



Oral health, as well as your hearing and vision can have a significant impact on your quality of life. It's important to protect your overall health. That's why Capital Blue Cross is proud to offer Reliance Plus. BlueReliance and Security Medicare Supplement plan members can now enjoy all-in-one dental, vision, and hearing coverage with no deductible for just \$35 a month — including access to the Capital Blue Cross robust PPO network for dental and vision benefits.



Dental

Routine dental exams/
cleanings: \$15 copay.

X-rays: \$15 copay.

Comprehensive coverage for
fillings and simple extractions.

\$500 annual allowance for
comprehensive dental.



Vision

Routine vision exam: \$20 copay.

\$125 yearly allowance
for frames or contact lenses.

Coverage for eyeglass
lenses every 12 months.

Plus, discounts off
your retail balance.



Hearing

Routine hearing exam:
\$20 copay.

\$500 annual allowance
for prescription
hearing aids.

How to enroll:

- Members must complete a separate Reliance Plus application for enrollment into the all-in-one dental, vision, and hearing plan.
- Capital Blue Cross Medicare Supplement members can enroll in Reliance Plus at any time.
- Members will receive a separate ID card and a separate monthly invoice.

For help enrolling or for
more information, visit
[CapitalBlueCross.com](https://www.CapitalBlueCross.com)
or call **888.732.4968**.

Dental coverage schedule

	In-network	Out-of-network
Deductible	\$0	
Waiting period	Preventive – no waiting period Comprehensive – 3 month waiting period	
Preventive: Routine exam, cleaning, and fluoride (two per year)	\$15 copay	30% coinsurance
X-rays		
Bitewing (two per year)	\$15 copay	30% coinsurance
Full mouth or panoramic (one per five years)	\$15 copay	30% coinsurance
Comprehensive dental allowance	\$500 per benefit period	
Comprehensive dental services		
Teeth fillings (one per tooth every 24 months)	20% coinsurance	50% coinsurance
Simple extractions (two per year)	50% coinsurance	70% coinsurance

Any other services not listed are not covered under this dental plan.

Vision coverage schedule

	In-network	Out-of-network
Deductible	\$0	
Waiting period	None	
Routine exam (one per year)	\$20 copay	\$32 allowance (member pays 100% after allowance)
Frames* OR contact lenses*	\$125 allowance [†]	\$60 allowance
Eyeglass lenses (per pair)		
Single vision standard lenses	100% covered	\$24 allowance
Bifocal standard lenses	100% covered	\$36 allowance
Trifocal standard lenses	100% covered	\$46 allowance

* Allowance per calendar year.

† Value added NVA discounts can be applied to in-network services.

Hearing coverage schedule

	In-network	Out-of-network
Deductible	\$0	
Routine hearing exam	\$20 copay	30% coinsurance
Prescription hearing aid allowance	\$500 per benefit period	
Frequency	Up to one set of prescription hearing aids every year	
Waiting period	6 month waiting period for prescription hearing aids	
Exclusions	Over-the-counter (OTC) hearing aids	

[CapitalBlueCross.com](https://www.CapitalBlueCross.com)



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