium AR Coating		\$60-\$120	
Ultra AR Coating		\$20	
Standard progressive lenses		\$20	
Premium progressives (Varilux®, etc.)		\$25-\$40	
Intermediate-vision lenses		\$60-\$75	
High-index lenses		\$25-\$30	
Polarized lenses		\$50-\$70	
Plastic photosensitive lenses		\$65-\$90	
Scratch protection plan: single vision/multifocal lenses		\$100-\$125	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>		\$150-\$195	
Non-collection contact lenses: Materials allowance		\$195-\$300	
Evaluation, fitting, and follow-up care – Standard lens types		\$150-\$175	
Evaluation, fitting, and follow-up care – Specialty lens types		\$90-\$150	
Collection contact lenses <sup>2</sup> (in lieu of allowance): Materials		\$95-\$110	
Disposable		\$95-\$150	
Planned replacement		\$20/\$40	
Evaluation, fitting, and follow-up care		<b>Contact Lens Benefit</b>	
Medically necessary contact lenses (with prior approval)		Up to \$130; plus a 15% discount on any overage <sup>2</sup>	
Materials, evaluation, fitting and follow-up care		Included	
<b>Out-of-network reimbursement schedule: Up to</b>		Up to \$60 allowance; plus a 15% discount on any overage	
Eye examination: \$40	Frame: \$50	Single vision lenses: \$40	Bifocal/progressive lenses: \$60
Trifocal lenses: \$80	Lenticular lenses: \$100	Elective contact lenses: \$105	Medically necessary contact lenses: \$225

One-year eyeglass breakage warranty included.

1. Members will receive an enhanced frame allowance at Visionworks locations nationwide.

2. Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

3. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

Vision policies are for a full 12-month period. If you terminate your Independence Adult Vision plan prior to the end of the Policy Period, you will be responsible for the payment of the premium for the remainder of the Policy Period. For additional information please refer to the FAQs available online. Once enrolled, you can review your Policy at [www.ibxpress.com](http://www.ibxpress.com).



## Adult Plus and Prime Dental PPO plans

Affordable dental coverage can help you improve and maintain your oral and overall health. Independence and United Concordia, an independent company, work together to offer high quality, cost-effective dental plans to meet your health needs.

Both Plus and Prime dental plans include a large network of dentists and are designed to encourage prevention, early diagnosis, and treatment. Coverage includes regular up-front preventive maintenance that helps reduce the number of expensive procedures at a later time.

You can see any dentist for care. When you use providers from the Concordia Advantage network, you gain better control of your out-of-pocket expenses.

Most Concordia Advantage providers offer discounts for non-covered services, as well as treatment received after the member has met the annual maximum benefit.

### With our Dental plans, take advantage of:

- A large network of dentists, whether you choose a Plus or Prime dental plan.
- Your choice of any dentist for care.
- Better control of out-of-pocket expenses.
- Value-added discounts from certain network providers for non-covered services as well as treatment received even after annual maximum benefit has been met.

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#### Find a dentist near you

- Access the Find A Dentist online directory at [ibx4you.com/dentalprovider](http://ibx4you.com/dentalprovider) to search for network dentists.
  - View and print provider information, driving directions, and personalized directories.
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# Adult Dental PPO plans

	Adult Prime Dental	Adult Plus Dental
Dental deductible per insured person	\$50	\$0
Annual maximum dental benefit per insured person	\$1,000	\$500
<b>Diagnostic &amp; Preventive Services</b>	<b>You pay<sup>3</sup></b>	<b>You pay<sup>3</sup></b>
Oral evaluations (exams)	\$0 (two per twelve months)	\$0 (one per twelve months)
Prophylaxis (cleanings)	\$0 (two per twelve months)	\$0 (one per twelve months)
Radiographs/ X-rays (limitations apply)	\$0	\$0
Palliative treatment (emergency)	\$0	\$0
Consultations	\$0	\$0
<b>Basic Services</b>		
Amalgam restorations (metal fillings)	20% after dental deductible <sup>1</sup>	40% <sup>1</sup>
Resin-based composite restorations (white fillings)	20% after dental deductible <sup>1</sup>	40% <sup>1</sup>
Crown repair	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Periodontal maintenance (limitations apply)	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Adjustments and repairs of prosthetics	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Simple extractions	20% after dental deductible	40%
Surgical extractions	50% after dental deductible	40%
Oral surgery	50% after dental deductible <sup>2</sup>	40% <sup>2</sup>
General anesthesia, nitrous oxide and/or IV sedation	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
<b>Major Services</b>		
Crowns, inlays, onlays	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Endodontic therapy (root canals, etc.)	50% after dental deductible <sup>2</sup>	40% <sup>2</sup>
Other endodontic services	50% after dental deductible <sup>2</sup>	40% <sup>2</sup>
Surgical periodontics (limitations apply)	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Non-surgical periodontics (limitations apply)	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Prosthetics (complete or fixed partial dentures)	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>
Other prosthetic services	50% after dental deductible <sup>2</sup>	Not covered <sup>4</sup>

1. Six-month waiting period.

2. Twelve-month waiting period.

3. Out-of-network providers may bill you for differences, which could be significant, between the plan allowances and the actual charges of the provider.

4. Discounts may be available to you for non-covered services from some network providers. These providers are identified in the provider directory.

**Questions?** Please call **1-844-762-2140**.  
To apply online visit **[ibx4you.com/dentalvision](http://ibx4you.com/dentalvision)**

**Independence** 

Independence Blue Cross is an independent licensee of the Blue Cross Blue Shield association. Independence Blue Cross dental plans are administered by United Concordia, an independent company. IBC Vision Care is administered by Davis Vision, an independent company.

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