



Dental Blue® for IndividualsSM
Blue 20/20SM for IndividualsSM



2026 dental and vision plans For individuals and families



Quality coverage with our dental and vision plans

Dental and vision checkups can detect diseases early

Along with good dental care each day, regular dental checkups help detect, prevent and treat gum disease and other health problems. Almost half of Americans over the age of 30 are affected by gum disease,¹ which is linked to heart disease (including stroke), diabetes and other health issues.²

It's also important to protect your vision against potential damage, especially with the amount of time we spend on our phones and computer screens. Comprehensive eye exams not only help keep your eyes healthy, but they can catch early signs of conditions like diabetes, high blood pressure, some cancers, neuromuscular diseases and more.³ By spotting these conditions early, you can better manage your overall health.

When you choose dental and vision coverage with Blue Cross and Blue Shield of North Carolina (Blue Cross NC), you take a big step toward protecting your health and saving money by catching problems when they're small. We have options for every budget, and you can buy dental and vision plans even if you don't have a health plan with Blue Cross NC. For more information, visit BlueCrossNC.com/Shop-Plans, or contact your authorized Blue Cross NC agent.

Dental Blue[®] for IndividualsSM

- Preventive Plus PPO
- Core 1000
- Value 1500 PPO

Blue 20/20SM for IndividualsSM

- Exam Plan
- Exam Plus Plan



How to get dental and vision coverage

Step 1:

Get information or help purchasing a plan in the following ways:

Contact a local authorized Blue Cross NC agent

You can pay by credit card, set up automatic bank drafts or make a one-time payment online.

Visit the website

Compare plans, read FAQs, see provider options and enroll online at BlueCrossNC.com/Shop-Plans.

Call Blue Cross NC

Call 800-324-4973, Monday through Thursday, from 8 a.m. to 6 p.m., and Fridays from 8 a.m. to 5 p.m. (ET) to talk to someone at Blue Cross NC about your options.

Step 2:

Enroll with the help of an Authorized Blue Cross NC agent.

Enroll online

- For Dental Blue for Individuals, go to: BlueCrossNC.com/DentalBlue
- For Blue 20/20 for Individuals, go to: BlueCrossNC.com/Blue2020Individuals

OR enroll with a paper application

- Contact a Blue Cross NC Authorized Independent Agent to complete an application or obtain a paper application directly from Blue Cross NC
- If you are mailing an application, please send to:
Blue Cross and Blue Shield of North Carolina
P.O. Box 30016
Durham, NC 27702-3016

Step 3:

Submit payment

You can pay by credit card, set up automatic bank drafts or make a one-time payment online.

Member support for dental and vision coverage

When you sign in to our secure member site at BlueCrossNC.com, you'll be able to:

- Locate a provider
- View benefit details
- Check claim status
- Make changes or add dependents

You can also check out the Blue Connect Mobile NC app on iPhone® and Android™ devices.



Visit BlueCrossNC.com to register, or scan the QR code to download the Blue Connect Mobile NC app.

iPhone is a trademark of Apple Inc., registered in the U.S. and other countries.
QR code is a registered trademark of DENSO WAVE INCORPORATED.



Affordable dental coverage through three plan options

Coverage and choice you can smile about

Blue Cross NC knows you have many demands on your budget. For this reason, and because dental health is so important to overall health, we offer three affordable options for high-quality dental coverage. You can choose the one that works best for you.

Preventive Plus PPO	Core 1000	Value 1500 PPO
<p>This plan is a good fit for people focused on preventive care or who may otherwise go without coverage. It provides access to important routine care delivered by an in-network dentist.</p>	<p>This plan is a good fit for people who want comprehensive dental coverage with the same benefit level whether or not it is delivered by an in-network dentist.</p>	<p>This plan is a good fit for people who want comprehensive dental coverage for preventive, basic and major services, and are willing to see an in-network dentist.</p>
<p>Lowest premium. Benefit plan maximum is \$1,500.</p>	<p>Same benefit in- and out-of-network, lower premium. Benefit plan maximum is \$1,000.</p>	<p>Richer in-network benefits, highest annual max of plans, higher premium. Benefit plan maximum is \$1,500.</p>

To search our broad dental network, use the Find Care tool⁴ on BlueCrossNC.com/members/find-care and select Look up a Doctor or Drug. Click “Browse as a guest of an individual/family plan,” select Doctor or facility and then select General Dentist.

Every Blue Cross NC dental plan for you and/or your family includes:

- Two checkups and cleanings each benefit period
- No deductible for preventive services
- A large network of local and national contracted dental providers

For the most savings

See a Blue Cross NC in-network provider. Out-of-network providers may bill you more than what Blue Cross NC has budgeted for certain services (we call this an allowed amount). If that happens, you would be responsible for the additional amount due.



Dental Blue for Individuals plan comparison

Type of coverage ⁵	Preventive Plus PPO		Core 1000	Value 1500 PPO	
	In-network	Out-of-network	In- and out-of-network	In-network	Out-of-network
Preventive services Oral exams, routine cleanings, routine X-rays, full X-rays, space maintainers, sealants, fluoride treatment, other diagnostic and preventive services*	No cost	You pay 10% coinsurance	No cost	No cost	You pay 30% coinsurance
Deductible (per benefit period) Basic and major services	\$0	\$250	\$75	\$50	\$100
Basic services Fillings, simple extractions, stainless steel crowns	You pay 95% coinsurance	You pay the annual deductible and 95% coinsurance	You pay the annual deductible and 30% coinsurance	You pay the annual deductible and 20% coinsurance	You pay the annual deductible and 50% coinsurance
Major services Periodontal maintenance, inlays/onlays, porcelain crowns, dentures, bridges, oral surgery, endodontics			You pay the annual deductible and 50% coinsurance	You pay the annual deductible and 50% coinsurance	
Waiting periods Preventive Basic Major	None None None		None 6 months 12 months		None 6 months 12 months

* For the Preventive Plus PPO plan, some routine services such as space maintainers and comprehensive, full mouth X-rays are considered basic services rather than preventive.

The in-network allowed amount is the dentist's contracted fee. The out-of-network allowed amount is based on our average in-network contracted rate. Out-of-network dentists may charge you above the allowed amount, and you will be responsible for those additional charges.

Coverage for one person or the entire family

Blue Cross NC offers a choice of plans for all ages and almost every budget. You can cover yourself, your spouse, your child or your whole family. **Premiums are based on the age of each covered member.** See the monthly premium charts below.

	Monthly rate*		
	Preventive Plus PPO	Core 1000	Value 1500 PPO
Per member ages 0–18		\$37.45	\$38.30
Per member ages 19–64	\$23.86		
Per member ages 65+		\$45.85	\$46.35

* Rates expire 12/31/26. Each family member will get charged a rate according to age. All members of the family can choose the same plan, or they may enroll in different plans. Members on different plans will be billed separately and will receive separate member ID cards.⁶

Blue 20/20SM for IndividualsSM



Simple vision plans for your total health

Blue 20/20 for Individuals gives you more choice

Our plans provide rich benefits coupled with affordable premiums. We provide you access to one of the nation's largest vision networks through EyeMed[®]. More than 184,000 providers at both independent and retail locations⁷ give you a variety of choices that make it easy to find a location and hours that are convenient for you. Plus, you can buy your eyeglasses online, and if they need adjustment, take them to any retail location.

Choose your vision offering

Selecting the Blue 20/20 for Individuals plan that works for you is simple. There are two plan options. Each offers great price points and benefits to fit your needs, including discounts at in-network providers.

The Exam Plan offers a routine eye exam and a 35% discount off retail on complete pairs of prescription eyeglasses.

The Exam Plus Plan provides a routine eye exam, an allowance for frames and your choice of lenses or contact lenses. This plan also offers:

- A 40% discount off retail on additional complete pairs of prescription eyeglasses and sunglasses
- Your choice of any frame offered by an in-network provider

Blue 20/20 for Individuals offers options to fit every style and budget – including top brands like Ray-Ban[®], Oakley[®], PRADA, Coach and more, all at the same high benefit level.

You can buy a Blue 20/20 for Individuals plan even if you don't have a medical plan with Blue Cross NC.

Both plans include additional in-network discounts

- 15% off conventional contact lenses (does not apply to disposable contact lenses)
- 20% off non-prescription sunglasses
- 20% off a partial pair of eyeglasses (frames or lenses only)
- 15% off retail, or 5% off the promo price of LASIK, e-LASIK or PRK laser vision correction
- Digital retinal imaging discounted to \$39

Partial list of Blue 20/20 providers*

contactsdirect

GLASSES.COMTM

OPTICAL

INDEPENDENT PROVIDER NETWORK

LENSCRAFTERS



PEARLE VISIONSM

* For a full list of providers, go to BlueCrossNC.com, select Members, click on Find Care⁴ and then click on the Blue 20/20 button below "Services and cost-saving details for health plan members." Blue Cross NC does not recommend, endorse, warrant or guarantee any specific vendor, product or service available through the EyeMed Access Network, their largest network.

Plan comparison and rates

Exam Plan

Vision care benefit	In-network copayment	Out-of-network reimbursement* ⁸
Routine eye exam Includes one routine eye exam, with dilation as necessary, once every 12 months	\$0 copay	Up to \$39
Price information**	Monthly rate	Annual cost
Per member	\$7.13	\$85.56

* Claim must be filed by member, and reimbursement will be sent to the member.

** Rates expire 12/31/26.

Exam Plus Plan

Vision care benefit		In-network copayment or allowance	Out-of-network reimbursement* ⁸
Routine eye exam		\$0 copay	Up to \$39
Frames ⁹		\$150 allowance, 20% discount on remaining balance	\$75 allowance
Lenses or contact lenses	Standard plastic lenses	Single vision	Up to \$25
		Bifocal	Up to \$39
		Trifocal	Up to \$55
		Lenticular	Up to \$63
		Standard progressive lens ⁹	\$90 copay
		Premium progressive lens ⁹	Tier 1: \$110 copay Tier 2: \$120 copay Tier 3: \$135 copay Tier 4: \$90 copay, plus 80% of retail minus a \$120 allowance
	Add-ons and services ¹⁰ UV treatment, tint, scratch coating, photochromatic, anti-reflective coating	Additional lens options available at discounted member cost ¹¹	N/A
		Up to \$150 allowance with 15% discount on remaining balance	Up to \$120
		Up to \$150 allowance	
	Contact lens options ¹²	\$0 copay	\$200
Laser vision correction ¹⁰ LASIK, e-LASIK or PRK from U.S. Laser Network ¹³		15% off retail price, or 5% off promotional price	Discount does not apply
Frequency Exam Lenses or contact lenses Frames		Once per 12 months	
Price information**		Monthly rate	Annual cost
Per member		\$16.36	\$196.32

* Claim must be filed by member, and reimbursement will be sent to the member.

** Rates expire 12/31/26.



Limitations & Exclusions

Dental:

This is a partial list of services that are not covered by Dental Blue for Individuals Preventive Plus PPO, Dental Blue for Individuals Value 1500 PPO or Dental Blue for Individuals Core 1000. Refer to the member booklet for a full list of exclusions. Your dental benefits plan does not cover services, supplies, drugs or charges that are:

- Orthodontic services
- Not clinically necessary
- Investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Not prescribed or performed by or under the direction of a dentist or other provider
- Received prior to the member's effective date
- Received on or after the coverage termination date, regardless of when the treated condition occurred or whether the care is a continuation of care received prior to the termination
- For failure to keep a scheduled visit, completion of a claim form, obtaining dental records and late payments
- Incurred more than 18 months prior to member's submission of a claim to Blue Cross NC
- For complications or side effects arising from services, procedures or treatments excluded from coverage under this dental benefits plan
- Provided and billed by a licensed dental care professional who is in training
- Available to a member without charge
- For care given to a member by a provider who is in the member's immediate family
- In excess of the allowed amount

Vision:

This is a partial list of services that are not covered by Blue 20/20 for Individuals. Refer to the member benefit booklet for a full list of exclusions:

- Lost or broken lenses, frames, glasses or contact lenses
- Non-prescription lenses, contact lenses or sunglasses
- Two pairs of eyeglasses in place of bifocals
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Vision training, orthoptic services, aniseikonic lenses, subnormal vision aids or any associated supplemental testing
- Services required by any governmental agency or program, or as a result of any workers' compensation law or similar legislation
- Any eye or vision examination or corrective eyewear ordered by a member's employer, including safety eyewear
- Services or materials provided by any other group benefit plan providing vision care
- Services rendered after the last date of coverage, unless materials are ordered before the end of coverage and services are rendered within 31 days of the order
- Benefit allowances provide no remaining balance for future use within the same benefit frequency

Dental and vision:

For costs and further details of the coverage, including exclusions and reductions or limitations and terms under which the policy may be continued in force, refer to your benefit booklet or plan contract. This brochure contains a summary of benefits only. It is not your vision or dental plan policy. Your vision and dental policies are your plan contracts, including your benefit booklets and member ID card letters. If there is any difference between this brochure and the benefit booklets, the provisions of the benefit booklets will control.

Your coverage may be canceled by Blue Cross NC for failure to pay premiums when due and for fraudulent statements on your application, among other reasons. Members will be notified 30 days in advance of any change in coverage. Consult your member guide for complete information.

You may be entitled to additional discounts. Check your provider listing for more information.

- 1 U.S. National Library of Medicine. (2024, July 2). Gum disease: By the numbers. NIH MedlinePlus. magazine.medlineplus.gov/article/gum-disease-by-the-numbers (Accessed July 2025).
- 2 "Oral health: A window to your overall health," (March 14, 2024). Mayo Clinic. Online: mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475 (Accessed July 2024).
- 3 Reena Mukamal. "20 Surprising Health Problems an Eye Exam Can Catch." American Academy of Ophthalmology, April 17, 2025. Online: aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects (Assessed July 2025).
- 4 Blue Cross NC offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician as applicable throughout your health care experience.
- 5 Refer to the member booklet for a full list of diagnostic and preventive, basic and major services, as well as the differences between in-network and out-of-network benefits.
- 6 Member ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim.
- 7 EyeMed Vision Care; EyeMed Access Network Provider Listing as of April 1, 2025.
- 8 Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the vision benefit plan's and member's payment obligations.
- 9 Certain brand-name vision materials in which the manufacturer imposes a no-discount practice are excluded.
- 10 Indicates a service that is not a regular part of your vision benefit plan.
- 11 Vision discounts do not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Discounts are not insured benefits.
- 12 Discount applies to materials only and not fittings for contact lenses.
- 13 Members receive a discount on LASIK, e-LASIK and PRK laser vision correction. A laser vision correction discount is available through one of the nation's largest LASIK networks, U.S. Laser Network, owned and managed by LCA-Vision. LCA-Vision is an independent company that is solely responsible for the services it provides on behalf of Blue Cross NC. LCA-Vision does not offer Blue Cross or Blue Shield products or services.

On behalf of Blue Cross NC, EyeMed Vision Care (EyeMed) assists in the network services of our Blue 20/20 product. EyeMed is an independent company that is solely responsible for the services it provides. EyeMed does not offer Blue Cross or Blue Shield products or services.

®, SM are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. M60, 6/25; INDVIS-EO, 6/24; INDVIS-EP, 6/24. U35521, 7/25