



Vision Care Plan for – Tamaqua Area School District

Group/Sponsor Number – 00350183

General Information

National Vision Administrators (NVA) is the Administrator for the vision plan. NVA has a network of participating Ophthalmologists, Optometrists, and Opticians to serve you. Benefits are also available from non-participating providers. This document describes the principal features of the PSEA Health and Welfare Fund Vision Plan. It is not to be considered the contract of benefits and provisions. The PSEA Health and Welfare Plan and Trust are the controlling documents

Where can I obtain services?

NVA, the plan administrator, has a network of participating ophthalmologists, optometrists and opticians. A list of the Participating Providers in your area is available through NVA's website at www.e-nva.com (using the Group/Sponsor Number at the top of this page) or by calling the PSEA Health and Welfare Fund. Benefits are also available from non-participating providers.

How to use your plan

Participating Providers:

When making your appointment with a NVA Participating Provider, please provide your name, social security number or identification number, group/sponsor number and the name of the patient. The provider will contact NVA to verify your vision care eligibility. At the time of your first appointment, present your NVA Vision Identification Card—you do not need to obtain a vision claim form. The Participating Provider will inform you of your eligibility status prior to rendering services. To verify benefit eligibility prior to scheduling your eye care appointment, contact NVA's Customer Service Department at 1-800-672-7723 or log into your account at the NVA website www.e-nva.com.

When the services have been completed, the Participating Provider will have you sign a claim form and it will be sent to NVA for processing and payment. You do not pay anything unless you select something other than what the plan allows. NVA will pay the provider directly for all plan benefits.

Non-Participating Providers:

If you select a non-participating provider, you must pay the provider. Reimbursement will be made directly to you from NVA in accordance with the non-participating provider reimbursement schedule for your group. You must submit an itemized receipt from the doctor and/or optician—including a copy of the doctor's prescription, along with your name, social security number or identification number, patient's name, patient's date of birth, and group number or a photocopy of your NVA Vision Identification Card to the following address:

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

What services are covered?

Eye examinations, refractive services and post-refractive services are covered.

Eye examinations and refractive services include:

- Case history, testing visual acuity
- External and internal examination of the eyes
- Determination of binocular measurement
- Medication for dilating the pupils and desensitizing the eyes for tonometry
- Tonometry, if indicated
- Summary and finding
- Prescribing of corrective lenses

Post-refractive services include:

- Facial measurement and other specifications needed for ordering lenses
- Frames and contact lenses
- The cost of the glasses or contact lenses
- Adjustment of the glasses or contact lenses

How often are these services available?

Vision Examination:

Participant and eligible dependents, 19 years of age or older—once every 24 months. If certification is received from an optometrist or ophthalmologist and approved as to medical necessity then coverage will be - once every 12 months.

Dependent children, under 19 years of age—once every 12 months if performed by an Optometrist or Ophthalmologist.

Lenses:

Participant and eligible dependents, 19 years of age or older—once every 24 months. If certification is received from an optometrist or ophthalmologist and approved as to medical necessity then coverage will be - once every 12 months.

Dependent children, under 19 years of age—once every 12 months if performed by an Optometrist or Ophthalmologist.

Frames:

Participant and eligible dependents— once every 24 months, regardless of age.

► **Payment will not be made for both contact lenses and glasses within a 24-month period** ◀

How much do eligible employees have to pay for these services?

When a participating doctor is used, the examination will be provided at no cost. Lenses and frames will be provided free of charge when the patient stays within the plan guidelines. If contact lenses are selected in lieu of lenses, and/or frames, the allowance listed in the summary of benefits section of this document, is made toward the cost of elective contact lenses. Elective contact lenses are those that are not medically necessary.

While the plan is comprehensive, it will not pay for everything (see exclusions and limitations section).

Patients sometimes select lenses or lens characteristics that are not necessary for their visual welfare, but are desired for cosmetic reasons. In such cases, if the patient is using a participating provider they will pay according to the lens option schedule in effect at the time of purchase of lenses. A copy of this schedule is on page 5 of this document.

What is not covered?

Exclusions include, but are not limited to:

- Medical or surgical treatment of the eye
- Drugs or other medication
- Non-prescription lenses including sunglasses
- Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames
- Services covered by Worker's Compensation laws
- Vision services or materials provided by federal, state or local government
- Examinations or materials not listed as a covered service
- Additional exam charges relating to cosmetic contact lenses (such as fitting fees)
- Parts or repair of frames

The following items will be provided at the regular plan allowances with any extra charge billed to the eligible employee:

- Fashion color and coated lenses
- Photochromic lenses, gray or brown, light or dark
- Progressive or no-line multifocals
- Sunglasses requiring a prescription
- Prescription industrial safety lenses
- Safety frames with side shields
- Frames costing more than the plan allowance

Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to, anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame, but can be improved to 20/70 or better by the use of contact lenses.

BENEFITS UNDER THIS PROGRAM ARE AVAILABLE TO:

All Eligible District Employees, including Non-Bargaining Unit and Bargaining Unit, spouses or domestic partners, and the unmarried child(ren) from date of birth up to 19 years of age, who is/are:

A blood descendant of the first degree, or a legally adopted child (including a child living with the adopting parents during the probationary period), or a child who is financially dependent on the Employee for one-half or more of his support provided the employee is related to the child by blood, marriage, domestic partnership, or is the child's legal guardian.

Unmarried children over age 19 may also be eligible:

TO AGE 23 if enrolled as full-time students in an accredited school, college, or university and solely dependent upon the employee for support.

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

Who do I call with questions?

To inquire about eligibility, payment of claim, or a participating provider in your area, call NVA at (800) 672-7723 or visit their website at: www.e-nva.com

If you have any questions regarding your vision care plan, call the PSEA Health and Welfare Fund at (800) 944-7732, extension 7024

**Pennsylvania State Education Association
HEALTH AND WELFARE FUND
400 North Third Street, PO Box 1724
Harrisburg, PA 17105-1724
(717) 255-7024 • (800) 944-7732**

National Vision Administrators (NVA) Network

Vision Benefit Coverage	In-Network	Out-of-Network Reimbursement
Vision Examination – Once every 24 months. <i>(Every 12 months if prescribed for participants under the age of 19.)</i>	Covered in Full	Up to \$30
<i>Should the participant require vision correction they may choose either frames &/or lenses benefit or contacts benefit, not both, during the 24-month benefit period.</i>		
Frames - Frames and one pair of lenses every 24 months.	Up to \$175 Retail Allowance (plus 20% discount off the amount over the allowance)	Up to \$70 Retail Allowance
Lenses – Once Every 24 months. <i>(Every 12 months if prescribed for participants under the age of 19.)</i>	<i>Benefits also include In-Network discount prices on lens options.</i>	
Standard Lenses - Single Vision (pair)		\$24.00 Maximum
Standard Lenses - Bifocal (pair)	Standard Lenses	\$36.00 Maximum
Standard Lenses - Trifocal (pair)	Covered in Full	\$46.00 Maximum
Standard Lenses - Aphakic (pair)		\$72.00 Maximum
Oversized Lenses	Covered in Full	Not Covered
Progressive Lenses -Standard -Premium -All Other	Participant Cost: \$50 for Standard, \$100 for Premium Not Covered	Not Covered
Medically Required Low Vision Aids	Up to \$250	Up to \$250
Contact Lenses & Fittings – Once every 24 months. – in lieu of eyeglass lenses and/or frames		
Elective Lenses Allowance	Up to \$150 Retail Allowance – exam covered separately	Up to \$125 Retail Allowance – exam covered separately
Fitting Fees for Daily Wear Lenses	Covered in full after \$20 Copay	Not Covered
Fitting Fees for Extended Wear Lenses	Covered in full after \$30 Copay	Not Covered
Fitting Fees for Specialty Lenses	Covered in full after \$50 copay	Not Covered
Medically Required Contact Lenses – Non- Elective	Up to \$350	Up to \$350

In-Network Discounted Lens Options (subject to change)

LENS OPTION	FIXED FEE	LENS OPTION	FIXED FEE
UV Coatings	\$12.00	Transitions SV (Standard)	\$65.00
Anti-Reflective Coatings (Standard)	\$40.00	Transitions BI (Standard)	\$70.00
Polycarbonate SV	\$25.00	Transitions TRI (Standard)	\$70.00
Polycarbonate BI	\$30.00	Scratch Resistant Coating (Standard)	\$10.00
Polycarbonate TRI	\$30.00	Polarized	\$75.00
Glass Photogrey SV	\$20.00	High Index	\$55.00
Glass Photogrey BI	\$30.00	Blended Bifocals (Segment)	\$30.00
Glass Photogrey TRI	\$30.00	Fashion Gradient Tint	\$12.00
Solid Tints	\$10.00		

Note: Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above.

DISCOUNTED SERVICES INCLUDE

MAIL ORDER CONTACT LENS PROGRAM	Contact Fill 1-866-234-1393 (Provide code: PSEA)
LASIK SURGERY	Extensive discounts at Participating LASIK providers

NVA EyeEssential Plan

After the enrolled member has exhausted their funded benefit, they are eligible to access the EyeEssential Plan Discount on additional purchases during the plan period. The EyeEssential Discount Plan includes significant discounts on materials through participating NVA network providers. Benefit frequencies are unlimited. Please note, these discounts do not apply at select retail locations including Walmart/Sam's Club everyday low prices and Cole Corporate locations.

SERVICE OR MATERIAL	MEMBER COST
Comprehensive Vision Examination (Including Dilation as professionally indicated)	Balance after \$10 discount
LENSES	STANDARD GLASS OR PLASTIC
SINGLE VISION	\$35.00
BIFOCAL	\$55.00
TRIFOCAL	\$70.00
LENTICULAR	\$70.00
LENS OPTIONS	
UV COATING	\$12.00
TINT (SOLID & GRADIENT)	\$12.00
SCRATCH RESISTANT COATING (STANDARD)	\$15.00
POLYCARBONATE (STANDARD)	\$35.00
ANTI-REFLECTIVE COATING (STANDARD)	\$45.00
POLARIZED	\$75.00
TRANSITIONS (STANDARD)	\$65.00 (Single Vision) \$70.00 (Bifocal & Trifocal)
STANDARD PROGRESSIVE	\$50.00 (Plus Bifocal/Trifocal fee)
OTHER ADD-ON SERVICES	20% off Retail
FRAMES (ANY ELIGIBLE FRAME AT PROVIDER'S LOCATION)	35% Off Retail
CONTACT LENSES (DISCOUNT DOES NOT APPLY AT CONTACT FILL)	
CONVENTIONAL	15% Off Retail
DISPOSABLE	10% Off Retail
FITTING AND FOLLOW UP	10% Off Retail