

# BLUE 20/20 PLUS

## VOLUNTARY EXAM-PLUS: PLAN AND RATE SHEET

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

### Blue 20/20 PLUS enhanced benefits:

\$0 exam copay

Additional \$50 frame allowance,  
with no brand restrictions

*Blue 20/20 PLUS is currently not available in the western Massachusetts counties of Franklin and Berkshire. Standard Blue 20/20 plans are available for companies headquartered in these counties.*

## CHOOSE YOUR PLAN AND NETWORK

We offer a variety of exam-plus plans to meet your needs, and a choice of two national vision networks with thousands of in-network, independent eye doctors and retail providers. **Access** is the largest network available, with more than 129,000 provider access points. **Insight** is the second-largest network, with more than 125,000 access points. PLUS Providers are already part of the Blue 20/20 provider networks. Listed below are highlights of our most common plans by network. For a full description of coverage, refer to the plan summaries.

	EMPLOYEE	EMPLOYEE PLUS SPOUSE OR DOMESTIC PARTNER	EMPLOYEE PLUS ONE OR MORE CHILDREN	FAMILY
<b>Plan: \$20 Exam Copay, \$25 Lens Copay,<sup>1</sup> \$130 Frames Allowance, \$130 Contacts Allowance, 24/12/24 Frequency<sup>2,3</sup></b>				
Access Network	\$7.54	\$12.81	\$13.19	\$20.73
Insight Network	\$7.23	\$12.28	\$12.64	\$19.87
<b>Plan: \$10 Exam Copay, \$25 Lens Copay,<sup>1</sup> \$130 Frames Allowance, \$130 Contacts Allowance, 12/12/24 Frequency<sup>2,3</sup></b>				
Access Network	\$8.13	\$13.83	\$14.24	\$22.36
Insight Network	\$7.69	\$13.08	\$13.47	\$21.17
<b>Plan: \$10 Exam Copay, \$25 Lens Copay,<sup>1</sup> \$150 Frames Allowance, \$150 Contacts Allowance, 12/12/24 Frequency<sup>2,3</sup></b>				
Access Network	\$8.79	\$14.94	\$15.38	\$24.17
Insight Network	\$8.22	\$13.97	\$14.37	\$22.60

1. Lens copays can vary based on type of lens.

2. Premiums are per employee, per month.

3. Frequency order: exam/lens/frames.

	EMPLOYEE	EMPLOYEE PLUS SPOUSE OR DOMESTIC PARTNER	EMPLOYEE PLUS ONE OR MORE CHILDREN	FAMILY
<b>Plan: \$10 Exam Copay, \$25 Lens Copay,<sup>1</sup> \$180 Frames Allowance, \$180 Contacts Allowance, 12/12/24 Frequency<sup>2,3</sup></b>				
Access Network	\$9.69	\$16.47	\$16.96	\$26.64
Insight Network	\$9.06	\$15.39	\$15.85	\$24.90
<b>Plan: \$10 Exam Copay, \$25 Lens Copay,<sup>1</sup> \$150 Frames Allowance, \$130 Contacts Allowance, 12/12/24 Frequency<sup>2,3</sup></b>				
Access Network	\$8.50	\$14.45	\$14.88	\$23.37
Insight Network	\$7.95	\$13.51	\$13.91	\$21.84
<b>Plan: \$0 Exam Copay, \$10 Lens Copay,<sup>1</sup> \$150 Frames Allowance, \$150 Contacts Allowance, 12/12/12 Frequency<sup>2,3</sup></b>				
Access Network	\$10.71	\$18.21	\$18.74	\$29.45
Insight Network	\$10.25	\$17.43	\$17.94	\$28.18

1. Lens copays can vary based on type of lens.
2. Premiums are per employee, per month.
3. Frequency order: exam/lens/frames.

## UNDERWRITING GUIDELINES

- Voluntary: Employers contribute less than 25% of plan premiums, or plans are 100% employee paid.
- For groups of 2–9 eligible employees: At least 75% participation and a minimum of two employees are required to be enrolled.
- For groups of 10 or more eligible employees: At least 10% participation and a minimum of three employees are required to be enrolled.
- Four-year rate guarantee.
- The rates above include a standard 10% broker commission.
- Premiums must be payroll-deducted.
- Plans must be effective the first day of the month.
- Subscribers who disenroll may not re-enroll for at least two years, and re-enrollment must be on anniversary.

### Learn More

Our benefits differ slightly by network.  
For additional information, or to verify eligibility, contact your account or sales executive.



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).