



North Carolina Retail Merchants Association

Effective January 1, 2025

Blue 20/20[®]

Prepared By

WILLIAM H HARTSFIELD JR

Prospect # 418336

Quote # 6409009

The benefit highlight is a summary of Blue 20/20 benefits. This is meant only to be a summary. Final interpretation of the Blue 20/20 vision plan and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the Blue 20/20 benefit booklet from Blue Cross NC Customer Service.

Benefit Highlights - Blue 20/20 Exam Plus

Benefits	In-Network Copayment or Allowance	Out-of-Network Reimbursement
Routine Eye Exam	\$10 Copayment	Provider's billed charge or \$39, whichever is less
Frames	\$130 Allowance	Provider's billed charge, or 50% of your In-Network Allowance, whichever is less
Lenses * *See plan highlight for additional lens options/copayment Or Contact Lenses** Progressive lenses may have additional costs outside your regular vision benefit plan. Contact lenses include both conventional and disposable contact lenses. **Allowance amount is for materials only and does not include fittings for contact lenses or follow-up services	\$25 Copayment \$130 Allowance	Provider's billed charge or single vision \$25, bi-focal \$39, tri-focal and lenticular \$63, whichever is less Provider's billed charge, or 80% of your In-Network Allowance for Contact Lenses, whichever is less
Medically required contact lenses* *Subject to eligibility review	\$0 Copayment	Provider's billed charge or \$200, whichever is less
Frequency Exam	1 per 12 months (Exam)	
Lenses or Contact Lenses / Frames	1 per 12 months (Lenses or Contact Lenses) 1 per 12 months (Frames)	
Voluntary or Non Voluntary	Voluntary	

Please Note:

Additional discounts may be offered at participating retail and provider locations. Please check provider locator for participation.

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; structures;
- 2) Medical and/or surgical treatment of the eye, eyes or supporting structures
- 3) Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment i.e. Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
- 5) Cosmetic (non-prescription) lenses and/or contact lenses;
- 6) Non-prescription sunglasses;
- 7) Two pair of glasses in lieu of bifocals;
- 8) Services or materials provided by any other group benefit plan providing vision care;
- 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order.
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.
- 11) Certain brand name vision materials in which the manufacturer imposes a no-discount practice
- 12) Fees charged by a provider for services other than a covered benefit must be paid-in-full by the insured person; such fees or materials are not covered under the policy.



Prepared For:

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Prospect #: 418336

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EIN: 56-0340810

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Quote #: 6409009

Composite Rated Approved Quote

Rates and benefits based on an effective date of 01/2025

Vision Plan	Employee Only (\$)	Employee / Spouse (\$)	Employee / Children (\$)	Family (\$)
Blue 20/20 (EB00720)	8.75	16.63	17.50	25.73

This quote has a rate guarantee period effective 01/01/2025 and expiring on 12/31/2027.

A change in the effective date, tier structure or benefits may cause these rates / rate guarantee period to change. This is not an insurance contract. Only the actual certificate provisions will apply. This quote does not constitute an offer or acceptance by Blue Cross NC. Issuance of a group contract constitutes acceptance of the application. This coverage is renewable at the option of the purchaser. Minimum group enrollment of two subscribers. Voluntary: 20% participation is required. Non-Voluntary: 75% participation and 25% employer contribution required.

These Plan Codes are included in this rate:

EB00720 (Facets:VIS-B2001058)

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Prospect #418336, Quote #6409009, Billing Arrangement (04): ee, ee+spouse, ee+children, fam