



MASSACHUSETTS

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

\$130 – 24/12/24 Frequency

Vision care service	In-network member cost	Out-of-network reimbursement <sup>1</sup>
<b>Comprehensive eye exam</b>	\$20 copay	up to \$50
<b>Contact lens fit and follow-up<sup>2</sup></b> • Standard • Premium	up to \$40 10% off retail price	n/a n/a
<b>Retinal imaging</b>	up to \$39	n/a
<b>Enhanced Diabetes Eye Care Benefit<sup>3</sup></b> 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
<b>Frames</b>	\$130 allowance, then additional 20% off balance	up to \$74
<b>Standard plastic lenses</b> • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens tier 1–tier 3 tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay  \$110–\$135 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$42 up to \$78 up to \$130 up to \$130 up to \$140  up to \$196 up to \$196
<b>Lens options<sup>2</sup></b> • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Premium anti-reflective coating tier 1–tier 2 • Photochromic/Transitions® plastic • Polarized • Other add-ons	\$15 \$15 \$15 \$40 Paid in full  \$45  \$57 – \$68 \$75 20% off retail price 20% off retail price	n/a n/a n/a n/a up to \$26  n/a  n/a n/a n/a n/a
<b>Contact lenses<sup>4</sup></b> • Conventional  • Disposable • Medically necessary	\$130 allowance, then additional 15% off balance \$130 allowance Paid in full	up to \$104  up to \$104 up to \$210
<b>Frequency</b> • Exam • Lenses for frames or one order of contact lenses • Frames	once every 24 months once every 12 months  once every 24 months	

For costs and further details of the coverage, including exclusions, please refer to your member booklet.

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 with your eye care provider.
4. Discount applies to materials only and not fittings for contact lenses.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

### 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

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



### Monthly Discounted Rates for MIIA Groups

Individual: \$5.54

Employee+ Child(ren): \$9.70

Employee+ Spouse: \$9.42

Family: \$15.23

## BENEFITS YOU CAN SEE—FROM A COMPANY YOU TRUST



ACCESS TO ONE OF  
NATIONS LARGEST  
VISION NETWORKS



THOUSANDS OF  
INDEPENDENT PROVIDERS



AWARD WINNING  
CUSTOMER SERVICE

### FAVORITE NATIONAL RETAILERS

LENSCRAFTERS®

PEARLE VISION™

OPTICAL®

and many regional retailers.

### ON-LINE SHOPPING OPTIONS

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



## SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them on the [blue2020ma.com](https://blue2020ma.com).

### 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](https://amplifonusa.com/blue2020). Call 1-866-921-5367 to get started.

## Questions?

Call customer service at 1-855-875-6948.

To locate an in-network provider, visit [blue2020ma.com](https://blue2020ma.com).\*

\*Registration not required to search for providers.

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).