

Dental/Vision Plan Offered With Advantage 65



Effective July 1, 2013 or October 1, 2013

Your group may choose to offer the Dental/Vision plan with the Advantage 65 plan. For a complete description of the benefits and exclusions, please see the Medicare Coordinating Plans Member Handbook and Dental/Vision Benefits insert.

How The Plan Works

Dental Benefits

Administered by Delta Dental of Virginia

The plan pays up to \$1,500 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for basic services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility. The plan also pays 5% for major services such as crowns, bridges, dentures and implants.

When you need services, simply present your plan identification card to your dentist. If you go to a Delta Dental network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at www.deltadentalva.com, or call Delta Dental of Virginia at **1-888-335-8296** to determine if a dentist is in the network.

Plan Pays \$1,500 Maximum Per Person Per Calendar Year		In-Network You Pay
<i>Diagnostic And Preventive Services</i>	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$0
<i>Basic Dental Care</i>	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC
<i>Major Dental Care</i>	Crowns (single crowns, inlays and onlays), prosthodontics (partial or complete dentures and fixed bridges) and dental implants.	95% AC
<i>Out-Of-Network Care</i>	For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge.	

Routine Vision Benefits

Administered by Anthem Blue Cross and Blue Shield

Your routine vision benefits are now through the Anthem Blue View Vision network. Available once every 12 months, your vision benefits include a routine eye exam, eyewear and special eye accessory discounts. The 12-month count begins on the day you receive your eye examination or purchase eyeglass frames or lenses. You may receive services from any ophthalmologist, optometrist, optician and/or retail location in the Anthem Blue View Vision network.

To locate an Anthem Blue View Vision provider, select Find A Doctor at www.anthem.com/tlc, or contact Member Services at 800-552-2682 for assistance. To receive vision services, simply present your Anthem identification card to your Blue View Vision provider when you receive your eye exam or purchase covered eyewear. Your Blue View Vision provider will verify eligibility and file your claims.

While some vision benefits are also covered out-of-network, you will receive the most value when you choose a Blue View Vision provider. If you use an out-of-network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an out-of-network claim form to Blue View Vision. The claim form is available at anthem.com/tlc. Select "Forms" under the Tools & Information tab.

Certain non-routine vision care such as eye surgery may be covered under your primary medical coverage under your Medicare plan. Refer to your Medicare and You Handbook or contact Medicare for more information.

Vision Benefits Highlights

Routine vision care services		In-Network
<i>Routine eye exam (once every 12 months)</i>		\$20 copayment
<i>Eyeglass frames</i> Once every 12 months you may select any eyeglass frame ¹ and receive the following allowance toward the purchase price:		\$100 allowance then 20% off remaining balance
<i>Standard Eyeglass Lenses</i> <i>Polycarbonate lenses included for children under 19 years old.</i> Once every 12 months you may receive any one of the following lenses:		
<ul style="list-style-type: none"> ■ Standard plastic single vision lenses (1 pair) ■ Standard plastic bifocal lenses (1 pair) ■ Standard plastic trifocal lenses (1 pair) ■ Standard progressive lenses (1 pair) 		<ul style="list-style-type: none"> \$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full \$85 copay; then covered in full
<i>Upgrade Eyeglass Lenses (available for additional cost)</i> When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses' copayment applies, plus the cost for the upgrade..	<i>Lens options</i>	<i>Member cost for upgrades</i>
	<ul style="list-style-type: none"> ■ UV coating ■ Tint (solid and gradient) ■ Standard scratch resistance ■ Standard polycarbonate ■ Standard anti-reflective coating ■ Other add-ons and services 	<ul style="list-style-type: none"> \$15 \$15 \$15 \$40 \$45 20% off retail price
<i>Contact lenses</i> Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses once every 12 months.	<i>Lens options</i>	
	<ul style="list-style-type: none"> ■ Elective conventional lenses² ■ Elective disposable lenses² ■ Non-elective contact lenses² 	<ul style="list-style-type: none"> \$100 allowance then 15% off the remaining balance \$100 allowance (no additional discount) \$250 allowance (no additional discount)

¹ Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

² Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.

If You Need Assistance

Anthem Blue Cross and Blue Shield

Routine Vision Care:

1-800-552-2682

Monday through Friday 8:00 a.m. – 6:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m.

On the Web at www.anthem.com/tlc

Delta Dental of Virginia

Dental Care:

1-888-335-8296

Monday - Thursday 8:15 a.m. - 6:00 p.m.

Friday 8:15 a.m. - 4:45 p.m.

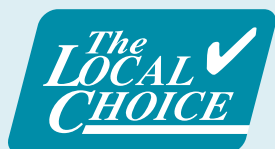
On the Web at www.deltadentalva.com

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219

(804) 786-6460

On the Web at www.thelocalchoice.virginia.gov



NOTE: This is not a policy. This is a brief summary of benefits under the Dental/Vision Plan offered with Advantage 65. If you enroll in the plan, you will receive a Medicare Coordinating Plans Member Handbook and the Dental/Vision Benefits insert with detailed information about the benefits, exclusions, limitations, and your responsibilities under the plan.