



# Your NVA Vision Benefit Summary

## Haddon Township BOE

Effective 07/01/2016

Group Number# 4167

### Schedule of Vision Benefits

#### How Your Vision Care Program Works

Benefit Frequency	Participating Provider	Non-Participating Provider
<b>Examination</b> Once Every 24 Months	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$35</li> </ul>
<b>Lenses</b> Once Every 24 Months	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$35</li> <li>Up to \$55</li> <li>Up to \$75</li> <li>Up to \$95</li> <li>Up to \$5</li> </ul>
<ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Oversized</li> </ul>		
<b>Frame</b> Once Every 24 Months	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$35 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$35</li> </ul>
<b>Contact Lenses</b> Once Every 24 Months	<b>In lieu of Lenses &amp; Frame</b>	<b>In lieu of Lenses &amp; Frame</b>
<b>Elective Contact Lenses</b>	<ul style="list-style-type: none"> <li>Up to \$35 Retail<sup>Ⓞ</sup> (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$35</li> </ul>
<b>Medically Necessary***</b>	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$210</li> </ul>

Eligible members and dependents are entitled to receive a vision examination 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](http://www.e-nva.com) 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 4167000101 or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. \*\*Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or the following locations: Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys and may be prohibited by some manufacturers. \*\*\*Pre-approval from NVA required.

ⓄAdditional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

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:

- \$10 Solid Tint
- \$12 Fashion / Gradient Tint
- \$10 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating
- \$40 Standard Anti-Reflective
- \$20 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \$75 Polarized
- \$50 Progressive Lenses Standard\*
- \$65 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard
- \$25 Polycarbonate (Single Vision)
- \$30 Polycarbonate (Multi-Focal)
- \$30 Blended Bifocal (Segment)
- \$55 High Index
- \$100 Progressive Lenses Premium\*

\*Fixed Pricing not available on certain brands

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

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



**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 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, 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<sup>®</sup> 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 <sup>®</sup> Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
	<b>Member Cost:</b>	
<b>Eye Examination:</b>	Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses
<b>Contact Lens Fitting:</b>	Retail Less 10%	\$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Lenses:</b>	<b>Glass or Plastic</b>	
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 their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

## 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](http://www.e-nva.com) • Toll-Free: 1.800.672.7723  
 NVA<sup>®</sup> and EyeEssential<sup>®</sup> are registered marks of National Vision Administrators, L.L.C.

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



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



# INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE  
(Please Print or Type)

EMPLOYER (GROUP) NAME		GROUP NO.	
EMPLOYEE LAST NAME	FIRST	MI	DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CONTRACT TYPE REQUESTED <input type="checkbox"/> Single (S) <input type="checkbox"/> Family [Employee + 1 or more] (F)	
EFFECTIVE DATE OF COVERAGE OR CHANGE		DATE OF HIRE	

### COMPLETE THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE

#### PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES

THIS CHANGE IS FOR:  EMPLOYEE  SPOUSE  DEPENDENT(S)

TYPE OF CHANGE:  NEW ENROLLMENT  CHANGE OF ADDRESS  NAME CHANGE  REINSTATEMENT  CHANGE TO COBRA

ISSUE CARD  CANCEL COVERAGE  NAME CHANGE, FORMERLY

LAST NAME	FIRST NAME	INITIAL	M / F	DATE OF BIRTH	STUDENT (Y/N)
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I HEREBY APPLY FOR ENROLLMENT FOR VISION COVERAGE.

EMPLOYEE SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

www.e-nva.com

NATIONAL VISION ADMINISTRATORS, L.L.C.  
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