



Save on vision care with Blue 20/20 PLUS when you use a PLUS Provider

BLUE 20/20 PLUS MATERIALS ONLY PREMIUM VISION PLAN: ACCESS NETWORK

\$150 Frame, \$10 Lens, 12/12 Frequency¹

Vision care service	In-network member cost at PLUS providers	In-network member cost	Out-of-network reimbursement ²
Frames	\$200 allowance, then additional 20% off the balance	\$150 allowance, then additional 20% off the balance	up to \$90
Standard plastic lenses			
• Single vision	\$10 copay	\$10 copay	up to \$42
• Bifocal	\$10 copay	\$10 copay	up to \$78
• Trifocal	\$10 copay	\$10 copay	up to \$130
• Lenticular	\$10 copay	\$10 copay	up to \$130
• Standard progressive lens	\$75 copay	\$75 copay	up to \$140
• Premium progressive lens	\$75 copay, then 80% of charge less \$120 allowance	\$75 copay, then 80% of charge less \$120 allowance	up to \$196
Lens options³			
• UV treatment	\$15	\$15	n/a
• Tint (solid and gradient)	\$15	\$15	n/a
• Standard plastic scratch coating	\$15	\$15	n/a
• Standard polycarbonate	\$40	\$40	n/a
• Standard polycarbonate for covered dependents under age 19	Paid in full	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	\$45	n/a
• Photochromic/Transitions® plastic	20% off retail price	20% off retail price	n/a
• Polarized	20% off retail price	20% off retail price	n/a
• Other add-ons	20% off retail price	20% off retail price	n/a
Contact lenses⁴			
• Conventional	\$150 allowance, then additional 15% off the balance	\$150 allowance, then additional 15% off the balance	up to \$120
• Disposable	\$150 allowance	\$150 allowance	up to \$120
• Medically necessary	Paid in full	Paid in full	up to \$210
Frequency			
• Lenses for frames or one order of contact lenses		once every 12 months	
• Frames		once every 12 months	

Tier	Monthly Rates
Individual	\$6.77
EE+Spouse	\$11.51
EE + Children	\$11.85
Family	\$18.62

1. For costs and further details about the coverage, including exclusions, refer to your plan materials.

2. Your actual expenses for covered services may exceed the stated out-of-network amount.

3. Indicates a service that is a discounted arrangement as part of your vision plan.

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