



Harvard Pilgrim StrideSM (HMO) Vision Reimbursement Form

Please read the instructions below, then proceed to fill out the Vision Reimbursement Form on page 2.

Mailing Instructions

Please keep copies of all documentation before sending in your Vision Hardware Reimbursement Form.

Please enclose copies of the following:

1. Copy of your Vision Hardware receipt
2. Completed Vision Hardware Reimbursement Form

Mail to: Harvard Pilgrim Health Care
P. O. Box 151288
Tampa, Florida 33684-1288

Commonly Asked Questions and Answers

• How do I qualify for a reimbursement?

You must be a member of Harvard Pilgrim's:

Maine: StrideSM Value Rx (HMO) or StrideSM Value Rx Plus (HMO) plan

Massachusetts: StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), or StrideSM Value Rx Plus (HMO) plan

New Hampshire: StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), or StrideSM Value Rx Plus (HMO) plan

Your coverage must be Active as of the date on the receipt provided with this reimbursement form. Reimbursement is for current Harvard Pilgrim StrideSM (HMO) members only. This benefit may not be utilized to purchase Vision Hardware for anyone other than yourself (the beneficiary).

When can I submit my Vision Hardware Reimbursement Form?

You may submit a Vision Hardware Reimbursement Form at any time throughout the plan year. Reimbursement is dependent upon benefits outlined in your evidence of coverage.

• Where can I purchase Vision Hardware?

- You can purchase Vision Hardware at the retail location of your choice. Please visit www.harvardpilgrim.org for a list of retail centers that provide discounts to Harvard Pilgrim members. You are eligible for any applicable discounts plus the reimbursement available through your plan.

How much can I claim for reimbursement?

Maine: StrideSM Value Rx (HMO) and StrideSM Value Rx Plus (HMO) plan - up to \$150 annually

Massachusetts: StrideSM Basic Rx (HMO) and StrideSM Value Rx (HMO) - up to \$150 every 2 years, or StrideSM Value Rx Plus (HMO) - up to \$150 annually

New Hampshire: StrideSM Basic Rx (HMO) and StrideSM Value Rx (HMO) - up to \$150 every 2 years, or StrideSM Value Rx Plus (HMO) - up to \$150 annually

What happens once I submit my reimbursement?

Reimbursement checks will be mailed and made payable to the Subscriber only at the Beneficiary's address of record. No alternative address will be accepted.

If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact us prior to submitting your Reimbursement Form.

Please allow up to 8 weeks for processing.



Harvard Pilgrim Health Care

Harvard Pilgrim StrideSM (HMO) Vision Reimbursement Form

To be filled out by Harvard Pilgrim StrideSM (HMO) BENEFICIARY only.

Please use blue or black ink and print all information clearly.

When to submit this form - After you purchase Vision Hardware
After you verify that you had coverage with Harvard Pilgrim StrideSM (HMO)
Once all sections have been completely filled out and signed by the beneficiary.

Section A – Beneficiary & Reimbursement Information

Harvard Pilgrim ID Number Beneficiary's Last Name First Name Middle Initial

Date of Birth (mm/dd/yyyy)

Address City State ZIP Code

Daytime Phone (area code) xxx-xxxx Beneficiary's Email

DOCUMENTATION	Vision Center	City, State	Phone Number	\$ Being Claimed
Date:				

Total number of documents ____ total dollar amount being claimed \$_____

Section B - Beneficiary's Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Beneficiary's Signature _____ Date _____