Blue 20/20 Plan Design: Town of Chelmsford

Plan Design

Easy-to-use in-network benefits applied at the time of service

- Plan Name: **Exam Plus Standard**
- Routine eye exam covered once every 12 months with a $10 copayment
- **$200 frame allowance** every 24 months
  - We offer one allowance for frames regardless of the member's choice. There is 20% discount above the allowance.
  - Members have a realistic way to try on glasses digitally and buy glasses online at www.glasses.com.
- **$200 contact lens allowance.** Members can order contact lenses through their provider or online at www.contactsdirect.com.
- Single, bifocal, lenticular and trifocal lenses covered with $25 copayment
- Members choose between a pair of lenses for their eyeglasses (copay applies) or one order of contact lenses (allowance applies) every 12 months
- Low copayments for many lens options including UV, tint, scratch coating, etc.
- Predictable costs for progressive lenses
- Enhanced Diabetes Benefit for members diagnosed with type 1 or type 2 diabetes

More Savings Through Continuous In-Network Discounts

- 40% off second complete pair of eyewear
- Laser vision correction—15% off the retail price or 5% off the promotional price for LASIK or PRK procedures
- 20% off frames, lenses or lens options purchased separately
- 20% off non-prescription sunglasses

Member Savings on Hearing Care

- Discounts on hearing exams and hearing aids through Amplifon Hearing

Provider Network

Members have access to one of the nation's largest vision networks through EyeMed's Insight network.

- The **Insight network** has over **108,000 member access points nationwide** including thousands of independent providers and the most desired optical retailers: **Pearle Vision**, **Lenscrafters**, and **Target Optical**.
- To locate Insight providers, visit www.blue2020ma.com and select the **Insight** network.

Blue 20/20 Support Structure

Client Support

- Current Blue Cross Sales and Service Team will continue as your point of contact.
- Knowledgeable representatives committed to member education.
- Dedicated Blue 20/20 Enrollment & Billing team, supported by Blue Cross-owned TPA, EBPA, managing Blue 20/20 from implementation to post-sales activities.

Member Support

- ID cards issued for easy verification.
- Award-winning customer service with extended hours every day, 362 days a year, including Sundays, to align with provider hours.
- Blue 20/20 member web portal for access to plan information. Link to www.blue2020ma.com on MyBlue® for streamlined member access.

Voluntary Information

Voluntary Rates

The voluntary monthly rates are below and are subject to a four-year rate guarantee.

Individual	$7.98
Employee plus Spouse	$13.58
Employee plus one or more children	$13.97
Family	$21.95

Voluntary Underwriting Guidelines

- Voluntary: 100% employee paid or less than 25% employer contribution
  - Groups with 2-9 eligible, 75% participation required; 2 required to enroll
  - Groups with 10 or more eligible, 10% participation required
- Premium must be payroll deducted

Summary of Benefits

A summary of benefits is provided.

MASSACHUSETTS | Blue20/20

Exam-Plus Integrated Vision Plan: Insight Network

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-up[2]		
• Standard	up to $40	n/a
• Premium	10% off retail price	n/a
Retinal imaging	up to $39	n/a
Enhanced Diabetes Eye Care Benefit[3] 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 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	$110–$135 copay	up to $196
tier 4	$90 copay, then 80% of charge less $120 allowance	up to $196
Lens options[2]		
• 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	$75	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses[4]		
• 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

Customer service:
1-855-875-6948

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

*Registration not required to search for providers

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.**

Call **1-866-921-5367** to get started.

Choose from thousands of independent and retail providers including:

LENSCRAFTERS® PEARLE VISION™ OPTICAL®

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 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**).

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