

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

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
Frames	\$130 allowance, then additional 20% off balance	up to \$74
Standard plastic lenses		
• Single vision	\$25 copay	up to \$42
• Bifocal	\$25 copay	up to \$78
• Trifocal	\$25 copay	up to \$130
• Lenticular	\$25 copay	up to \$130
• Standard progressive lens	\$90 copay	up to \$140
• Premium progressive lens tier 1- tier 3 tier 4	\$110-\$135 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$196 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 polycarbonate for covered dependents under age 19	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	n/a
• Premium anti-reflective coating	\$57-\$68	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 lenses³		
• Conventional	\$130 allowance, then additional 15% off 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

Blue 20/20 customer service: 1-855-875-6948

To locate an in-network provider near you, visit blue2020ma.com

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. Discount applies to materials only and not fittings for contact lenses.

Choose from thousands of independent and retail providers including:



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 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).