



An Anthem Company

Take control of your total health with the right dental and vision coverage

The mouth and eyes are important parts of your body and your health. They can show early warning signs of disease – so regular dental and vision checkups help you stay healthy. That's why taking care of your total health requires not just medical coverage, but also dental and vision plans.

- You've probably heard before that dental health is an important part of overall health. In fact, 90% of the body's diseases first show signs and symptoms in the mouth.*
- Routine eye checkups are about more than making sure you can see clearly. They're important to health, safety and learning. Even if you think you have 20/20 vision, it's key that you're checked regularly – at every age.
- Eye exams can detect major health problems like diabetes, high blood pressure and heart disease.** Some eye diseases have no warning signs. So people may not even know their vision is at risk.***



Getting the dental and vision plans you need

Off-exchange, standalone coverage from Empire BlueCross (Empire) can help you get the dental and vision care you need for your total health. Many of our dental plans cover you 100% for exams, cleanings and x-rays. All of our vision plans cover you for yearly eye exams.

All-in-one or separate plans?

You can buy a medical plan that includes dental and vision benefits — or you can buy separate plans. You may want to think about buying your dental and vision separate from your medical plan. Separate plans usually offer more choices and may have more benefits to meet your needs. The main differences are in how you apply for coverage and how you are billed.

Empire dental plans

We offer a variety of individual and family dental plan options to fit your needs and budget. These plans include:

- Empire Dental Family Value
- Empire Dental Family
- Empire Dental Family Enhanced
- Dental Prime for individuals and families
- Enhanced Care PLUS Option D Plan (Managed Care)

Empire has one of the largest dental preferred provider organization (PPO) networks in the country.[†] Plus, we work with in-network dentists to get deep discounts for you. By seeing an in-network dentist, you can save an average of 25% to 32% on covered dental services.^Δ

Tools that put a smile on your face

We offer some great online tools to help you better understand your dental health. Once you're a member, log in to **empireblue.com** to access:



Ask a Hygienist

Email questions to licensed dental professionals and get quick, private, personalized advice at no extra cost.



Dental Cost Estimator

Help estimate your costs for dental procedures and services in the ZIP code where you get care.



Dental Health Assessment

Get feedback based on your responses to a few questions to help you keep a healthy smile.



Blue View Vision plans

Our Blue View VisionSM plans are available to purchase with any Empire medical and/or dental plan. With all Blue View Vision plans, you can choose from more than 38,000 eye doctors at over 27,000 locations.[†] So you can get your eye care and eye wear just about anywhere. You can call or go online at Glasses.com, ContactsDirect or 1-800 CONTACTS®, visit a participating private practice eye doctor, or go in-store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

You'll enjoy the convenience of having just one ID card when you purchase your medical, dental and/or vision plans with Empire. You'll also get just one combined bill for all your Empire plans.

How does health care reform affect dental and vision coverage?

Health care reform, officially known as the Affordable Care Act (ACA), requires that all Americans have a minimum amount of health insurance. This includes a list of 10 essential health benefits that must be covered by health insurance carriers. One of these is pediatric services, including dental and vision coverage.

Here's how the ACA relates to dental and vision coverage for children:

Dental

In some states, pediatric dental benefits are required to be included in ACA-compliant medical plans sold off the Marketplace (also known as the exchange). In other states, these benefits can be offered in medical plans off the Marketplace or can be provided through a separate stand-alone policy that is sold with the medical plan.

Vision

Pediatric vision coverage will be included with all ACA-compliant medical plans offered on and off the Marketplace.

Pediatric dental essential health benefits

Pediatric dental coverage is included in nearly all of our individual medical plans as of January 2014.

You have two options for buying pediatric dental essential health benefits:

- A medical plan that has pediatric dental essential health benefits coverage
- A stand-alone dental plan that includes pediatric dental essential health benefits coverage.

Pediatric vision essential health benefits

These benefits provide exams and vision materials (lenses and frames) for children.

Our plans use Blue View VisionSM providers, which include retailers such as Glasses.com, ContactsDirect or 1-800 CONTACTS®, LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. With these plans:

- Covered children can choose from a selection of frames and contact lenses.
- Glasses with Transitions® lenses (to protect eyes from UV rays) and polycarbonate lenses with scratch coating (to protect lenses from damage) are available at no extra charge.

Should I buy “on the Marketplace” or “off the Marketplace”?

The NY State of Health Marketplace (the name of your state's Marketplace) was created as part of the ACA. This is the online marketplace where you can purchase medical coverage.

If you're eligible for financial assistance to help pay for your medical coverage...and want to use it, you must get your medical plan through the NY State of Health Marketplace.

To learn more, visit your state's exchange website at nystateofhealth.ny.gov.

If you're not eligible for financial assistance, and you are shopping around for a dental or vision plan... you don't have to buy plans on the NY State of Health Marketplace. You can still buy coverage as you have in the past, through a broker or agent or directly from an insurance company.

Because there are rules for plans on the exchange, you may find that plans not on the exchange offer you more choices.

Empire Dental Family Value, Empire Dental Family and Empire Dental Family Enhanced plans

Our plans offer these advantages:

- You will not be charged premiums for more than three children.
- For children, families will not be charged more than twice the out-of-pocket limit, regardless of how many children are in the family.
- The Empire Dental Family Value, Empire Dental Family and Empire Dental Family Enhanced plans cover everyone.

Cost shares show what the member pays	Empire Dental Family Value off-exchange and on-exchange		Empire Dental Family off-exchange and on-exchange	
	Dependents age 18 and younger	Adults age 19+	Dependents age 18 and younger	Adults age 19+
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$25	\$50	\$25	\$50
Annual maximum (per person)	None	\$750	None	\$750
Annual out-of-pocket limit	\$350 ¹ / None	None	\$350 ¹ / None	None
Pediatric benefits	No waiting period	n/a	No waiting period	n/a
Emergency dental care	0% / 0% coinsurance	n/a	0% / 0% coinsurance	n/a
Preventive dental care	25% / 25% coinsurance	n/a	25% / 25% coinsurance	n/a
Routine dental care	25% / 25% coinsurance	n/a	25% / 25% coinsurance	n/a
Endodontic and prosthodontic services	50% / 50% coinsurance	n/a	50% / 50% coinsurance	n/a
Medically necessary orthodontia	50% / 50% coinsurance	n/a	50% / 50% coinsurance	n/a
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	n/a	0% / 50% coinsurance	n/a	0% / 50% coinsurance
Extra cleaning	n/a	Not covered	n/a	Not covered
Basic services	n/a	6-month waiting period	n/a	6-month waiting period
Fillings	n/a	50% / 50% coinsurance	n/a	50% / 50% coinsurance
Brush biopsy	n/a	Covered	n/a	Covered
Complex and major services	n/a	Not covered	n/a	12-month waiting period
Endodontic/periodontic/oral surgery	n/a	Not covered	n/a	50% / 50% coinsurance
Major restorative and prosthodontic	n/a	Not covered	n/a	50% / 50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included	Included
Blue View Vision	Available	Available	Available	Available

1 Per child, up to \$700 per family.

2 \$1,000 lifetime maximum and 12-month waiting period for cosmetic orthodontia.

Note: This is only a brief description of some plan benefits. Please refer to the Contract for more complete details including benefits, limitations and exclusions.

Our dental plans come with the International Emergency Dental Program[‡]

If you travel outside of the U.S., you still have access to emergency dental services. With one call, we can help you find a credentialed, English-speaking dentist for your urgent dental care needs. We can even help with translation services when you call the dentist's office. Services you get through this program don't count toward your yearly limit, if your plan has one.

Dental Prime for individuals and families

Our Dental Prime plans cover routine care (like exams, cleanings and x-rays) with no waiting periods, so you can use those benefits right away. Because there are three plan options, you can choose a plan that fits your needs and budget.

Empire Dental Family Enhanced off-exchange and on-exchange		Dental Prime Plan A off-exchange only	Dental Prime Plan B off-exchange only	Dental Prime Plan C off-exchange only
Dependents age 18 and younger	Adults age 19+			
In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
None	\$50	None	\$50	\$50
None	\$1,000	\$500	\$1,000	\$1,250
\$350 ¹ / None	None	None	None	None
No waiting period	n/a	n/a	n/a	n/a
0% / 0% coinsurance	n/a	n/a	n/a	n/a
0% / 0% coinsurance	n/a	n/a	n/a	n/a
20% / 20% coinsurance	n/a	n/a	n/a	n/a
20% / 20% coinsurance	n/a	n/a	n/a	n/a
50% / 50% coinsurance	n/a	n/a	n/a	n/a
No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
n/a	0% / 50% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
n/a	Not covered	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
n/a	6-month waiting period	Not covered	6-month waiting period	6-month waiting period
n/a	20% / 50% coinsurance	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
n/a	Covered	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
n/a	12-month waiting period	Not covered	12-month waiting period	12-month waiting period
n/a	50% / 50% coinsurance	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
n/a	50% / 50% coinsurance	Not covered	Not covered	50% / 50% coinsurance
50% / 50% coinsurance ²	Not covered	Not covered	Not covered	Not covered
Included	Included	Included	Included	Included
Available	Available	Available	Available	Available

Find a dentist

To find a dentist near you, go to empireblue.com/findadoctor.

What's your monthly premium for the plan options above?

Take a look at our [monthly rates for a dental plan with a vision plan included](#).

Managed Care Options

With the Enhanced Care PLUS Option D Plan (Managed Care), you will have affordable dental coverage with no annual maximums, no deductibles and no benefit waiting periods. And you know what to expect with the out-of-pocket costs because there are set copays for nearly 500 specific procedures. Learn more and sign up today!

- Approximately 500 covered dental procedures
- No annual benefit maximum
- No deductible
- No waiting periods
- Easy to understand copayments
- Enhanced preventive care
- No claim forms
- Choice of general dentist and specialists



Enhanced Care PLUS Option D Plan (Managed Care)

Services	Copays
Office visits	\$10
Diagnostic and preventive services	
Exams	\$0
X-rays	\$0
Cleanings	\$0
Flouride applications	\$0
Sealants	\$0
Restorative services	
Fillings (one surface resin composite, anterior)	\$15
Fillings (one surface resin composite, posterior)	\$35
Crowns	\$255
Endodontic services	
Root canals (anterior)	\$190
Periodontal services	
Scaling and root planing (1 to 3 teeth)	\$40
Prosthetic services	
Dentures (complete upper or lower)	\$430
Crown (porcelain fused to high noble metal)	\$330
Oral surgery	
Extraction (Erupted tooth or exposed roots)	\$15
Removal of impacted tooth (completely boney)	\$140
Orthodontic services	
Comprehensive treatment children	\$3,000
Comprehensive treatment, adults	\$3,000

The services listed in the above chart are a sample of some of the most frequently asked-about procedures. For complete coverage details, please refer to your policy booklet.

Blue View Vision coverage available

You can add Blue View VisionSM benefits to your dental plan. These plans feature:

- **A broad, convenient group of national providers** — Blue View Vision providers include more than 36,000 private practice doctors at over 27,000 locations.[†] This includes online choices through Glasses.com, ContactsDirect or 1-800 CONTACTS[®] in addition to the nation's leading retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and most Pearle Vision[®] locations.
- **A complete picture of your health between your eye doctor and your primary care doctor** — when you have a medical plan with us, every time you get care through our network, it becomes part of your health history. With Blue View Vision, your network eye doctor can access your health history information — including patient summaries, diagnoses, lab results and prescriptions. They can also securely share relevant eye health information back to your primary care doctor, while protecting your personal information. This approach helps all of your doctors in the network gain a better understanding of your whole health — leading to better, more holistic care.
- **“Add-ons” at no extra charge** — factory scratch coating on eyeglass lenses is included at no extra cost. Transitions[®] and polycarbonate lenses for children younger than 19 can be added at no extra cost.
- **Discounts for other “add-ons”** — includes Transitions lenses for adults at a fixed price, as well as tiered pricing for premium progressive lenses and premium anti-reflective coatings. This cuts down on your out-of-pocket costs.
- **Value-added savings[§]** — including 15% to 40% off on unlimited purchases of most extra pairs of eye wear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after you've used all of your covered benefits.

Blue View Vision Bundled plan

Our current Blue View Vision **Bundled** plan has not changed. The Bundled plan can only be purchased in combination with any off the Marketplace Empire individual medical or dental plan. The Bundled plan cannot be purchased on a stand-alone basis.

Blue View Vision Enhanced, Plus and Value plans

Our stand-alone Blue View Vision **Enhanced**, **Plus** and **Value** plans are designed with your lifestyle in mind and can be purchased with or without a medical and/or dental plan. You can choose the plan that gives you the most value from your benefits. See your options on the next page.

What's your monthly premium for Blue View Vision Enhanced, Plus and Value plans?

Take a look at **Blue View Vision Enhanced, Plus and Value monthly rates** now.

Cost savings example

You'll see that when you have a Blue View Vision plan from Empire, it often pays for itself — and then some. When it comes to Blue View Vision, seeing isn't just believing. Seeing is saving, too!

	Retail	Benefit	Copay	Member pays	
Exam	\$80	Covered	\$20	\$20	
Frame	\$130	\$130 allowance	N/A	\$0	
Single vision lenses	\$80	Covered	\$20	\$20	
Scratch coating	\$22	Included	N/A	\$0	
Progressive premium tier 1	\$140	Upgrade	N/A	\$85	
Polycarbonate lenses	\$55	Upgrade	N/A	\$40	
Anti-reflective premium tier 2	\$100	Upgrade	N/A	\$68	
Transitions lenses	\$110	Upgrade	N/A	\$75	
Total purchase	\$717			\$308	Member saves \$409

Blue View Vision plans

Blue View Vision Bundled*		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses¹	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every 24 months	\$130 allowance

* Blue View Vision **Bundled** can only be purchased with a medical and/or dental plan.

Blue View Vision Enhanced**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$10 copay
Bifocal		\$10 copay
Trifocal		\$10 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$150 allowance
Non-elective		Covered in full
Frames	Once per calendar year	\$150 allowance

** Blue View Vision **Enhanced** can be purchased with or without a medical and/or dental plan.

Blue View Vision Plus**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$130 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

** Blue View Vision **Plus** can be purchased with or without a medical and/or dental plan.

Blue View Vision Value**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$20 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

** Blue View Vision **Value** can be purchased with or without a medical and/or dental plan.

1 Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

Save time and money with smart provider choices

While all PPO plans allow you to see any doctor, you can save money by choosing an in-network doctor.

	In-network dentist	Out-of-network dentist
What you pay the dentist	<ul style="list-style-type: none">◦ Your deductible◦ The percentage that's not covered by your insurance	<ul style="list-style-type: none">◦ Your deductible◦ The percentage that's not covered by your insurance◦ The difference between what the dentist charges and the total amount we allow to be paid for a service
Claims paperwork	<ul style="list-style-type: none">◦ Your dentist sends claims to us◦ We pay the dentist directly	<ul style="list-style-type: none">◦ You or your dentist may submit your claims to us◦ We pay you or your dentist for covered expenses

You may pay more for care if you choose an out-of-network doctor. Here's why:

- In-network doctors have agreed, by contract, to special payment rates for services and cannot charge you more than these negotiated rates. If you have coinsurance or a deductible, you pay those amounts.
- Out-of-network doctors don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible). That means higher costs for you.

How to enroll

Sign up today for our dental and vision plans! Take a look at the **application** included with this brochure.

Online: Go to **empireblue.com** and select **Shop For Insurance** to get your free quote and enroll.

Paper: Fill out and sign the appropriate form. Then, give the form to your broker or agent or mail it to us at the address listed on the form.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number on the back of your ID card.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Albanian

Nëse ju nevojitet ndihmë për ta kuptuar këtë dokument në një gjuhë tjetër, mund ta kërkonit pa kosto shtesë duke telefonuar në numrin e shërbimeve për anëtarët (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-748-1806 / 1-855-330-1104) (TTY/TDD: 711)

Bengali

একটি বিকল্প ভাষায় এই তথ্য পুস্কাটি বোঝার জন্য। যদি আপনার সহায়তার প্রয়োজন হয়, তাহলে কোনো অতিরিক্ত খরচ ছাড়া সদস্য পরিষেবা নম্বর (1-855-748-1806 / 1-855-330-1104)-তে কল করে আপনি এটির অনুরোধ করতে পারেন। (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-748-1806 / 1-855-330-1104)請求免費協助。(TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-748-1806 / 1-855-330-1104. (TTY/TDD: 711)

Greek

Αν χρειαστείτε βοήθεια για να κατανοήσετε το παρόν έγγραφο σε άλλη γλώσσα, μπορείτε να τη ζητήσετε χωρίς πρόσθετο κόστος καλώντας τον αριθμό του Τμήματος Υπηρεσιών Μέλους (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Haitian

Si ou bezwen èd pou konprann dokiman sa a nan yon lòt lang, ou kapab rele nimewo Manm Sèvis la pou mande asistans gratis nan nimewo (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Italian

Se ha bisogno di assistenza per la comprensione del presente documento in un'altra lingua, può richiederla senza alcun costo aggiuntivo chiamando il numero dedicato ai Servizi per i membri (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-748-1806 / 1-855-330-1104)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Polish

Jeśli potrzebujesz pomocy w zrozumieniu niniejszego dokumentu w innym języku, możesz ją uzyskać bez ponoszenia dodatkowych kosztów, dzwoniąc do Działu Obsługi Klienta pod numer (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-748-1806 / 1-855-330-1104). (TTY/TDD: 711)

Urdu

تو آپ ممبر سروس نمبر پر کال اگر آپ کو کسی دوسری زبان میں اس دستاویز کو سمجھنے کے لیے مدد کی ضرورت ہو جس کے لئے آپ پر کوئی اضافی اخراجات عائد نہیں ہوں گے نمبر کر کے اس کی درخواست کرسکتے ہیں
(1-855-748-1806 / 1-855-330-1104) (TTY/TDD:711)

Yiddish

אויב איר דארפט הילף צו פארשטיין דעם דאקומענט אין אן אנדערע שפראך, קענט איר עס בעטן אהן קיין עקסטערע קאסט דורך
רופן די מעמבער באדינונגען נומער
(TTY/TDD:711) (1-855-748-1806 / 1-855-330-1104)

Notes

Notes

Notes



An Anthem Company

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This is only a brief description of some plan terms and benefits. Please refer to your Contract for more complete details, including benefits, limitations and exclusions.

* Academy of General Dentistry Know Your Teeth website: *Warning Signs in the Mouth Can Save Lives* (accessed August 2015); knowyourteeth.com.

**All About Vision website: *Why Are Eye Exams Important?* (May 2011); allaboutvision.com/eye-exam/importance.htm.

***American Academy of Ophthalmology website: Eye Diseases (March 13, 2008) geteyesmart.org.

± Network data from Strenuus, August 2016.

△ Internal data, 2015.

† Blue View Vision internal data, 2016.

‡ The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Empire BlueCross.

§ Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

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