



Your NVA Vision Benefit Summary

PSSU Bucks County

Effective 10/01/1994

Group Number# 0011

Schedule of Vision Benefits

Table with 3 columns: Benefit Frequency, Participating Provider, and Non-Participating Provider (Reimbursement Amounts). Rows include Examination, Lenses (Single Vision, Bifocal, etc.), Frame, Contact Lenses, and Low Vision Aids.

How Your Vision Care Program Works

Eligible dependents under age 19 are entitled to receive a vision examination and one (1) pair of lenses and frame once every 12 months...

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.

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...

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.

\*Once every 12 months provided there is a 1/2 diopter prescription change.

\*\*Pre-approval from NVA required.

Ⓞ Provider will charge the difference between the wholesale cost and the plan allowance plus 20%.

Ⓢ Provider will charge their R&C price less 25%.

Broken Lenses: Replacement of broken lenses is covered once every 12 months. Broken lenses or written verification must be sent to NVA for issuance of an authorization number.

For lenses exceeding plan specifications, participating providers may obtain a prior authorization number, which must be submitted along with a lab invoice as part of the claim.

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

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:

- \$75 Polarized
- \$30 Blended Bifocal (Segment)
- \$20 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \$12 Ultraviolet Coating
- \$25 Polycarbonate (Single Vision) 19 & over
- \$30 Polycarbonate (Multi-Focal) 19 & over
- \$65 Transitions Single Vision (Standard)
- \$70 Transitions Multi-Focal (Standard)

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's wholesale cost plus 25% whichever is less. Options not listed will be priced by NVA providers at the Provider's wholesale cost plus 25%. 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.

**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 Department, PO Box 2187, Clifton, NJ 07015.**

**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.

**Hearing Discount:** You will receive up to 60% savings at participating provider locations through NationsHearing®.

**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> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$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.

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

