



Individual Adult Dental and Vision Care Benefits at a Glance

Independence 



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

Adult Vision Care and Dental plans from Independence Blue Cross (IBC) 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 bundle 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

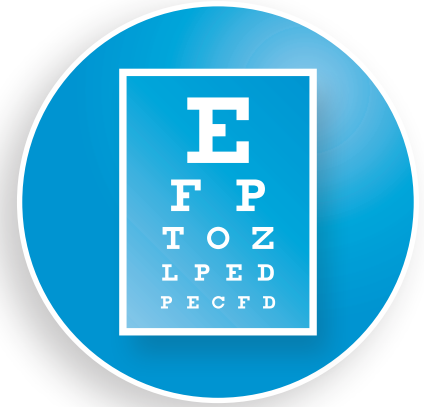
Choose from the following bundled options:

- 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 essential health benefits are included with all IBC individual metallic medical policies. This Benefits at a Glance represents only a partial listing of the benefits and exclusions of the dental and vision plans. These managed care plans may not cover all of your expenses. Read your contracts carefully to determine which services are covered. If you need more information please call 1-800-ASK-BLUE.

Adult Vision Care 100 and Vision Care 180 plans

Routine eye exams 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 37,000 ophthalmologists, optometrists, and regional and national retailers, including Visionworks optical retail centers — located across the Philadelphia five-county area and surrounding states — getting the eye care you need is easy and convenient.



With IBC 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.

An affiliate of Independence Blue Cross has a financial interest in Visionworks.

Adult Vision Care PPO plans

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

One-year eyeglass breakage warranty included.

- Additional discounts not applicable at Walmart or Sam's Club locations.
- Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.
- Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

In-Network Benefits

Frequency – Once Every

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 & follow-up care – Standard lens types

Evaluation, fitting & follow-up care – Specialty lens types

Collection contact lenses² (in lieu of allowance): Materials

Disposable

Planned replacement

Evaluation, fitting & follow-up care

Medically necessary contact lenses (with prior approval)

Materials, evaluation, fitting & 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

Adult Vision Care 180

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

\$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

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.



Adult Plus and Prime Dental PPO plans

Affordable dental coverage can help you improve and maintain your oral and overall health. IBC 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 IBC 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 ibx.com to search for network dentists.
- View and print provider information, driving directions, and personalized directories.

Once enrolled, you can view your benefit information at ibxpress.com

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
Diagnostic & Preventive Services	You pay³	You pay³
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
Basic Services		
Amalgam restorations (metal fillings)	20% after dental deductible ¹	40% ¹
Resin-based composite restorations (white fillings)	20% after dental deductible ¹	40% ¹
Crown repair	50% after dental deductible ²	Not covered ⁴
Periodontal maintenance (limitations apply)	50% after dental deductible ²	Not covered ⁴
Adjustments and repairs of prosthetics	50% after dental deductible ²	Not covered ⁴
Simple extractions	20% after dental deductible	40%
Surgical extractions	50% after dental deductible	40%
Oral surgery	50% after dental deductible ²	40% ²
General anesthesia, nitrous oxide and/or IV sedation	50% after dental deductible ²	Not covered ⁴
Major Services		
Crowns, inlays, onlays	50% after dental deductible ²	Not covered ⁴
Endodontic therapy (root canals, etc.)	50% after dental deductible ²	40% ²
Other endodontic services	50% after dental deductible ²	40% ²
Surgical periodontics (limitations apply)	50% after dental deductible ²	Not covered ⁴
Non-surgical periodontics (limitations apply)	50% after dental deductible ²	Not covered ⁴
Prosthetics (complete or fixed partial dentures)	50% after dental deductible ²	Not covered ⁴
Other prosthetic services	50% after dental deductible ²	Not covered ⁴

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**

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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