



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 ¹
Comprehensive eye exam	\$20 copay	up to \$50
Contact lens fit and follow-up² • Standard • Premium	up to \$40 10% off retail price	n/a 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
Frames	\$130 allowance, then additional 20% off the balance	up to \$74
Standard plastic lenses • 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
Lens options² • 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
Contact lenses⁴ • Conventional • Disposable • Medically necessary	\$130 allowance, then additional 15% off the balance \$130 allowance Paid in full	up to \$104 up to \$104 up to \$210
Frequency • Exam • Lenses for frames or one order of contact lenses • Frames	once every 24 months once every 12 months 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

Blue 20/20 is administered by EyeMed Vision Care®, 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. Consult with your eye care provider.
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



SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them at 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. 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.*

*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).



Good Vision Care Looks Beyond Eye Health

A routine eye exam is important for everyone. But it's essential for the 1 in 11 people in America who have diabetes.¹

Diabetes not only comes with a greater risk of vision-related complications such as glaucoma and cataracts—it's also the leading cause of blindness in adults.

Our Enhanced Diabetes Eye Care Benefit gives members with type 1 or type 2 diabetes a renewed perspective. We provide access to in-depth eye care and exams, to help minimize the vision-related complications of diabetes.

Our Enhanced Diabetes Eye Care Benefit

Includes up to two diabetic eye exams and diagnostic testing every 12 months, at no additional cost.²

Diagnostic tests may include gonioscopy, extended ophthalmology, fundus photography, and scanning laser (offered at the provider's discretion).

1. Centers for Disease Control, *New CDC Report*, July 18, 2017. <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html>

2. At in-network providers; speak to your eye care provider for more details.

Visit blue2020ma.com for more information about your vision plan.

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BLUE 20/20

SAVINGS WORTH HEARING ABOUT

Adding Blue 20/20 to your coverage can be a sound investment. That's because we've partnered with Amplifon Hearing, an independent company, to offer Blue 20/20 members exclusive savings on hearing aid services and supplies. These savings include:

- 40% off hearing exams at over 5,000 convenient locations
- Discounts on hearing aids
- No-cost battery replacements for two years with purchase of a hearing aid
- A no-cost, 60-day hearing aid trial
- A 3-year hearing aid warranty for loss, repairs, or damage
- One year of follow-up care for cleaning, adjustment, and other hearing aid services at no additional cost

Call 1-866-921-5367 to get started. Amplifon's Patient Care Advocate are standing by to:



Walk you through the Amplifon care process



Find a hearing care provider near you, and help schedule your appointment



Send information to your hearing care provider to confirm your discount

1 IN 8

AMERICANS 12 YEARS OR OLDER SUFFER FROM HEARING LOSS IN BOTH EARS.¹

Questions?

Learn more about the saving available to you at amplifonusa.com/blue2020.

1. National Institute on Deafness and Other Communication Disorders, "Quick Statistics About Hearing" (2021). <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>.

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Save Your Eyesight by Saving Money on Sunglasses

Your eyes can be damaged by the sun's ultraviolet (UV) rays in the same way your skin gets sunburned. All it takes is one day's exposure to bright sunlight reflected off snow, sand, or water. More seriously, continuous exposure to UV rays can put you at risk of developing vision problems later in life.

The Right Sunglasses Are More Than Just a Fashion Statement

Mirrored sunglasses and tinted lenses may look stylish, but they don't offer protection from sun damage. Be sure to select sunglasses that block at least 99% of harmful UV rays.

Blue 20/20 Members Save at Sunglass Hut™

Don't forget your special code.

Get **\$20** off any purchase or **\$50** off a purchase of **\$200** or more.*

How to get your code:

- Log in to the Blue 20/20 member website at blue2020ma.com
- Click on Special Offers
- Click on Sunglass Hut EyeMed offer

American Optometric Association, Protecting Your Eyes from Solar Radiation, aoa.org/patients-and-public/caring-for-your-vision/uv-protection?sso=y. Accessed 27 March 2017.

*Non-prescription sunglasses only. Redeemable at any Sunglass Hut store in the U.S. Chanel, Costa, Dior, Maui Jim, Oakley, Tiffany, Ray-Ban Jr., and Tom Ford or at sunglasshut.com. Limit one code per transaction. Not valid with any other coupons, discounts, or promotional offers. This offer is not good on gift card purchases, gift wrap, shipping & handling, taxes, returns or exchanges. No cash-back value, cannot be redeemed for cash, may not be sold or transferred, and will not be replaced if lost, stolen, or damaged. Valid in the U.S. only. Offer valid until 12/31/2019.

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call the EyeMed Network/Patient Services 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 EyeMed Network/Servicio al Paciente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se você não fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para a EyeMed Network/Serviços ao Paciente usando o número no seu cartão de ID (TTY: **711**).



MASSACHUSETTS

BLUE 20/20

APPLICATION / CHANGE FORM

Please check one, then complete form below:

- New Enrollee:** Complete A, C, D, and E.
- Change Request:** Complete Sections A, B, and all other applicable sections. Plan changes can only be made at Open Enrollment or due to a qualifying event.
- Termination:** Plan termination for active employees can only be made at Open Enrollment or due to a qualifying event.

A. Employee Information

Last Name:		First Name:		MI:
Social Security Number:		Date of Birth (mm/dd/yyyy):		Gender:
Mailing Address:		City:	State:	ZIP Code:
Phone Number:		Email Address:		
Name of Employer:				
Dept./Division:		Date of Hire (mm/dd/yyyy):		Effective Date (mm/dd/yyyy):

B. If Making a Change from Previous Enrollment

Check All That Apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Employee SSN Correction <input type="checkbox"/> Add/Remove Dependent <input type="checkbox"/> Address/Telephone Number Change <input type="checkbox"/> Date of Birth Correction <input type="checkbox"/> Late Enrollee <input type="checkbox"/> Other	Add Dependent(s): <input type="checkbox"/> Marriage <input type="checkbox"/> Newborn (up to age 1) <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other <input type="checkbox"/> Remove Dependent(s) Reason: _____	Date of Occurrence (mm/dd/yyyy): _____ _____ _____ _____	Reinstate Coverage Date (mm/dd/yyyy): _____ Reason: _____ _____ Terminate Coverage Date (mm/dd/yyyy): _____ Reason: _____ _____
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C. Coverage Selection

Options Selected: Employee Employee plus spouse Employee plus one or more children Family

D. Family Information (Complete for each family member requesting a change in coverage.*)

Select Option	Name (First, MI, Last Name)	Date of Birth (mm/dd/yyyy)	Relationship	Gender
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				

*Enrollment isn't guaranteed.

Eligibility Notes:

1. Employees are eligible for coverage if they meet the definition of an eligible employee as defined by their employer and Blue Cross Blue Shield of Massachusetts.
2. Domestic partners are eligible for coverage if they meet the definition of a domestic partner and if allowed by the employer.
3. Dependent children are eligible for coverage up to age 26.

Please complete this form, keep a copy for your records, and return the original to:

Blue 20/20 Enrollment Department
c/o EBPA

37 Industrial Drive, Suite E
Exeter, NH 03833

Email: Blue2020enrollmentservices@ebpabenefits.com

FAX: 1-603-773-4420

E. Statement of Understanding

The information here is complete and true. I understand that Blue Cross and Blue Shield of Massachusetts will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my vision plan.

Employee Signature

Date (mm/dd/yyyy):

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