



MASSACHUSETTS

Save on vision care with Blue 20/20 PLUS
when you use a PLUS Provider

BLUE 20/20 PLUS VISION PLAN: INSIGHT NETWORK

\$200 Frame, \$25 Lens, 12/12/12 Frequency¹

| Vision care service | In-network member cost at plus providers | In-network member cost | Out-of-network reimbursement ² |
|---|--|--|---|
| Comprehensive eye exam | \$0 copay | \$10 copay | up to \$50 |
| Contact lens fit and follow-up³ • Standard • Premium | up to \$40 10% off retail price | up to \$40 10% off retail price | n/a n/a |
| Retinal imaging | up to \$39 | up to \$39 | n/a |
| Enhanced Diabetes Eye Care Benefit⁴ For members diagnosed with type 1 or type 2 diabetes | Paid in full: up to two diabetic eye exams and diagnostic testing every 12 months | Paid in full: up to two diabetic eye exams and diagnostic testing every 12 months | n/a |
| Frames | \$250 allowance, then additional 20% off the balance | \$200 allowance, then additional 20% off the balance | up to \$74 |
| Standard plastic lenses • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens Tier 1–Tier 3 Tier 4 | \$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$110–\$135 copay \$90 copay, then 80% of charge less \$120 allowance | \$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$110–\$135 copay \$90 copay, then 80% of charge less \$120 allowance | up to \$42 up to \$78 up to \$130 up to \$130 up to \$140 up to \$196 up to \$196 |
| Lens options⁵ • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Premium anti-reflective coating Tier 1 – Tier 2 • Photochromic/Transitions [®] plastic • Polarized • Other add-ons | \$15 \$15 \$15 \$40 Paid in full \$45 \$57–\$68 \$75 20% off retail price 20% off retail price | \$15 \$15 \$15 \$40 Paid in full \$45 \$57–\$68 \$75 20% off retail price 20% off retail price | n/a n/a n/a n/a up to \$26 n/a n/a n/a n/a n/a |
| Contact lenses⁶ • Conventional • Disposable • Medically necessary | \$200 allowance, then additional 15% off the balance \$200 allowance Paid in full | \$200 allowance, then additional 15% off the balance \$200 allowance Paid in full | up to \$104 up to \$104 up to \$210 |
| Frequency • Exam • Lenses for frames or one order of contact lenses • Frames | | once every 12 months once every 12 months once every 12 months | |

1. For costs and further details about the coverage, including exclusions, refer to your plan materials. 2. Your actual expenses for covered services may exceed the stated out-of-network amount. 3.5. Indicates a service that is a discounted arrangement as part of your vision plan. 4. Consult with your eye care provider. 6. Discount applies to materials only and not to fittings for contact lenses.

BENEFITS YOU CAN SEE – FROM A COMPANY YOU TRUST



ACCESS TO ONE OF
THE NATION'S LARGEST
VISION NETWORKS



THOUSANDS OF
INDEPENDENT PROVIDERS



AWARD-WINNING
CUSTOMER SERVICE

FAVORITE NATIONAL RETAILERS

LENSCRAFTERS®

PEARLE OPTICAL®

OPTICAL®

and many regional retailers.

ONLINE SHOPPING OPTIONS

- Glasses.com
- Contactsdirect.com
- Ray-Ban.com
- Targetoptical.com
- Lenscrafters.com

ADDITIONAL IN-NETWORK SAVINGS AND DISCOUNTS

40%

off a complete
second pair of glasses

20%

off non-prescription
sunglasses

15%

off retail price or
5% off promotional price
for laser vision correction
through U.S. Laser Network

SAVE ON HEARING EXAMS AND HEARING AIDS

You can save on services and products from Amplifon Hearing, an independent company.

To learn more, visit amplifonusa.com/blue2020. To get started, call 1-866-921-5367.

Blue 20/20 is administered by EyeMed Vision Care®, an independent vision benefits company.

Questions?

Call Blue 20/20 Customer Service at **1-855-875-6948**.

To locate an in-network provider, create an account at blue2020ma.com.



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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711). ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).