



## Your NVA Vision Benefit Summary

## Schedule of Vision Benefits

<b>Benefit Frequency</b>	<b>Participating Provider</b>	<b>Non-Participating Provider</b>
<b>Examination</b> Once Every Plan Year	<ul style="list-style-type: none"> <li>Covered 100% After \$10 Copay</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
<b>Lenses</b> Once Every Plan Year <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonate (Under age 19)</li> </ul>	<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 \$25</li> <li>Up to \$35</li> <li>Up to \$45</li> <li>Up to \$80</li> <li>Up to \$10</li> </ul>
<b>Frame</b> Once Every Plan Year	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$100 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$50</li> </ul>
<b>Contact Lenses</b> Once Every Plan Year  <b>Elective Contact Lenses</b>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$100 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$100</li> </ul>
<b>Fit/Follow-Up***</b>		
<b>Standard Daily Wear</b>	<ul style="list-style-type: none"> <li>Covered 100% After \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$20</li> </ul>
<b>Standard Extended Wear</b>	<ul style="list-style-type: none"> <li>Covered 100% After \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
<b>Specialty Wear</b>	<ul style="list-style-type: none"> <li>Covered 100% After \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</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 \$200</li> </ul>

\*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 certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers. \*\*\*Only covered if you choose Contact Lenses. \*\*\*\*Pre-approval from NVA required.

**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                         | \$50 Progressive Lenses Standard             |
| ▪ \$12 Fashion / Gradient Tint            | \$65 Transitions Single Vision Standard      |
| ▪ \$10 Standard Scratch-Resistant Coating | \$70 Transitions Multi-Focal Standard        |
| ▪ \$12 Ultraviolet Coating                | \$25 Polycarbonate (Single Vision) 19 & Over |
| ▪ \$40 Standard Anti-Reflective           | \$30 Polycarbonate (Multi-Focal) 19 & Over   |
| ▪ \$20 Glass Photogrey (Single Vision)    | \$30 Blended Bifocal (Segment)               |
| ▪ \$30 Glass Photogrey (Multi-Focal)      | \$55 High Index                              |
| ▪ \$75 Polarized                          | \$100 Progressive Lenses Premium             |

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U & C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

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.

## Clearfield School District Vision Plan

Effective 11/01/2011

Revised 07/01/2023

Group Number #51792

## 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 and contact lens evaluation/fitting once every plan year.

At the start of the program, if authorized by your employer you may receive identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, you must indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility.

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 professional, please visit our website at [www.e-nva.com](http://www.e-nva.com) or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 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 51792000001 or the group number on the identification card and enter in your search parameters. It's that easy!

# 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 includes fitting and follow up and may be covered with prior authorization.

**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.

**Hearing Discount:** You will receive up to 60% savings at participating provider locations through NationsHearing®

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® 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® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Contact Lens Fitting:</b>	Retail Less 10%	
<b>Lenses:</b>	Glass or Plastic	
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 20% off the Provider's Retail (U&C) price.

Wal-Mart / Sam's Club stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

## At NVA, We Work Only for Our Clients.

The proposed vision insurance program is insured through Fidelity Security Life Insurance Company (FSL) Kansas City, MO. Fidelity Security Life Insurance Company brings over 45 years of underwriting experience in the insurance industry since 1969.

Fidelity Security Life Insurance Company has been rated A (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry, For the latest rating, access [www.ambest.com](http://www.ambest.com).

Some provisions benefits, exclusions or limitations listed herein may vary depending on your state of residence.

**Exclusions:** The following benefits are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits): Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing; Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision Materials would next become available; Services or materials provide as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Services rendered after the date an Insured Person ceases to be covered under the policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan; Medical and/or surgical treatment of the eye, eyes or supporting structures; Two pair of glasses in lieu of bifocals; Plano (non-prescription) lenses; non-prescription sunglasses

**Limitations:** Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider, such fees or materials are not covered under the Policy. For Contact Lenses, any remaining balance may be used within the same Benefit Frequency. Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.

**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

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



Policy Nos. VC-108, VC-109, VC-110; Form NOS. M-9142, M-9143, M-9144.

