



MASSACHUSETTS

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

\$130 Frame, \$25 Lens, 12/12/24 Frequency

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Comprehensive eye exam	\$10 copay	Up to \$50
Contact lens fit and follow-up²		
• Standard	Up to \$40	n/a
• Premium	10% off retail price	n/a
Retinal imaging	Up to \$39	n/a
Enhanced Diabetes Eye Care Benefit³ 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	n/a
Coverage for enrolled kids under 19		
• Exam	\$0 copay, up to two per benefit frequency	Up to \$50
• Standard plastic lenses	Up to two per benefit frequency ⁴	Up to \$42-\$196
• Standard polycarbonate lens	Paid in full	Up to \$26
• Rx Blue-light lens treatment	Paid in full	Up to \$14
Frames	\$130 allowance, then additional 20% off the balance	Up to \$74
Standard plastic lenses		
• Single vision	\$25 copay	Up to \$42
• Bifocal	\$25 copay	Up to \$78
• Trifocal, lenticular	\$25 copay	Up to \$130
• Standard progressive lens	\$90 copay	Up to \$140
• Premium progressive lens		
Tier 1 - Tier 3	\$110-\$135 copay	Up to \$196
Tier 4	\$90 copay, then 80% of charge less \$120 allowance	Up to \$196
Lens options²		
• UV treatment	\$15	n/a
• Tint (solid and gradient)	\$15	n/a
• Standard plastic scratch coating	\$15	n/a
• Standard polycarbonate	\$40	n/a
• Standard anti-reflective coating	\$45	n/a
• Premium anti-reflective coating		
Tier 1 - Tier 2	\$57-\$68	n/a
• Photochromic/Transitions® plastic	\$75	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses⁵		
• Conventional	\$130 allowance, then additional 15% off the balance	Up to \$104
• Disposable	\$130 allowance	Up to \$104
• Medically necessary	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	

**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**

For costs and further details about the coverage, including exclusions, refer to your benefit details.

1 Your actual expenses for covered services may exceed the stated out-of-network amount. 2 Indicates a service that is a discounted arrangement as part of your vision plan.

3 Consult your eye care provider. 4 Minimum prescription change required. 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®

PEARLEVISION

OPTICAL™

and many regional retailers.

Online shopping options

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



SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them at blue2020ma.com.

KIDS UNDER 19 DISCOUNT

35% OFF

non-prescription
blue-light glasses

Save on hearing exams and hearing aids

Offered by Amplifon Hearing, an independent company. To learn more about the savings available, visit amplifonusa.com/blue2020. To get started, call 1-866-921-5367.

Blue 20/20 is administered by EyeMed Vision Care*, an independent company.

Questions?

Call Member Service at 1-855-875-6948. To locate an in-network provider and find discount information, visit www.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).

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MASSACHUSETTS

BLUE 20/20

DIABETES AND YOUR EYE HEALTH



Our Enhanced Diabetes Eye Care Benefit gives you the preventive vision care you need.

Diabetes is the leading cause of blindness in adults, and routine eye exams are essential for detecting problems early. If you have type 1 or type 2 diabetes, our Enhanced Diabetes Eye Care Benefit provides access to in-depth eye care and exams, in addition to the retinal screening included in your medical plan. We want to help minimize the serious vision-related complications of diabetes, such as glaucoma and cataracts.

TWO DIABETIC EYE EXAMS + DIAGNOSTIC TESTING

**EVERY 12 MONTHS,*
AT NO ADDITIONAL COST**

Learn More

For more information about your vision benefits, go to blue2020ma.com.

*At in-network providers. Diagnostic tests may include gonioscopy, extended ophthalmology, fundus photography, and scanning laser.

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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 blue2020ma.com.