



## Vision Care Plan for – Allentown School District

Group/Sponsor Number – 0035-0199

### 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.

### Benefits under this program are available to:

The Employee, spouse, and the unmarried child(ren) from date of birth up to 25 years of age (less than 26), 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.

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

### Enrollment:

1. Enrollment Commitment. Any employee who elects the optional family vision coverage during the District's annual open enrollment period or through a qualifying event must maintain vision coverage for a period of at least 24 months.
2. Canceling Enrollment. An employee may elect to cancel the optional family vision coverage during the District's annual open enrollment period as long as the employee has maintained vision coverage for a minimum of 24 months consecutive months leading up to the enrollment change unless there is a qualifying event. Coverage can also be cancelled within 30 days of a premium increase.
3. Qualifying Event Change in coverage election. Should a qualifying event (as defined under COBRA) occur, for purposes of enrollment or cancellation, the employee must request the change no later than 30 days after the qualifying event. Examples of qualifying events include change in marital status, change in dependent status, loss of job.

**Employees may elect to purchase coverage for eligible family members at a cost of the difference between the employer paid single rate and the family rate.**

## 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](http://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](http://www.e-nva.com).

When the services have been completed, the Participating Provider will complete the claim form and it will be sent to NVA for processing and payment. You pay your copays and any other service or material not covered by the plan. NVA will pay the provider directly for all covered 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

## Benefit Guidelines:

Eye examinations, refractive services and post-refractive services are covered subject to copays and limitations.

When a participating doctor is used, the examination will be provided in full after a \$15 copay and standard lenses after a \$15 copay. A frame allowance will be provided up the amount listed in the summary of benefits. 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. Additional exam charges relating to elective contact lenses such as fitting fees are covered after copays at participating providers.

When a non-participating provider is used, the plan will pay according to the "Non-Participating Providers" listing of reimbursements.

While the plan is comprehensive, it will not pay for everything (see "What is not covered").

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 6 of this document.

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.

## 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 after NVA optometrist review, then coverage will be - once every 12 months.

Eligible dependent children, under the age of 19—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 after NVA optometrist review, then coverage will be - once every 12 months.

Eligible dependent children, under the age of 19—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 eyeglass lenses and/or frames within a 24-month period ◀**

## 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 and/or copays 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

## 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](http://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
<b>Vision Examination</b> – Once every 24 months. <i>(Every 12 months if prescribed for participants under the age of 19.)</i>	Covered in Full after \$15 copay	Up to \$20 Allowance
<b><i>Should the participant require vision correction they may choose either frames &amp;/or lenses benefit or contacts benefit, not both, during the 24-month benefit period.</i></b>		
<b>Frames</b> - Frames every 24 months.	Up to \$200 Retail Allowance	Up to \$70 Retail Allowance
<b>Lenses</b> – Once Every 24 months. <i>(Every 12 months if prescribed for participants under the age of 19.)</i> Standard Lenses - Single Vision (pair) Standard Lenses - Bifocal (pair) Standard Lenses - Trifocal (pair) Standard Lenses - Lenticular (pair)	<i>Benefits also include <b>In-Network</b> discount prices on lens options.</i>  Standard Lenses Covered in Full after \$15 Copay	\$14.00 Maximum \$26.00 Maximum \$36.00 Maximum \$62.00 Maximum
Progressive Lenses: - Standard - Premium - All Other	Standard - \$50 Copay Premium- \$100 Copay All Other – 20% discount	Not Covered
<b>Medically Required Low Vision Aids</b>	Up to \$150 Allowance	Up to \$150 Allowance
<b>Contact Lenses &amp; Fittings</b> – Once every 24 months. Elective Lenses Allowance Fitting Fees for Daily Wear Lenses Fitting Fees for Extended Wear Lenses Fitting Fees for Specialty Lenses	Up to \$175 Allowance \$20 Copay \$30 Copay \$50 copay	Up to \$125 Allowance Not Covered Not Covered Not Covered
Medically Required Contact Lenses – Non-Elective	Up to \$200	Up to \$150

## 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: <b>PSEA</b> )
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
<b>LENSES</b>	<b>STANDARD GLASS OR PLASTIC</b>
SINGLE VISION	\$35.00
BIFOCAL	\$55.00
TRIFOCAL	\$70.00
LENTICULAR	\$70.00
<b>LENS OPTIONS</b>	
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



THIS IS ONLY A SUMMARY, LIMITATIONS AND EXCLUSIONS MAY APPLY  
**For more information about this program, please contact the Health and Welfare Fund at 1-800-944-7732 ext 7024**  
 To obtain the best value, use a full service In-Network provider when possible.