



2016 Individual Specialty Products Overview

Dental | Vision | Travel

Independence 

DENTAL VISION TRAVEL

Questions?

Contact your broker, or
call **1-844-762-2140 (TTY: 711)**

To apply online visit:
ibx4you.com/dentalvision
(for dental and vision plans)
ibx4you.com/global (for travel plans)

Protect your health with specialty plans

Beyond medical, Independence Blue Cross (Independence) offers vision and dental plans to adults age 19 and older that help maintain your sight and smile.

You'll benefit from:

- Low out-of-pocket costs
- Access to thousands of in-network providers in your area
- Coverage for preventive care
- Value-added discounts on services

What's more, we also offer affordable international travel insurance plans with the convenience of cashless, paperless claims.

Vision, dental, and travel plans can be purchased anytime throughout the year.

Choose the plans that are right for you

Add the right specialty plans so eligible family members will have coverage. Choose the plan or plans based on your needs. Plans can be purchased separately, or you can choose to purchase a vision and dental plan at the same time and receive a discount on your vision monthly premium.

Dental PPO plans: [See pages 3 - 4](#)

- Adult Dental Preferred (*New for 2016*)
- Adult Dental Premier with Preventive Incentive (*New for 2016*)

Vision Care PPO plans: [See pages 5 - 7](#)

- Adult Vision Care 100
- Adult Vision Care 180

Bundled options:

- Adult Dental Preferred and Adult Vision Care 100
- Adult Dental Preferred and Adult Vision Care 180
- Adult Dental Premier with Preventive Incentive and Adult Vision Care 180

International travel plan options are available from GeoBlue®. [See page 3](#) for more details.

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 Guide represents only a partial listing of the benefits and exclusions of the plans. These managed care plans may not cover all your expenses. 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.

GeoBlue® Travel Insurance Plans

Travel insurance plans from GeoBlue give you peace of mind and added protection when you travel or live abroad. With a wide range of international health plans providing best in class coverage you have plenty of options for protection. The GeoBlue network of elite physicians in over 180 countries extends an all-access pass to an exclusive level of care worldwide. And because each GeoBlue policy is U.S. licensed and offers the most complete set of benefits and services in the industry, you can feel confident in your travel plans.

- Emergency medical evacuation
- Comprehensive coverage for hospitalizations, doctor visits, and prescriptions
- Cashless, paperless direct billing for inpatient and outpatient care
- 24/7 VIP concierge service for scheduling appointments and managing care
- GeoBlue App for easy mobile access anywhere in the world

Find out more about GeoBlue travel plans and get a quote at ibx4you.com/global.



Adult Dental Preferred and Premier PPO plans

Independence, working together with United Concordia, an independent company, is proud to offer two new dental PPO plans for 2016 — Adult Dental Preferred and Adult Dental Premier with Preventive Incentive. Both the Preferred and Premier plans offer the benefits you need to support prevention, early diagnosis, and treatment for good oral health.

- Freedom to choose any dentist for care
- A large national network of 62,000 contracted dentists and specialists for maximum savings
- Preventive care, including exams, x-rays, and cleanings covered at 100 percent¹
- Discounts available for non-covered services from participating network providers

Get more with the Dental Preferred Plan

The Preferred plan gives you the basic protection with the value you are looking for. For one affordable price, many basic and major services are covered at 50 percent coinsurance.

Maximize your benefits with the Dental Premier Plan with Preventive Incentive

If you are looking for the added protection of a rich dental plan, the Dental Premier plan is for you. With this plan, you pay only 20 percent out of pocket (80 percent coinsurance) for basic services and most major services. Plus you get the advantage of Preventive Incentive. This means that the amount paid by the plan for services such as exams, cleanings, x-rays, palliative treatments, and space maintainers do not count towards your annual maximum.



Find a dentist near you

Access the Find A Dentist online directory at ibx4you.com/dentalprovider to search for Concordia Advantage PPO network dentists.

Gum disease and overall health

Studies have shown that treating gum disease through regular dental visits can reduce hospitalizations, stroke, heart disease, diabetes, and more, which can save thousands on medical costs.²

¹ Subject to limitations

² Jeffcoat MK, Jeffcoat RL, Gladkowski PA, Bramson JB, Blum JJ. Impact of Periodontal Therapy on General Health: Evidence from Insurance Data for Five Systemic Conditions, *American Journal of Preventive Medicine*, 47 (2014) pp. 174–182. DOI: 10.1016/j.amepre.2014.04.001.

Adult Dental PPO plans

	Adult Dental Preferred	Adult Dental Premier w/ Preventive Incentive
Dental deductible per insured person	\$50	\$50
Annual maximum dental benefit per insured person	\$1,000	\$1,000
Diagnostic & Preventive Services	You pay¹	You pay¹
Oral evaluations (exams)	\$0 (one per twelve months)	\$0 (two per twelve months) ²
Prophylaxis (cleanings)	\$0 (one per twelve months)	\$0 (two per twelve months) ²
Radiographs/ X-rays	\$0	\$0 ²
Palliative treatment (emergency)	\$0	\$0 ²
Consultations	\$0	\$0 ²
Basic Services		
Amalgam restorations (metal fillings)	50% ³	20% after dental deductible ³
Resin-based composite restorations (white fillings)	50% ³	20% after dental deductible ³
Crown repair	50% ⁴	20% after dental deductible ⁴
Periodontal maintenance	50% ⁴	20% after dental deductible ⁴
Adjustments and repairs of prosthetics	50% ⁴	20% after dental deductible ⁴
Space maintainers	50%	20%
Simple extractions	50%	20% after dental deductible
Surgical extractions	50%	20% after dental deductible
Oral surgery	50% ⁴	20% after dental deductible ⁴
General anesthesia, nitrous oxide and/or IV sedation	50% ⁴	20% after dental deductible ⁴
Major Services		
Crowns, inlays, onlays	Not covered ⁵	50% after dental deductible ⁴
Endodontic therapy (root canals, etc.)	50% ⁴	20% after dental deductible ⁴
Other endodontic services	50% ⁴	20% after dental deductible ⁴
Surgical periodontics	50% ⁴	20% after dental deductible ⁴
Non-surgical periodontics	50% ⁴	20% after dental deductible ⁴
Prosthetics (complete or fixed partial dentures)	Not covered ⁵	50% after dental deductible ⁴
Adjustments and repairs to prosthetics	50% ⁴	20% ⁴
Other prosthetic services	Not covered ⁵	50% after dental deductible ⁴

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

2 The following services are included in the Preventive Incentive. The amount paid by the plan (benefit) for these services are not counted toward your annual maximum: exams, cleanings, x-rays, palliative treatments, and space maintainers

3 Six-month waiting period.

4 Twelve-month waiting period.

5 Discounts available to you for non-covered services from participating network providers. These providers are identified in the provider directory.

A full description of benefits, exclusions, and limitations is provided in the policy.

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 — 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.
- **Fully covered designer brands.** Choose any frame from the Davis Collection, featuring hundreds of the latest stylish, contemporary frames covered in full, or with a minimal copay.
- **One-year warranty.** Every frame or spectacle lenses purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.
- **Contact lenses replacement.** Davis Vision Contacts can ship replacement contact lenses anywhere the same day.
- **Laser Vision Correction Services.** 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.



At a glance...

Of the 14 million people (age 12 and older) who have visual impairment, 80 percent can be corrected with eye glasses or contacts.

Source: Centers for Disease Control (CDC)

Find a vision provider near you

Access the Find A Provider online directory at ibx4you.com/visionprovider to search for network providers.

Manage your coverage online at www.ibxpress.com.

Adult Vision Care 100

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 Collection² (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 lenses³

Ultraviolet coating

Standard anti-reflective (AR) coating

Premium AR Coating

Ultra AR Coating

Standard progressive lenses

Premium progressives (Varilux[®], 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)

Materials, evaluation, fitting and follow-up care

Collection contact lenses² (in lieu of allowance): Materials

Disposable

Planned replacement

Evaluation, fitting, and follow-up care

Medically necessary contact lenses (with prior approval)

Materials, evaluation, fitting and follow-up care

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

Frequency

Once every calendar year

Once every calendar year

Once every calendar year

Once every calendar year

Once every calendar year

Copayments

\$0

\$0

Average Retail Value

Up to \$100

Eyeglass Benefit – Frame

Up to \$100; plus a 20% discount on any average¹

Up to \$125

Included

Up to \$175

\$15 copayment

Up to \$225

\$40 copayment

Average Retail Value

\$60-\$120

Member Charges

Included

\$20

Included

\$20

\$15

\$25-\$40

Included

\$60-\$75

\$0 or \$35

\$25-\$30

Included

\$50-\$70

\$40

\$65-\$90

\$55

\$100-\$125

\$69

\$150-\$195

\$65

\$195-\$300

\$105

\$150-\$175

\$30

\$90-\$150

\$60

\$95-\$110

\$75

\$95-\$150

\$70

\$20/\$40

Contact Lens Benefit

Up to \$100; plus a 15% discount on any average¹

15% Discount

15% Discount

Included

4 boxes/multi-packs

2 boxes/multi-packs

Included

Included

For Vision Care plans: There is a 30 day waiting period applicable to all covered services and supplies.

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.

Adult Vision Care 180

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 Collection² (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 lenses³

Ultraviolet coating

Standard anti-reflective (AR) coating

Premium AR Coating

Ultra AR Coating

Standard progressive lenses

Premium progressive lenses (Varilux[®], etc.)

Ultra progressive lenses

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

Collection contact lenses² (in lieu of allowance): Materials

Disposable

Planned replacement

Evaluation, fitting, and follow-up care

Medically necessary contact lenses (with prior approval)

Materials, evaluation, fitting and follow-up care

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

Frequency

Once every calendar year

Once every calendar year

Once every calendar year

Once every calendar year

Once every calendar year

Copayments

\$0

\$0

Average Retail Value

Up to \$180

Eyeglass Benefit – Frame

Up to \$130 or up to \$180;¹ plus a
20% discount on any overage

Up to \$125

Included

Up to \$175

Included

Up to \$225

\$25 copayment

Average Retail Value

\$60-\$120

Member Charges

Included

\$20

Included

\$20

Included

\$25-\$40

Included

\$60-\$75

\$0 or \$30

\$25-\$30

Included

\$50-\$70

\$35

\$65-\$90

\$48

\$100-\$125

\$60

\$150-\$195

\$50

\$195-\$300

\$90

\$140

\$150-\$175

\$30

\$90-\$150

\$55

\$95-\$110

\$75

\$95-\$150

\$65

\$20/\$40

Contact Lens Benefit

Up to \$130; plus a 15% discount on
any overage²

Included

Up to \$60 allowance; plus a 15%
discount on any overage

4 boxes/multi-packs

2 boxes/multi-packs

Included

Included

For Vision Care plans: There is a 30 day waiting period applicable to all covered services and supplies.
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.

Questions?

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To apply online visit:

ibx4you.com/dentalvision (for dental and vision plans)

ibx4you.com/global (for travel plans)

Independence 

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and 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.

GeoBlue® is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue products are underwritten by 4 Ever Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.