

Enroll in Reliance Plus

All-in-one dental, vision, and hearing coverage



Your oral health, hearing, and vision play a big role in your overall well-being. That's why we offer Reliance Plus — comprehensive dental, vision, and hearing coverage without any deductible — for just \$35 a month. It gives BlueReliance and Security Medicare Supplement plan members extra convenience and access to the extensive Capital Blue Cross dental and vision PPO network.



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.
- Reliance Plus is available to Capital Blue Cross Medicare Supplement members living in our 21-county service area.* Members can enroll 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
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
Deductible	\$0
Routine hearing exam	\$20 copay
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)



*Capital Blue Cross' 21-county service area includes Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York Counties.

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