

NVA has a network of qualified Ophthalmologists, Optometrists and Opticians.

#### YOUR BENEFITS

**VISION EXAM** – A complete analysis of the eyes and related structures to determine the presence of vision problems. Contact lens evaluation and fitting or additional supplemental tests are not covered under the standard examination.

**LENSES** – The NVA participating doctor will order the proper lenses. The program provides the finest quality lenses fabricated to exacting standards. The doctor also verifies the accuracy of the finished lenses.

**FRAMES** – Frames within the plan allowance are covered in full. If you select a frame that costs more than the wholesale allowance established for your program there will be an additional charge.

**CONTACT LENSES (Medically Necessary)** – Contact lenses and the necessary ophthalmic materials are covered in full under National Vision Administrators when an NVA participating doctor receives prior approval for one of the following conditions:

- following cataract surgery
- to correct extreme visual acuity problems not correctable with spectacle lenses
- to correct for significant anisometropia
- Keratoconus

**CONTACT LENSES (Cosmetic)** – When contact lenses are chosen for reasons other than the above, they are considered cosmetic in nature. A \$100 allowance will be made toward the contact lenses plus the routine eye examination.

#### HOW OFTEN ARE THESE SERVICES AVAILABLE ?

**EXAMINATION** – Once every 12 months

**FRAMES** – Once every 24 months

**LENSES** – Once every 24 months\* - *CHILDREN UP TO AGE 19* – Once every 12 months

*\*Once every 12 months if medically necessary due to a ½ diopter prescription change*  
OR

**CONTACT LENSES** – (In place of all other plan benefits for the benefit period).

*Medically Necessary* – Once every 24 months-*CHILDREN UP TO AGE 19* – Once every 12 months

*Cosmetic* – Once every 24 month-*CHILDREN UP TO AGE 19* – Once every 12 months

#### HOW MUCH DO I PAY?

##### NVA PARTICIPATING DOCTOR:

*When you receive an examination, lenses and/or frames from an NVA participating doctor, the doctor accepts NVA's payment (provided you stay within the limitations of the program).*

Extra materials that are not covered by the plan may be purchased through the NVA participating doctor at a controlled cost.

Lenses – A maximum of 25% of the scheduled benefit allowance.

Example: UV Coating on Single Vision Plastic Lenses = \$9.00

Frames – The difference between the wholesale cost of the frame and the maximum allowance plus 20% of the difference.

##### NVA NON-PARTICIPATING DOCTOR:

*When you receive services from a non-participating doctor, you will be reimbursed directly by NVA.*

#### COST AND REIMBURSEMENT SCHEDULE NVA PARTICIPATING DOCTOR

**PROFESSIONAL FEES:** Vision Examination Covered in full\*

**MATERIALS:** Single Vision Lenses Covered in full\*  
Bifocal Lenses Covered in full\*  
Trifocal Lenses Covered in full\*

**FRAMES:** \$50 (wholesale)\*

**CONTACT LENSES:** Medically Necessary Covered in full\*  
Cosmetic \$100.00

*Broken lenses are covered once per year.*

*\*Within Plan Limitations*

For more information on plan allowances go to [www.pssuhwfund.org](http://www.pssuhwfund.org)

#### HOW DO I USE THE PLAN?

##### OPTION I: USING A NVA PARTICIPATING DOCTOR

**STEP 1:** When you are ready to obtain vision care services, call your NVA participating doctor. If you need to locate an NVA Participating doctor, call **National Vision Administrators at (800) 672-7723 or in New Jersey at (973) 574-2400 or [www.e-nva.com](http://www.e-nva.com).**

**STEP 2:** When making an appointment, identify yourself as an NVA member sponsored by PSSU, Sponsor #0011. The participating doctor will also need the covered member's identification number (usually the social security number). The participating doctor will contact NVA to verify your eligibility and plan coverage. The participating doctor will also obtain authorization for services and materials. If you are not eligible, the NVA doctor will notify you. **Contact NVA's Customer Service at (800) 672-7723 to verify your eligibility prior to scheduling your appointment.**

**STEP 3:** At your appointment, the participating doctor will provide an eye examination and determine if eyewear is necessary. The participating doctor will itemize any non-covered charges and have you sign a claim form to document the services received.

##### OPTION II: USING A NON- PARTICIPATING OPTOMETRIST, OPHTHALMOLOGIST, OR DISPENSING OPTICIAN

**STEP 1:** Make an appointment and receive the necessary services from the provider. Pay the doctor his/her full fee and obtain an itemized receipt, which must contain the following information:

- Patient's name
- Date service began
- The services and materials received
- The type of lenses you received (e.g. single vision)
- The employee's social security number
- The employee's signature

**STEP 2:** Mail itemized receipt to: NATIONAL VISION ADMINISTRATORS, LLC  
P.O. Box 2187

Clifton, NJ 07015

**STEP 3:** You will be reimbursed directly according to the Non-Participating Provider Reimbursement schedule.

**OPTION III: USING A NON-PARTICIPATING DOCTOR FOR THE EXAMINATION AND A NVA PARTICIPATING DOCTOR TO FILL YOUR PRESCRIPTION**

**STEP 1:** After receiving an examination from the doctor pay the doctor his/her exam fee. Obtain a receipt for the exam and the prescription for your lenses. Send your exam receipt to NVA. You will be paid directly according to the Non-Participating Reimbursement Schedule for your exam.

**STEP 2:** Call one of the NVA participating doctors and make an appointment to have your prescription filled.

**STEP 3:** Take your prescription to the NVA participating doctor on your first visit.

**STEP 4:** The NVA participating doctor will fit you with your new glasses/contacts and take care of any further paperwork for payment. The NVA participating doctor will be paid by NVA for dispensing your glasses/contacts.

**WHO IS ELIGIBLE?**

Eligibility and termination of benefits under this National Vision Administrators Plan will be determined by the **PSSU LOCAL UNIT HEALTH AND WELFARE FUND**.

**WHAT VISION SERVICES AND MATERIALS ARE LIMITED OR NOT COVERED UNDER THIS PLAN?**

**EXTRA COST** – *This plan is designed to cover your visual needs rather than elective materials. There will be extra cost involved if you select materials or services that are elective in nature such as:*

- a frame that costs more than the plan allowance
- cosmetic contact lenses (in excess of the plan allowance)
- coated lenses (other than tints #1 or #2)
- additional supplemental tests outside the standard vision examination
- any other materials or services not necessary for the patient's visual welfare

**ITEMS NOT COVERED** – *There are no benefits for professional services or materials connected with:*

- orthoptics or vision training, subnormal vision aids, or non-prescription lenses
- medical or surgical treatment of the eyes
- services or materials provided as a result of any Workers' Compensation Law or similar legislation
- any eye examination required by an employer as a condition of employment; or any services or materials provided by any other vision care plan, or group benefit plan containing benefits for vision care
- services you receive before vision coverage becomes effective or after coverage ends

**PSSU**  
**LOCAL UNIT HEALTH**  
**AND WELFARE FUND**  
**VISION CARE PLAN**  
**FOR PARTICIPANTS OF**  
**Stairways Behavioral Health**



National Vision Administrators, LLC  
P.O. Box 2187  
Clifton, NJ 07015

ANY QUESTIONS ABOUT YOUR VISION PROGRAM?  
CONTACT NVA'S CUSTOMER SERVICE DEPARTMENT  
800-672-7723 (IN NJ 973-574-2400) OR VISIT [www.e-nva.com](http://www.e-nva.com)

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