

Williams College Blue 20/20 Vision Plan Comparison

Vision Care Service	Basic Plan		Enhanced Plan	
	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement
Frequency				
Frames	<i>Once every 24 months</i>		<i>Once every 12 months</i>	
Lenses or Contact Lenses (one order)	Once every 12 months		Once every 12 months	
Frames				
	<i>\$130 allowance,</i>	<i>up to \$74</i>	<i>\$160 allowance,</i>	<i>up to \$98</i>
Standard Plastic Lenses				
Single	\$25 copay	up to \$42	\$25 copay	up to \$42
Standard Progressive Lens	<i>\$90 copay</i>	<i>up to \$140</i>	<i>\$75 copay</i>	<i>up to \$140</i>
Premium Progressive Lens Tiers 1-3	<i>\$110 - \$135 copay</i>	<i>up to \$196</i>	<i>\$95 - \$120 copay</i>	<i>up to \$196</i>
Premium Progressive Lens Tier 4	<i>\$90 copay, 80% of charge</i>	<i>up to \$196</i>	<i>\$75 copay, 80% of charge</i>	<i>up to \$196</i>
Lens Options				
UV Treatment; Tint (solid and gradient); Standard plastic scratch coating	\$15	N/A	\$15	N/A
Standard polycarbonate	\$40	N/A	\$40	N/A
Standard polycarbonate for covered	Paid in Full	up to \$26	Paid in Full	up to \$26
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective coating	\$57-\$68	N/A	\$57-\$68	N/A
Photochromic/Transitions Plastic;	20% off retail price	N/A	20% off retail price	N/A
Contact Lenses				
Conventional	\$160 allowance,	up to \$128	\$160 allowance,	up to \$128
Disposable	\$160 allowance	up to \$128	\$160 allowance	up to \$128
Medically Necessary	Paid in Full	up to \$210	Paid in Full	up to \$210
Rates (monthly)				
Employee	\$5.11		\$6.85	
Employee plus Spouse	\$10.24		\$13.72	
Employee plus Child(ren)	\$9.73		\$13.04	
Family	\$15.04		\$20.16	



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