



MASSACHUSETTS

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

Vision care service	In-network member cost	Out-of-network reimbursement <sup>1</sup>
<b>Frames</b>	\$150 allowance, then additional 20% off the balance	up to \$90
<b>Standard plastic lenses</b>		
• Single vision	\$10 copay	up to \$42
• Bifocal	\$10 copay	up to \$78
• Trifocal	\$10 copay	up to \$130
• Lenticular	\$10 copay	up to \$130
• Standard progressive lens	\$75 copay	up to \$140
• Premium progressive lens	\$75 copay, then 80% of charge less \$120 allowance	up to \$196
<b>Lens options<sup>2</sup></b>		
• 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 polycarbonate for covered dependents under age 19	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	n/a
• Photochromic/Transitions <sup>®</sup> plastic	20% off retail price	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
<b>Contact lenses<sup>3</sup></b>		
• Conventional	\$150 allowance, then additional 15% off the balance	up to \$120
• Disposable	\$150 allowance	up to \$120
• Medically necessary	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	

## 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<sup>®</sup>, an independent company.



For costs and further details about the coverage, including exclusions, 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. 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



## SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them at [blue2020ma.com](http://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](http://amplifonusa.com/blue2020). To get started, call 1-866-921-5367.

## Questions?

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

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