



MASSACHUSETTS

Blue^{20/20}

Application / Change Form

Please print clearly.
Please use a black or blue pen.

New Enrollee
(Please complete Sections A, C, D, and E.)

Change Request
(For changes, 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 Date: _____

Blue 20/20 Group No. _____

A. Employee Information

Name of Employer:		Effective Date:	Dept./Division:	
Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Last Name:	First Name:	MI:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Mailing Address:		City:	State:	ZIP Code:
Date of Hire:	Home Phone Number:	Work Phone Number:	Email Address:	

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) _____ Date: _____ Reason:	Reinstate Coverage: Date: _____ Reason: Terminate Coverage: Date: _____ Reason:	
	Date of Occurrence _____ _____ _____ _____ _____		

C. Coverage Selection

Options Selected: Employee Employee plus Spouse
 Employee plus One or More Children Family

D. Family Information—Complete for anyone taking or dropping Blue 20/20 Coverage*

	Name (First, MI, Last Name)	Social Security Number	Date of Birth mm/dd/yyyy	Relationship	Sex
<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
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<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F

*Application does not guarantee enrollment.

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. Dependent Children are eligible for coverage up to age 26.

E. Statement of Understanding

The information here is complete and true. I understand that Blue Cross and Blue Shield 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.

Signature of Employee

Date

Visit us at blue2020ma.com

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).



Exam-Plus Integrated Vision Plan:
Insight Network

Monthly Premiums

Individual:	\$ 6.08
Employee + 1:	\$ 10.33
Employee+1 or more children:	\$ 10.64
Family:	\$ 16.71

Benefits you can see—from a company you trust

Save money on all your vision needs. With our Blue 20/20 plans, you can save on eyeglasses, contacts, and routine eye exams. We've partnered with EyeMed Vision Care[®], an independent vision benefits company, to bring you more choice, more value, and more flexibility, including:

- Access to one of the nation's largest vision networks
- Exclusive savings on designer frames, premium lenses and coatings, and contact lenses
- Award-winning customer service

Choose from thousands of independent providers and retailers, including:

LENSCRAFTERS[®]

PEARLE^{— EST. 1961 —}OOVISIONSM

 OPTICAL[®]

Plus, take a peek at these additional features and discounts:

- Laser vision correction—15% off the retail price or 5% off the promotional price for LASIK or PRK procedures
- 40% off a complete second pair of glasses
- 20% off non-prescription sunglasses
- 20% off supplies like contact lens solution
- Save on hearing exams and hearing aids through Amplifon Hearing, an independent company. To get started call 1-866-921-5367, or learn more at amplifonusa.com/blue2020.

Be seen at your convenience—when and where you want.

With so many locations to choose from, you're sure to find a provider with a schedule that works for you.

Online shopping made easy!

For added convenience, shop online for glasses by visiting glasses.com, or shop for contacts by visiting contactsdirect.com.

Take advantage of this important benefit

Regular eye exams do more than identify vision problems; they can also provide the earliest detection of serious health conditions, such as high blood pressure or diabetes.¹

1. Centers for Disease Control and Prevention. Keep an Eye on Your Vision Health. May, 2016. Available from cdc.gov/features/healthyvision/.

A Look into Savings with Blue 20/20

Save \$290 on glasses with standard single-vision lenses

Save \$242 on disposable contact lenses

	With Blue 20/20*	Without**
Step 1: Get an Eye Exam	\$10	\$88
Step 2: Pick a Frame Member selected \$170 frame and has a \$130 allowance	\$40	\$170
Step 3: Pick a Lens Upgrade to Std. Polycarbonate.	\$25	\$75
Add Tint	\$40	\$62
	\$15	\$25
Total Cost	\$130	\$420

	With Blue 20/20*	Without**
Step 1: Get an Eye Exam	\$10	\$88
Fit and Follow-Up	\$40	\$74
Step 2: Purchase Contact Lenses Member selected \$200 contact lenses and has a \$130 allowance	\$70	\$200
Total Cost	\$120	\$362

➔ **69%** savings

➔ **67%** savings

Easy Steps for Savings



1. Enroll through your employer.



2. Visit blue2020ma.com to find an eye doctor.



3. Make an appointment when it's convenient—many eye care providers offer evening and weekend hours.



4. Show your Blue 20/20 card at your appointment.

Ask your employer how you can enroll in Blue 20/20 today!
Visit blue2020ma.com to find an eye doctor in the EyeMed network.¹

1. You don't need to register or log in to search for an eye doctor. Simply select the appropriate "Provider locator" button at the bottom of the page and begin your search.

Benefits are not provided for services or materials arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses; medical and/or surgical treatment of the eye, eyes, or supporting structures; any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear; services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions thereof; plano (non-prescription) lenses and/or contact lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; certain brand name vision materials in which the manufacturer imposes a no-discount policy; or services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/premium progressive lens not covered — fund as a bifocal lens. Standard progressive lens covered — fund premium progressive as a standard.

* The above examples are based on a Blue 20/20 Plan with a \$10 Exam copay / \$25 Lens copay / \$130 Frame or Contact Allowance.

** Costs are based on industry averages. Retail prices and costs will vary by market and provider type. Premiums not included.

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 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 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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55-0549 (01/20)



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 \$40	n/a
• Premium	10% off retail price	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 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
• Premium progressive lens tier 4	\$90 copay, then 80% of charge less \$120 allowance	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	\$75	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses⁴		
• 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:



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.

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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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Introducing Hearing Discounts for Blue 20/20 Members

1 in 8

Americans 12 years or older
suffer from hearing loss
in both ears.¹

More than

28 Million

U.S. adults could benefit
from hearing aids.²

We partner with Amplifon Hearing, an independent company, to offer Blue 20/20 members discounts on hearing services and supplies, including:

- 40% off hearing exams at thousands of convenient locations
- Discounts on hearing aids
- A no-cost, 60-day hearing aid trial
- Two years of battery replacements at no added cost when you purchase hearing aids
- A 3-year hearing aid warranty, plus coverage or damage and loss

Get Started Today

Call Amplifon at [1-866-921-5367](tel:1-866-921-5367) and a Patient Care Advocate will:



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

Learn more about the hearing savings available at amplifonusa.com/blue2020.

1, 2 <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>

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