

Vision Care

Harvard’s vision care benefit provides coverage for routine eye exams and vision products at reduced and/or discounted rates through EyeMed and its nationwide provider network. To find a provider or confirm whether your preferred provider is in the network, contact EyeMed at 866-804-0982, visit eyemed.com, or download the EyeMed app. EyeMed also provides out-of-network reimbursement for covered services. Please refer to the [EyeMed summary](#) for details.

Important: You cannot be enrolled in the Harvard-sponsored vision plan as both a subscriber and a dependent.

Please review the comparison below between EyeMed vision coverage and the vision benefits available through our medical plans to determine which option best meets your and your family’s needs.

	VISION CARE BENEFITS & COVERAGE		
	EYEMED*	HUGHP	BCBS
EYE EXAM Once per calendar year	\$15 copay	\$0 copay	
STANDARD CONTACT LENS Once per calendar year	\$20 copay	Not covered	
FRAMES & LENSES Once per calendar year	\$0 copay for frames up to \$165 allowance, 20% off balance over allowance. \$20 copay for standard single vision lined bifocal or standard progressive lenses.	10-40% discount on frames and lenses at Davis Vision and other select vendors. Register with BCBS Association Blue 365 at blue365deals.com .	
CONTACT LENSES Every calendar year in lieu of spectacle lenses	\$0 copay up to \$150 allowance, 15% off balance over allowance for conventional contact lenses.	10-40% discount on frames and lenses at Davis Vision and other select vendors. Register with BCBS Association Blue 365 at blue365deals.com .	
LASER VISION CORRECTION	15% off retail or 5% off promo price for Lasik or PRK from U.S. Laser Network. Call 800-998-4221.	Register with BCBS Association Blue 365 at blue365deals.com for information including discounts for Lasik.	

* You can get an eye exam OR a contact lens fitting once per calendar year. You cannot get both in the same year.