Harvard Pilgrim Health Care

a Point32Health company

Member Guide

For Point32Health Vision Plans & Services

P1503232074-0924

Table of Contents

P1503232074-0924

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Vision Product Overview

See more clearly with Point32Health Vision

- Full coverage of vision exams, lenses, and frames for adults and children[1]
- Choose any frame, lens, or contacts based on your needs[2]
- Use both your frame/lens AND contact allowance in the same benefit year
- Exclusive member savings including laser vision correction from LASIK
- 40% off a second set of frames or prescription lenses
- An additional 20% off any remaining frame balance
- 20% off any non-covered item
- Discounted hearing aids from Amplifon
- International travel replacement coverage and support[3]
- Access to a wide array of retailers, including online options, for added choice and convenience

LensCrafters · Pearle Vision · Optical · Eyemart Express

Secure Member Account

Manage your benefits, check claims, find providers, and get your ID card, visit **point32health.org/vision-login**

Participating Providers

Find a provider near you, visit **point32health.org/find-an-eye-doctor**

Member Service & Support

We're here to help, call **844-949-2173**
Monday to Saturday 8 AM – 11 PM EST
Sunday 11 AM – 8 PM EST

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company, Inc. Point32Health Vision is underwritten by HPHC Insurance Company Inc. | [1] Based on selected plan designs, limitations and exclusions may apply | [2] Offers at least 100 frame styles based on each retailer's selection and inventory | [3] Please refer to plan documents for complete details

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SmartStart Program

Make your switch to Point32Health Vision easier than ever.

New plan. New benefits. Questions answered.

- How soon do I get my ID card?
- How can I confirm coverage for an upcoming appointment or vision exam?
- How do I find vision providers in the network?

SmartStart will guide you through enrollment even before your plan is active.

Pre-enrollment phone line

Our dedicated team will help answer your questions about your new benefits and coverage — providing needed support even before your new plan is active.

Contact us at SmartStart@harvardpilgrim.org or call 866-874-0817 for answers to your questions.

Member online secure account

Visit **point32health.org/vision-login** to activate your secure account and quickly access your vision plan benefits and information.

- View your ID card
- Find a provider
- Check your claims status
- Access value-added services

P1503232074-0924

Point32Health Vision

SCHEDULE OF BENEFITS

Insight 201 Point32Health Vision – Plan CV0000700052 / 10000052

BENEFIT FREQUENCY		
Vision Examinations		
Comprehensive Eye Examination	Not Covered	Insured Person
Vision Materials		
Frame	once per calendar year	Insured Person
Lenses and Lens Options	once per calendar year	Insured Person
Contact Lenses	once per calendar year	Insured Person

BENEFIT	*In-Network*	*Out-of-Network (Reimbursement up to)*
	In-Network Provider	**Out-of-Network Provider**
Vision Examinations Unless otherwise indicated, the various Vision Examinations are in addition to the Comprehensive Eye Examination if recommended by the Provider.		
Comprehensive Eye Examination	Not Covered	$0
Retinal Imaging Examination	$39	$0
Contact Lenses Fit and Follow-up Contact Lenses Fit and Follow Up is available once a Comprehensive Eye Examination has been completed.		
Standard	$0 Copayment	$25
Premium	10% Discount	$48
Medically Necessary	$0 Copayment	$0
Vision Materials		
Frame	$180 Allowance	$114
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit.		
Conventional	$180 Allowance	$114
Disposable	$180 Allowance	$114
Medically Necessary	$0 Copayment	$210

BENEFIT	*In-Network*	*Out-of-Network (Reimbursement up to)*
	In-Network Provider	**Out-of-Network Provider**
Standard Plastic Lenses		
Single Vision	$10 Copayment	$47
Bifocal	$10 Copayment	$79
Trifocal	$10 Copayment	$113
Lenticular	$10 Copayment	$113
Progressive –Standard	$10 Copayment	$79
Premium - Progressive Tier 1 Tier 2 Tier 3 Tier 4	 $95 Copayment $105 Copayment $120 Copayment $10 Copayment, 20% off retail price less $120 Allowance	 $79 $79 $79 $79
Lens Options		
Anti-Reflective Coating Standard Premium Tier 1 Tier 2	 $45 Copayment $57 Copayment $68 Copayment	 $0 $0 $0
Blue Light	$15 Copayment	$0
Photochromic Non-Glass Lens	$75 Copayment	$0
Polycarbonate Lenses – Standard	$0 Copayment – Adult $0 Copayment – Pediatric under 19	$22 - Adult $22 – Pediatric under 19
Scratch Coating – Standard Plastic	$0 Copayment	$10
Tint –Standard	$0 Copayment	$10
UV Treatment	$0 Copayment	$10

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