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:

❑ Name Change
❑ Employee SSN Correction
❑ Add/Remove Dependent
❑ Address/Telephone Number Change
❑ Date of Birth Correction
❑ Late Enrollee
❑ Other

Add Dependent(s):	**Date of Occurrence** (mm/dd/yyyy):
❑ Marriage	________
❑ Newborn (up to age 1)	________
❑ Adoption	________
❑ Court Order	________
❑Loss of Coverage	________
❑Other	________

❑ **Remove Dependent(s)** ________

Reason: ________

Reinstate Coverage Date (mm/dd/yyyy): ________

Reason: ________

Terminate Coverage Date (mm/dd/yyyy): ________

Reason: ________

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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
❑ Add ❑ Remove				
❑ Add ❑ Remove				
❑ Add ❑ Remove				
❑ Add ❑ Remove				
❑ Add ❑ Remove				
❑ Add ❑ Remove				
❑ Add ❑ 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):

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).

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MASSACHUSETTS

BLUE 20/20 EXAM-PLUS VISION PLAN: INSIGHT NETWORK

$130 – 12/12/24 Frequency

Vision care service	In-network member cost	Out-of-network reimbursement[1]
Comprehensive eye exam	$10 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
	$120 allowance	
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 tier 1-tier 2	$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 12 months	
• Lenses for frames or one order of contact lenses	once every 12 months	
• Frames	once every 24 months	

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.

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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

BENEFITS YOU CAN SEE—FROM A COMPANY YOU TRUST

ACCESS TO ONE OF NATIONS LARGEST VISION NETWORKS

THOUSANDS OF INDEPENDENT PROVIDERS

AWARD WINNING CUSTOMER SERVICE

FAVORITE NATIONAL RETAILERS

LensCrafters®✓

PEARLE VISION℠

OPTICAL®✓

and many regional retailers.

ON-LINE SHOPPING OPTIONS

- Glasses.com
- Contactsdirect.com
- Ray-Ban.com
- Targetoptical.com
- Lenscrafters.com

SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them on the **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**. Call **1-866-921-5367** to get started.

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.

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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**).

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