



Your NVA Vision Benefit Summary

Farmington Public Schools

Effective 04/01/2014

Group Number# 11781

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	<ul style="list-style-type: none"> ▪ Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> ▪ Up to \$35 (OD) ▪ Up to \$45 (MD)
Lenses Once Every Calendar Year <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular ▪ Solid Tints <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular ▪ Fashion Gradient Tints <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular ▪ Polarized <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular ▪ SV Polycarbonate (under age 19) ▪ Blended Bifocals ▪ Glass Photogrey ▪ Oversized ▪ Standard Progressives ▪ Premium Progressives ▪ Rimless Mounting ▪ Transitions 	Standard Glass or Plastic <ul style="list-style-type: none"> ▪ Covered 100% <ul style="list-style-type: none"> ▪ Covered 100% <ul style="list-style-type: none"> ▪ Covered 100% <ul style="list-style-type: none"> ▪ Covered 100% <ul style="list-style-type: none"> ▪ Covered 100% <ul style="list-style-type: none"> ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% 	<ul style="list-style-type: none"> ▪ Up to \$38 ▪ Up to \$60 ▪ Up to \$72 ▪ Up to \$108 <ul style="list-style-type: none"> ▪ Up to \$4 ▪ Up to \$10 ▪ Up to \$12 ▪ Up to \$10 <ul style="list-style-type: none"> ▪ Up to \$4 ▪ Up to \$10 ▪ Up to \$12 ▪ Up to \$10 <ul style="list-style-type: none"> ▪ Up to \$18 ▪ Up to \$30 ▪ Up to \$38 ▪ Up to \$30 ▪ N/A <ul style="list-style-type: none"> ▪ N/A ▪ N/A ▪ N/A ▪ N/A ▪ N/A ▪ N/A ▪ N/A ▪ N/A
Frame / Rimless Frame Once Every Calendar Year	Retail Allowance <ul style="list-style-type: none"> ▪ Up to \$130 (30% discount off balance)* 	<ul style="list-style-type: none"> ▪ Up to \$116
Contact Lenses Once Every Calendar Year Elective Contact Lenses	In lieu of Lenses & Frame <ul style="list-style-type: none"> ▪ Up to \$250 RetailⓄ (25% discount off balance)** ▪ Covered 100% 	In lieu of Lenses & Frame <ul style="list-style-type: none"> ▪ Up to \$165 ▪ Up to \$250

How Your Vision Care Program Works

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 calendar year.

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 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 **1178156** or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to the following locations: Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys.
Does not apply to Contact Fill (NVA Mail Order) or the following locations: Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys. *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.

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 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating
- \$40 Standard Anti-Reflective
- \$55 High Index
- \$25 Polycarbonate (Single Vision) 19 & over
- \$30 Polycarbonate (Multi-Focal)

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 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.

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 □ 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.

