



MASSACHUSETTS

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

## BLUE 20/20 PLUS MATERIALS ONLY PREMIUM VISION PLAN: ACCESS NETWORK

\$150 Frame, \$10 Lens, 12/12 Frequency<sup>1</sup>

| Vision care service  | In-network member cost at PLUS providers             | In-network member cost                               | Out-of-network reimbursement <sup>2</sup> |
|--|--|--|---|
| <b>Frames</b>  | \$200 allowance, then additional 20% off the balance | \$150 allowance, then additional 20% off the balance | up to \$90                                |
| <b>Standard plastic lenses</b>                               |  |  |   |
| • Single vision  | \$10 copay   | \$10 copay   | up to \$42                                |
| • Bifocal  | \$10 copay   | \$10 copay   | up to \$78                                |
| • Trifocal   | \$10 copay   | \$10 copay   | up to \$130                               |
| • Lenticular   | \$10 copay   | \$10 copay   | up to \$130                               |
| • Standard progressive lens                                  | \$75 copay   | \$75 copay   | up to \$140                               |
| • Premium progressive lens                                   | \$75 copay, then 80% of charge less \$120 allowance  | \$75 copay, then 80% of charge less \$120 allowance  | up to \$196                               |
| <b>Lens options<sup>3</sup></b>                              |  |  |   |
| • 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                                       |
| • Photochromic/Transitions <sup>®</sup> plastic              | 20% off retail price                                 | 20% off retail price                                 | 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                                       |
| <b>Contact lenses<sup>4</sup></b>                            |  |  |   |
| • Conventional   | \$150 allowance, then additional 15% off the balance | \$150 allowance, then additional 15% off the balance | up to \$120                               |
| • Disposable   | \$150 allowance                                      | \$150 allowance                                      | up to \$120                               |
| • Medically necessary  | Paid in full   | Paid in full   | up to \$210                               |
| <b>Frequency</b>   |  |  |   |
| • Lenses for frames or one order of contact lenses           |  | once every 12 months                                 |   |
| • Frames   |  | 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. Indicates a service that is a discounted arrangement as part of your vision plan.  
 4. 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://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](https://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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55-002044167 (2/23)