



MASSACHUSETTS

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

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

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Comprehensive eye exam	\$20 copay	Up to \$50
Contact lens fit and follow-up²		
• Standard	Up to \$55	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	\$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
• Photochromic/Transitions [®] plastic	20% off retail price	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 24 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®

PEARLE VISION

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

25% 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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