



# Your NVA Vision Benefit Summary

## PA Faculty Health & Welfare Fund (Full Time)

Effective 02/01/2019

Group Number# 1324

### Schedule of Vision Benefits

| Benefit Frequency   | Participating Provider  | Non-Participating Provider (Reimbursed Amounts)  |
|---|---|--|
| <b>Examination</b><br>Once Every Calendar Year  | Covered 100%  | Up to \$130  |
| <b>Lenses</b> ⓐ<br>Once Every Two Calendar Years  | Standard Glass or Plastic   | Standard Glass or Plastic  |
| <ul style="list-style-type: none"> <li>▪ Single Vision</li> <li>▪ Bifocal</li> <li>▪ Trifocal</li> <li>▪ Lenticular</li> <li>▪ Standard Progressives</li> <li>▪ Premium Progressives</li> <li>▪ Ultra Progressives</li> <li>▪ Glass Photogreyⓑ</li> <li>▪ TransitionsⒸ</li> </ul> | <ul style="list-style-type: none"> <li>▪ Covered 100%</li> <li>▪ Covered 100%</li> <li>▪ Covered 100%</li> <li>▪ Covered 100%</li> <li>▪ Covered 100%</li> <li>▪ Covered 100%</li> <li>▪ Up to \$100</li> <li>▪ Up to \$75</li> <li>▪ Covered 100%</li> </ul> | <ul style="list-style-type: none"> <li>▪ Up to \$115</li> <li>▪ Up to \$155</li> <li>▪ Up to \$215</li> <li>▪ Up to \$125</li> <li>▪ See belowⓐ</li> <li>▪ See belowⓐ</li> <li>▪ See belowⓐ</li> <li>▪ Up to \$75</li> <li>▪ Up to \$75</li> </ul> |
| <b>Frame</b><br>Once Every Two Calendar Years   | Retail Allowance<br>Up to \$130<br>(20% discount off balance)*  | Up to \$130  |
| <b>Contact Lenses</b><br>Once Every Two Calendar Years  | In lieu of Lenses & Frame   | In lieu of Lenses & Frame  |
| <b>Elective Contact Lenses</b> ⓐ  | <ul style="list-style-type: none"> <li>▪ Up to \$415 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Up to \$415</li> </ul>  |
| <b>Medically Necessary</b> ***  | <ul style="list-style-type: none"> <li>▪ Up to \$410</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Up to \$410</li> </ul>  |
| <b>Low Vision Aids</b> ***<br>Once Every Two Calendar Years   | Up to \$250   | Up to \$250  |

### How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination once every calendar year and one (1) pair of lenses and a frame or contact lenses once every two calendar years.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at [www.e-nva.com](http://www.e-nva.com) or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 13241000 or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to certain proprietary brands.  
\*\*Does not apply to Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.  
\*\*\*Pre-approval from NVA required.

- ⓐ Eligible members can get new lenses if they are necessary to improve vision acuity in the 2<sup>nd</sup> year of the two year cycle.
- ⓑ Glass Photogrey or Transitions are only covered for Faculty members when purchasing a pair of prescription sunglasses in lieu of standard Eyewear.
- ⓒ Progressive Lens reimbursements are included in the standard lens allowance shown above.
- ⓓ Additional professional services related to contact lenses (also known as fitting fees) are included in the contact lens allowance shown above.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- |   |  |
|---|--|
| ▪ \$10 Solid Tint                         | ▪ \$75 Polarized                           |
| ▪ \$12 Fashion / Gradient Tint            | ▪ \$55 High Index                          |
| ▪ \$10 Standard Scratch-Resistant Coating | ▪ \$65 Transitions Single Vision Standard* |
| ▪ \$12 Ultraviolet Coating                | ▪ \$70 Transitions Multi-Focal Standard*   |
| ▪ \$40 Standard Anti-Reflective           | ▪ \$25 Polycarbonate (Single Vision)       |
| ▪ \$20 Glass Photogrey (Single Vision)*   | ▪ \$30 Polycarbonate (Multi-Focal)         |
| ▪ \$30 Glass Photogrey (Multi-Focal)*     | ▪ \$30 Blended Bifocal (Segment)           |

\*PLEASE NOTE: Only applies for Dependents & if the member is not eligible for Sunglasses.  
For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.



# Get a Better View

**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants: -Locate a nearby participating provider by name, ZIP code, or city/state; verify eligibility for you or a dependent; view benefit program and specific detail; review claims; print ID cards; nominate a non-participating provider to join the NVA network.

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA Claims Dept., PO Box 2187, Clifton, NJ 07015.

The following benefits must be submitted by the member and payment will be reimbursed directly to the member.

| Benefit /Frequency   | Member Reimbursement |
|--|----------------------|
| <b>Keratoconus*</b><br>Up to two examinations per year for active treatment, plus lenses or contact lenses per year.   | Up to \$1,000        |
| <b>Cataracts*</b><br>Up to two examinations per year for active treatment, plus bifocal lenses per year.   | Up to \$1,000        |
| <b>Traumatic Eye Injuries*</b><br><b>(Treatment for Traumatic Injury causing change in Perceptual acuity)</b><br>Up to two examinations while under treatment, plus lenses or contact lenses per year. | Up to \$350          |
| <b>Reading Glasses (Faculty Only)</b><br>Over the counter & prescription glasses (includes reimbursement for lenses & frames) once every calendar year.  | Up to \$100          |

\*Prior Authorization required from treating Physician, including a detailed treatment statement.

**Laser Eye Surgery:** NVA has chosen The National LASIK Network to serve their members. This network was developed by LCA Vision in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Discounts:** In addition to your funded benefit you are eligible to access the EyeEssential® Plan discount (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

| Your NVA EyeEssential® Plan Discount – In Network Only |   |  |
|--|---|--|
| Service  | Participating Provider                  | Lens Options   |
| <b>Eye Examination:</b>                                | <b>Member Cost:</b><br>Retail Less \$10 | \$12 Solid Tint/ Gradient Tint<br>\$50 Standard Progressive Lenses<br>\$75 Polarized Lenses<br>\$65 Transitions Single Vision Standard<br>\$70 Transitions Multi-Focal Standard<br>\$15 Standard Scratch Coating<br>\$12 UV Coating<br>\$35 Polycarbonate<br>\$45 Standard Anti-Reflective |
| <b>Contact Lens Fitting:</b>                           | Retail Less 10%                         |  |
| <b>Lenses:</b>   | Glass or Plastic                        |  |
| Single Vision  | \$35.00                                 |  |
| Bifocal  | \$55.00                                 |  |
| Trifocal or Lenticular                                 | \$70.00                                 |  |
| <b>Frame:</b>  | Retail Less 35%                         |  |
| <b>Contact Lenses*:</b>                                | <b>Member Cost:</b>                     |  |
| Conventional   | Retail Less 15%                         |  |
| Disposable   | Retail Less 10%                         |  |

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

## At NVA, We Work Only for Our Clients.

**Exclusions / Limitations:** No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses / contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015

Web: [www.e-nva.com](http://www.e-nva.com) • Toll-Free: 1.800.672.7723

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*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*

