



NEW IN 2020:
**Enhanced
Vision
Network**

All Blue Option plans include our routine pediatric and adult vision coverage through an independent company, Physicians Eyecare Network (PEN). PEN provides vision services through the Physician Eyecare Plan (PEP) on behalf of BlueChoice HealthPlan.

You have access to these retail providers: Walmart Vision Center, Pearle Vision, Sam's Club Optical, LensCrafters, Target Optical, Sear's Optical, Eyeglass World and America's Best.



Pediatric Vision*

For children (ages 0-18), this includes:

- Deductible for one routine eye exam
- Deductible for one pair of glasses (lenses and frames)
- Discounts of 20% on glasses and 15% on contacts on any amounts spent over the material allowance (at most providers).
- For members outside the South Carolina service area, up to \$40 will be allowed toward the routine eye exam and up to 65% of the material allowance that is used, less material copay. The member must file claims.

*For dependent children through the age of 18. Adult vision care begins on the first day of the month following their 19th birthday.

Please note: For pediatric vision, you must visit an in-network provider to receive this benefit. Costs incurred from these services count toward maximum out-of-pocket (MOOP) expenses. These benefits are essential.



Adult Vision

For adult vision care (ages 19 and over), this includes:

- \$0 copay for one annual routine eye exam.
- \$49 copay for one standard contact lens fitting or 15% discount off the provider's non-standard contact lens fitting fee.
- Discounts of 20% on glasses and 15% on contacts on any amounts spent over the material allowance (at most providers).
- For members outside the South Carolina service area, up to \$40 will be allowed toward the routine eye exam and up to 65% of the material allowance that is used, less material copay. The member must file claims.

Please note that you must visit an in-network provider to receive this benefit. Costs incurred from these services do not count toward MOOP expenses. Consult your PEP provider for information on discounts for which you may be eligible if you elect to receive eyewear/contact lenses outside the standard designated selection. These benefits are non-essential.



Dental Care

Plans include a dental allowance for adults and children for exams and cleanings. This benefit covers an allowed amount per benefit period for exams and cleanings at any licensed dentist.

For Adults:

- One exam every six months: \$50 allowance for initial/\$50 allowance for periodic.
- One cleaning every six months: \$50 allowance.

For Children:

- One exam every six months: \$50 allowance for initial/\$50 allowance for periodic.
- One cleaning every six months: \$50 allowance.

Members will be responsible for paying any additional balance above what copay we cover. You will need to submit a dental reimbursement form to BlueChoice® for reimbursement.

For example, if your dentist charges you \$80 for an initial exam, you will pay your dentist \$80 at the time of service. We will reimburse you \$50 once we receive your reimbursement form.

Costs incurred from these services do not count toward MOOP expenses.

Focus on life. Focus on health. *Stay focused.*

Blue OptionSM

BlueChoice HealthPlan of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.