



Your NVA Vision Benefit Summary

PSSU Erie County
Effective 10/01/1994
Group Number# 0011

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider																																													
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$38 																																													
Lenses Under 19 Once Every 12 Months 19 & over Once Every 24 Months* <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Oversized (SV) Oversized (Bi) Oversized (Tri) Standard Progressives Premium Progressives Polycarbonates Standard AR Coating Standard Scratch Coating Blended Bifocal (Segment) 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Up to \$100 Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Plastic</u></td> <td style="text-align: center;"><u>Glass</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$17</td> <td style="text-align: center;">Up to \$16</td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$29.50</td> <td style="text-align: center;">Up to \$25.50</td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$36</td> <td style="text-align: center;">Up to \$32</td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$5</td> <td style="text-align: center;">Up to \$5</td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$8</td> <td style="text-align: center;">Up to \$8</td> </tr> <tr> <td></td> <td style="text-align: center;">Up to \$8</td> <td style="text-align: center;">Up to \$8</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N/A</td> </tr> </table>		<u>Plastic</u>	<u>Glass</u>		Up to \$17	Up to \$16		Up to \$29.50	Up to \$25.50		Up to \$36	Up to \$32		Up to \$5	Up to \$5		Up to \$8	Up to \$8		Up to \$8	Up to \$8			N/A			N/A			N/A			N/A			N/A			N/A			N/A			N/A
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Frame Once Every 24 Months	Wholesale Allowance <ul style="list-style-type: none"> Up to \$100[Ⓛ] 	<ul style="list-style-type: none"> Up to \$100 																																													
Contact Lenses Under 19 Once Every 12 Months 19 & over Once Every 24 Months Elective Contact Lenses	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$100 Retail[Ⓜ] (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% 	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$100 																																													
Medically Necessary**	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$300 																																													
Low Vision Aids** Under 19 Once Every 12 Months 19 & over Once Every 24 Months	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$300 																																													

How Your Vision Care Program Works

Eligible dependents under age 19 are entitled to receive a vision examination and one (1) pair of lenses once every 12 months and a frame once every 24 months or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service. Eligible members and dependents age 19 & over are entitled to receive a vision examination and contact lens evaluation/fitting once every 12 months and one (1) pair of lenses and a frame or contact lenses once every 24 months from last date of service.

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, or download our mobile app by searching NVA Vision, 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 **00110002** or the group number on the identification card and enter in your search parameters. It's that easy!

*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
- \$55 High Index
- \$20 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \$12 Fashion / Gradient Tint
- \$65 Transitions Single Vision (Standard)
- \$70 Transitions Multi-Focal (Standard)
- \$12 Ultraviolet Coating
- \$10 Solid Tint

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 (when applicable), 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 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, P.O. 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.

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
Eye Examination:	Member Cost: 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
Contact Lens Fitting:	Retail Less 10%	
Lenses: Single Vision Bifocal Trifocal or Lenticular	Glass or Plastic \$35.00 \$55.00 \$70.00	
Frame:	Retail Less 35%	
Contact Lenses*: Conventional Disposable	Member Cost: Retail Less 15% 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 • App: App Store or Google Play • 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.

