



# Blue Option<sup>SM</sup> Vision and Dental Coverage

All Blue Option plans include routine pediatric and adult vision coverage through an independent company, EyeMed.

With EyeMed, you have access to the right mix of in-network providers — including independent eye doctors and popular retailers such as LensCrafters, Target Optical and Pearle Vision. You can even use your benefits online at Glasses.com\*, ContactsDirect.com\*, LensCrafters.com\*, TargetOptical.com\*, Ray-Ban.com\* and Oakley.com\*.

To find a vision provider, visit [www.BlueOptionSC.com/FindCare](http://www.BlueOptionSC.com/FindCare).



## Pediatric Vision Care\*\*

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

- A \$15 copayment for one routine eye exam every calendar year.
- Up to \$40 for one standard contact lens fitting or 10 percent off the provider’s nonstandard contact lens fitting fee per calendar year.
- A \$25 copay, then 100 percent coverage for provider-designated frames once every calendar year.
- A 40 percent discount on the purchase of additional pairs of eyeglasses and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

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



## Adult Vision

For adults (ages 19 and over), this includes:

- A \$0 copayment for one routine eye exam every calendar year.
- Up to \$40 for one standard contact lens fitting or 10 percent off the provider’s nonstandard contact lens fitting fee per calendar year.
- A \$150 material allowance with \$0 copayment every calendar year for glasses or contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection.
- A 40 percent discount off the purchase of additional pairs of eyeglasses and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

Please note that you must visit a provider in the EyeMed network to receive this benefit. Costs incurred from these services do not count toward MOOP expenses. These benefits are nonessential.\*\*\*

\*These links lead to third-party websites. Those organizations are solely responsible for the contents and privacy policies on their sites.  
 \*\*For dependent children until the age of 18. Adult vision care begins on the first day of the month following their 19th birthday.  
 \*\*\*Essential benefit: A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Nonessential benefit: Any benefit provided that is not considered an essential health benefit is a nonessential benefit.  
 EyeMed Vision Care is an independent company that offers vision benefit programs on behalf of BlueChoice® HealthPlan of South Carolina.



## 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 must pay any balance above the amount 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 get your reimbursement form.

Costs incurred from these services do not count toward maximum out-of-pocket expenses.

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

**Blue Option**<sup>SM</sup>