



MASSACHUSETTS

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

BLUE 20/20 PLUS EXAM-PLUS VISION PLAN: INSIGHT NETWORK

\$130 Frame, \$25 Lens, 12/12/24 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	up to \$40	up to \$40	n/a
• Premium	10% off retail price	10% off retail price	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	\$180 allowance, then additional 20% off the balance	\$130 allowance, then additional 20% off the balance	up to \$74
Standard plastic lenses			
• Single vision	\$25 copay	\$25 copay	up to \$42
• Bifocal	\$25 copay	\$25 copay	up to \$78
• Trifocal	\$25 copay	\$25 copay	up to \$130
• Lenticular	\$25 copay	\$25 copay	up to \$130
• Standard progressive lens	\$90 copay	\$90 copay	up to \$140
• Premium progressive lens			
Tier 1-Tier 3	\$110-\$135 copay	\$110-\$135 copay	up to \$196
Tier 4	\$90 copay, then 80% of charge less \$120 allowance	\$90 copay, then 80% of charge less \$120 allowance	up to \$196
Lens options³			
• UV treatment	\$15	\$15	n/a
• Tint (solid and gradient)	\$15	\$15	n/a
• Standard plastic scratch coating	\$15	\$15	n/a
• Standard polycarbonate	\$40	\$40	n/a
• Standard polycarbonate for covered dependents under age 19	Paid in full	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	\$45	n/a
• Premium anti-reflective coating			n/a
Tier 1 – Tier 2	\$57-\$68	\$57-\$68	n/a
• Photochromic/Transitions® plastic	\$75	\$75	n/a
• Polarized	20% off retail price	20% off retail price	n/a
• Other add-ons	20% off retail price	20% off retail price	n/a
Contact lenses⁵			
• Conventional	\$130 allowance, then additional 15% off the balance	\$130 allowance, then additional 15% off the balance	up to \$104
• Disposable	\$130 allowance	\$130 allowance	up to \$104
• Medically necessary	Paid in full	Paid in full	up to \$210
Frequency			
• Exam		once every 12 months	
• Lenses for frames or one order of contact lenses		once every 12 months	
• Frames		once every 24 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. Indicates a service that is a discounted arrangement as part of your vision plan. 4. Consult with your eye care provider. 5. 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 VISION

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](https://www.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 www.blue2020ma.com



MASSACHUSETTS

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).

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MASSACHUSETTS

BENEFITS YOU CAN SEE—FROM A COMPANY YOU TRUST

Save money on all your vision needs. With our Blue 20/20 plans, you can save on eyeglasses, contacts, and routine eye exams.

We've partnered with EyeMed Vision Care, an independent vision benefits company, to bring you more choice, more value, and more flexibility, including:

- Access to one of the nation's largest vision networks
- Exclusive savings on designer frames, premium lenses and coatings, and contact lenses
- Award-winning customer service



CHOOSE FROM THOUSANDS OF INDEPENDENT PROVIDERS AND RETAILERS, INCLUDING:



PLUS, TAKE A PEEK AT THESE ADDITIONAL FEATURES AND DISCOUNTS:

- Laser vision correction—15% off the retail price or 5% off the promotional price for LASIK or PRK procedures
- 40% off a complete second pair of glasses
- 20% off non-prescription sunglasses
- 20% off supplies like contact lens solution
- Save on hearing exams and hearing aids through Amplifon Hearing, an independent company. To get started call **1-866-921-5367**, or learn more at **amplifonusa.com/blue2020**.

BE SEEN AT YOUR CONVENIENCE—WHEN AND WHERE YOU WANT.

With so many locations to choose from, you're sure to find a provider with a schedule that works for you.

ONLINE SHOPPING MADE EASY!

For added convenience, shop online for glasses by visiting **glasses.com**, or shop for contacts by visiting **contactsdirect.com**.

TAKE ADVANTAGE OF THIS IMPORTANT BENEFIT

Regular eye exams do more than identify vision problems; they can also provide the earliest detection of serious health conditions, such as high blood pressure or diabetes.¹

EASY STEPS FOR SAVINGS

handshake

1. Enroll through your employer.

laptop

2. Visit blue2020ma.com to find an eye doctor.

calendar-alt

3. Make an appointment when it's convenient—many eye care providers offer evening and weekend hours.

credit-card

4. Show your Blue 20/20 card at your appointment.

Ask your employer how you can enroll in Blue 20/20 today. Visit www.blue2020ma.com to find an eye doctor in the EyeMed net²work.

A LOOK INTO SAVINGS WITH BLUE 20/20

Save \$290 on glasses with standard single-vision lenses.

Save \$242 on disposable contact lenses.

	With Blue 20/20*	Without**
Step 1: Get an Eye Exam	\$10	\$88
Step 2: Pick a Frame Member selected \$170 frame and has a \$130 allowance	\$40	\$170
Step 3: Pick Lenses Upgrade to Std. Polycarbonate Add Tint	\$25 \$40 \$15	\$75 \$62 \$25
TOTAL COST	\$130	\$420

	With Blue 20/20*	Without**
Step 1: Get an Eye Exam Fit and Follow-Up	\$10 \$40	\$88 \$74
Step 2: Purchase Contact Lenses Member selected \$200 contact lenses and has a \$130 allowance	\$70	\$200
TOTAL COST	\$120	\$362

69
SAVINGS

67%
SAVINGS

1. Centers for Disease Control and Prevention. Keep an Eye on Your Vision Health. May, 2016. Available from cdc.gov/features/healthyvision/.

2. You don't need to register or sign in to search for an eye doctor. Simply select the appropriate **Provider locator** button at the bottom of the page and begin your search.

* The above examples are based on a Blue 20/20 Plan with a \$10 Exam copay / \$25 Lens copay / \$130 Frame or Contact Allowance.

** Costs are based on industry averages. Retail prices and costs will vary by market and provider type. Premiums not included.

Benefits aren't provided for services or materials arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses; medical and/or surgical treatment of the eye, eyes, or supporting structures; any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear; services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions thereof; plano (non-prescription) lenses and/or contact lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; certain brand-name vision materials in which the manufacturer imposes a no-discount policy; or services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses won't be replaced except in the next benefit frequency when vision materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/premium progressive lens not covered — fund as a bifocal lens. Standard progressive lens covered — fund premium progressive as a standard.



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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).

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BLUE 20/20

LITTLE EYES, BIG BENEFITS

Vision coverage for kids under 19

Eye care is so important for kids — detecting and correcting changes in vision early on can have a lasting impact and even improve learning outcomes. That’s why Blue 20/20 will provide vision coverage for kids under 19 at no additional cost to you starting July 1, 2024.* We’re committed to keeping an eye on the overall health of your dependents with the enhanced vision coverage they need to thrive.



Services	Coverage
Two fully covered eye exams at \$0 copay per benefit frequency	✓
One pair of replacement lenses subject to prescription change per benefit frequency	✓
Fully covered blue-light prescription lenses treatment	✓
Fully covered standard polycarbonate lenses	✓

*We partner with EyeMed® Vision Care, an independent vision benefits company, to offer our comprehensive vision plans.


SAVINGS AND DISCOUNTS

40% off
replacement glasses from
in-network locations


25% off
non-prescription
blue-light glasses

20% off
sports-related eyewear and
non-prescription sunglasses

WHAT YOU NEED TO KNOW


Benefits will be applied to
your plan automatically


Applies to in-network
vision providers


At no additional cost
to you

Learn more

To see plan details and discount information, visit www.blue2020ma.com



Good Vision Care Looks Beyond Eye Health

A routine eye exam is important for everyone. But it's essential for the 1 in 11 people in America who have diabetes.¹

Diabetes not only comes with a greater risk of vision-related complications such as glaucoma and cataracts—it's also the leading cause of blindness in adults.

Our Enhanced Diabetes Eye Care Benefit gives members with type 1 or type 2 diabetes a renewed perspective. We provide access to in-depth eye care and exams, to help minimize the vision-related complications of diabetes.

Our Enhanced Diabetes Eye Care Benefit

Includes up to two diabetic eye exams and diagnostic testing every 12 months, at no additional cost.²

Diagnostic tests may include gonioscopy, extended ophthalmology, fundus photography, and scanning laser (offered at the provider's discretion).

1. Centers for Disease Control, *New CDC Report*, July 18, 2017. <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html>

2. At in-network providers; speak to your eye care provider for more details.

Visit www.blue2020ma.com for information about your vision plan.

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BLUE 20/20

SAVINGS WORTH HEARING ABOUT

Adding Blue 20/20 to your coverage can be a sound investment. That's because we've partnered with Amplifon Hearing, an independent company, to offer Blue 20/20 members exclusive savings on hearing aid services and supplies. These savings include:

- 40% off hearing exams at over 5,000 convenient locations
- Discounts on hearing aids
- No-cost battery replacements for two years with purchase of a hearing aid
- A no-cost, 60-day hearing aid trial
- A 3-year hearing aid warranty for loss, repairs, or damage
- One year of follow-up care for cleaning, adjustment, and other hearing aid services at no additional cost

Call **1-866-921-5367** to get started. Amplifon's Patient Care Advocate are standing by to:

stethoscope

Walk you through the Amplifon care process

calendar-alt

Find a hearing care provider near you, and help schedule your appointment

money-bill

Send information to your hearing care provider to confirm your discount

1 IN 8

AMERICANS 12 YEARS OR OLDER SUFFER FROM HEARING LOSS IN BOTH EARS.¹

Questions?

Learn more about the saving available to you at amplifonusa.com/blue2020.

1. National Institute on Deafness and Other Communication Disorders, "Quick Statistics About Hearing" (2021). <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>.

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APPLICATION / CHANGE FORM

Please check one, then complete form below:

- New Enrollee:** Complete A, C, D, and E.
- Change Request:** Complete Sections A, B, and all other applicable sections. Plan changes can only be made at Open Enrollment or due to a qualifying event.
- Termination:** Plan termination for active employees can only be made at Open Enrollment or due to a qualifying event.

A. Employee Information

Last Name:		First Name:		MI:
Social Security Number:		Date of Birth (mm/dd/yyyy):		Gender:
Mailing Address:		City:	State:	ZIP Code:
Phone Number:		Email Address:		
Name of Employer:				
Dept./Division:		Date of Hire (mm/dd/yyyy):		Effective Date (mm/dd/yyyy):

B. If Making a Change from Previous Enrollment

Check All That Apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Employee SSN Correction <input type="checkbox"/> Add/Remove Dependent <input type="checkbox"/> Address/Telephone Number Change <input type="checkbox"/> Date of Birth Correction <input type="checkbox"/> Late Enrollee <input type="checkbox"/> Other	Add Dependent(s): <input type="checkbox"/> Marriage <input type="checkbox"/> Newborn (up to age 1) <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other <input type="checkbox"/> Remove Dependent(s) Reason: _____	Date of Occurrence (mm/dd/yyyy): _____ _____ _____ _____ _____	Reinstate Coverage Date (mm/dd/yyyy): _____ Reason: _____ _____ _____ Terminate Coverage Date (mm/dd/yyyy): _____ Reason: _____ _____ _____
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C. Coverage Selection

Options Selected: Employee Employee plus spouse Employee plus one or more children Family

D. Family Information (Complete for each family member requesting a change in coverage.*)

Select Option	Name (First, MI, Last Name)	Date of Birth (mm/dd/yyyy)	Relationship	Gender
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				

***Enrollment isn't guaranteed.**

Eligibility Notes:

1. Employees are eligible for coverage if they meet the definition of an eligible employee as defined by their employer and Blue Cross Blue Shield of Massachusetts.
2. Domestic partners are eligible for coverage if they meet the definition of a domestic partner and if allowed by the employer.
3. Dependent children are eligible for coverage up to age 26.

Please complete this form, keep a copy for your records, and return the original to:

Blue 20/20 Enrollment Department
c/o EBPA
37 Industrial Drive, Suite E
Exeter, NH 03833
Email: Blue2020enrollmentservices@ebpabenefits.com
FAX: 1-603-773-4420

E. Statement of Understanding

The information here is complete and true. I understand that Blue Cross and Blue Shield of Massachusetts will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my vision plan.

Employee Signature

Date (mm/dd/yyyy):

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