



Harvard Pilgrim  
Health Care

a Point32Health company

# Member Guide

For Point32Health Vision Plans & Services



P1503232074-0924



## Table of Contents

- > **1.** Vision Plan Overview
- > **2.** SmartStart Onboarding Support
- > **3.** Schedule of Benefits





# Vision Product Overview

## See more clearly with Point32Health Vision

- Full coverage of vision exams, lenses, and frames for adults and children<sup>1</sup>
- Choose any frame, lens, or contacts based on your needs<sup>2</sup>
- 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<sup>3</sup>
- Access to a wide array of retailers, including online options, for added choice and convenience

## Secure Member Account

Manage your benefits, check claims, find providers, and get your ID card, visit [point32health.org/vision-login](https://point32health.org/vision-login)

## Participating Providers

Find a provider near you, visit [point32health.org/find-an-eye-doctor](https://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





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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](mailto:SmartStart@harvardpilgrim.org)  
or call 866-874-0817 for answers to your questions.**

#### **Member online secure account**

Visit [point32health.org/vision-login](https://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

## SCHEDULE OF BENEFITS

Insight 201 Point32Health Vision – Plan CV0000700004 / 10000004

BENEFIT FREQUENCY		
<b>Vision Examinations</b>		
<b>Comprehensive Eye Examination</b>	once per calendar year	Insured Person
<b>Vision Materials</b>		
<b>Frame</b>	once per two calendar years	Insured Person
<b>Lenses and Lens Options</b>	once per calendar year	Insured Person
<b>Contact Lenses</b>	once per calendar year	Insured Person

<i>BENEFIT</i>	<i>In-Network</i>	<i>Out-of-Network (Reimbursement up to)</i>
	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
<b>Vision Examinations</b> Unless otherwise indicated, the various Vision Examinations are in addition to the Comprehensive Eye Examination if recommended by the Provider.		
<b>Comprehensive Eye Examination</b>	\$10 Copayment	\$57
<b>Retinal Imaging Examination</b>	\$39	\$0
<b>Contact Lenses Fit and Follow-up</b> Contact Lenses Fit and Follow Up is available once a Comprehensive Eye Examination has been completed.		
<b>Standard</b>	\$40 Copayment	\$0
<b>Premium</b>	10% Discount	\$0
<b>Medically Necessary</b>	\$0 Copayment	\$0
<b>Vision Materials</b>		
<b>Frame</b>	\$130 Allowance	\$74
<b>Contact Lenses</b> Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit.		
Conventional	\$130 Allowance	\$74
Disposable	\$130 Allowance	\$74
Medically Necessary	\$0 Copayment	\$210

<i>BENEFIT</i>	<i>In-Network</i>	<i>Out-of-Network (Reimbursement up to)</i>
	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copayment	\$47
Bifocal	\$25 Copayment	\$79
Trifocal	\$25 Copayment	\$113
Lenticular	\$25 Copayment	\$113
Progressive –Standard	\$90 Copayment	\$79
Premium - Progressive		
Tier 1	\$110 Copayment	\$79
Tier 2	\$120 Copayment	\$79
Tier 3	\$135 Copayment	\$79
Tier 4	\$90 Copayment, 20% off retail price less \$120 Allowance	\$79
<b>Lens Options</b>		
Anti-Reflective Coating		
Standard	\$45 Copayment	\$0
Premium		
Tier 1	\$57 Copayment	\$0
Tier 2	\$68 Copayment	\$0
Blue Light	\$15 Copayment	\$0
Photochromic Non-Glass Lens	\$75 Copayment	\$0
Polycarbonate Lenses – Standard	\$40 Copayment – Adult \$0 Copayment – Pediatric under 19	\$0 - Adult \$22 – Pediatric under 19
Scratch Coating – Standard Plastic	\$0 Copayment	\$10
Tint –Standard	\$15 Copayment	\$0
UV Treatment	\$15 Copayment	\$0

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