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. 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, to check eligibility, locate a participating provider, view the Davis Vision Collection of frames, and manage your vision coverage.

Find a vision provider near you

- Access the Find A Provider online directory at ibx4you.com/visionprovider to search for network providers.
- View and print provider information, driving directions, and personalized directories.

An affiliate of Independence Blue Cross has a financial interest in Visionworks.
# Adult Vision Care PPO plans

## In-Network Benefits

### Eye Exam and Hardware Benefit

- **Eye examination inclusive of dilation (when professionally indicated)**
- **Spectacle lenses**
- **Frame**
- **Contact lens evaluation, fitting & follow-up care**
- **Contact lenses (in lieu of eyeglasses)**

### Copayments

- **Eye examination**
- **Spectacle lenses**

### Eyeglass Benefit – Frame

- **Non-collection frame allowance (retail):**
  - Davis Vision Frame Collection\(^1\) (in lieu of allowance):
    - Fashion level
    - Designer level
    - Premier level

### Eyeglass Benefit – Spectacle Lenses

- **Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)**
- **Oversize lenses**
- **Tinting of plastic lenses**
- **Scratch-resistant coating**
- **Polycarbonate lenses\(^3\)**
- **Ultraviolet coating**
- **Standard anti-reflective (AR) coating**
- **Premium AR Coating**
- **Ultra AR Coating**
- **Standard progressive lenses**
- **Premium progressives (Varilux\(^\circledR\), etc.)**
- **Intermediate-vision lenses**
- **High-index lenses**
- **Polarized lenses**
- **Plastic photosensitive lenses**
- **Scratch protection plan: single vision/multifocal lenses**

### Contact Lens Benefit (in lieu of eyeglasses)

- **Non-collection contact lenses: Materials allowance**
  - Evaluation, fitting, and follow-up care – Standard lens types
  - Evaluation, fitting, and follow-up care – Specialty lens types
  - Medically necessary contact lenses (with prior approval)

### Out-of-Network Reimbursement Schedule: Up to

- **Eye examination:** $40
- **Frame:** $50
- **Trifocal lenses:** $80
- **Lenticular lenses:** $100
- **Single vision lenses:** $40
- **Bifocal/progressive lenses:** $60
- **Elective contact lenses:** $105
- **Medically necessary contact lenses:** $225

### Adult Vision Care 100

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>Once every calendar year</td>
<td>Once every calendar year</td>
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<tr>
<td>Once every calendar year</td>
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<tr>
<td>Once every calendar year</td>
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</tbody>
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### Copayments

- **Eye examination**
- **Spectacle lenses**

### Average Retail Value

<table>
<thead>
<tr>
<th>Average Retail Value</th>
<th>Member Charges</th>
</tr>
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<tbody>
<tr>
<td>Up to $100</td>
<td>Included</td>
</tr>
<tr>
<td>Up to $125</td>
<td>Included</td>
</tr>
<tr>
<td>Up to $175</td>
<td>$15 copayment</td>
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<tr>
<td>Up to $225</td>
<td>$40 copayment</td>
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### Contacts Lens Benefit

- **Up to $100; plus a 20% discount on any overage\(^2\)**

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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.
### In-Network Benefits

#### Eye Exam and Hardware Benefit
Eye examination inclusive of dilation (when professionally indicated)
- **Spectacle lenses**
- **Frame**
- **Contact lens evaluation, fitting & follow-up care**
- **Contact lenses (in lieu of eyeglasses)**

#### Copayments
- **Eye examination**
- **Spectacle lenses**

#### Eyeglass Benefit – Frame
Non-collection frame allowance (retail):

<table>
<thead>
<tr>
<th>Davis Vision Frame Collection</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fashion level</td>
<td>Up to $125</td>
</tr>
<tr>
<td>Designer level</td>
<td>Up to $175</td>
</tr>
<tr>
<td>Premier level</td>
<td>Up to $225</td>
</tr>
</tbody>
</table>

#### Eyeglass Benefit – Spectacle Lenses

| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx) | Included |
| Oversize lenses | Included |
| Tinting of plastic lenses | Included |
| Scratch-resistant coating | Included |
| Polycarbonate lenses | Included |
| Ultraviolet coating | Included |
| Standard anti-reflective (AR) coating | Included |
| Premium AR Coating | Included |
| Ultra AR Coating | Included |
| Standard progressive lenses | Included |
| Premium progressives (Varilux®, etc.) | Included |
| Intermediate-vision lenses | Included |
| High-index lenses | Included |
| Polarized lenses | Included |
| Plastic photosensitive lenses | Included |
| Scratch protection plan: single vision/multifocal lenses | Included |

#### Contact Lens Benefit (in lieu of eyeglasses)
Non-collection contact lenses: Materials allowance
- Evaluation, fitting, and follow-up care – Standard lens types
- Evaluation, fitting, and follow-up care – Specialty lens types

#### Collection contact lenses (in lieu of allowance): Materials
- Disposable
- Planned replacement
- Evaluation, fitting, and follow-up care
- Medically necessary contact lenses (with prior approval)

**Out-of-network reimbursement schedule: Up to**

| 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 |

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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.
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.

Find a dentist near you

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Adult Prime Dental</th>
<th>Adult Plus Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental deductible per insured person</strong></td>
<td>$50</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Annual maximum dental benefit per insured person</strong></td>
<td>$1,000</td>
<td>$500</td>
</tr>
</tbody>
</table>

### Diagnostic & Preventive Services
- Oral evaluations (exams)
- Prophylaxis (cleanings)
- Radiographs/ X-rays (limitations apply)
- Palliative treatment (emergency)
- Consultations

### Basic Services
- Amalgam restorations (metal fillings)
- Resin-based composite restorations (white fillings)
- Crown repair
- Periodontal maintenance (limitations apply)
- Adjustments and repairs of prosthetics
- Simple extractions
- Surgical extractions
- Oral surgery
- General anesthesia, nitrous oxide and/or IV sedation

### Major Services
- Crowns, inlays, onlays
- Endodontic therapy (root canals, etc.)
- Other endodontic services
- Surgical periodontics (limitations apply)
- Non-surgical periodontics (limitations apply)
- Prosthetics (complete or fixed partial dentures)
- Other prosthetic services

### 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