



Your NVA Vision Benefit Summary

Harrisburg Area Community College

Effective 01/01/2008

Revised 01/01/2018

Group Number# 8092

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider (Reimbursed Amounts)
Examination Once Every 12 Months	Covered 100%	Up to \$32
Lenses Once Every 12 Months <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular 	Standard Glass or Plastic <ul style="list-style-type: none"> ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% 	Standard Glass or Plastic <ul style="list-style-type: none"> ▪ Up to \$25 ▪ Up to \$36 ▪ Up to \$46 ▪ Up to \$72
Frame Once Every 24 Months	Retail Allowance Up to \$100 (20% discount off balance)*	Up to \$45
Contact Lenses Once Every 12 Months Elective Contact Lenses	In lieu of Lenses & Frame <ul style="list-style-type: none"> ▪ Up to \$85 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	In lieu of Lenses & Frame <ul style="list-style-type: none"> ▪ Up to \$85
Fit/Follow-Up Standard Daily Wear Standard Extended Wear Specialty Wear	<ul style="list-style-type: none"> ▪ Covered 100% ▪ Covered 100% ▪ Covered 100% after \$20 copay 	<ul style="list-style-type: none"> ▪ Up to \$20 ▪ Up to \$30 ▪ Up to \$30
Medically Necessary***	<ul style="list-style-type: none"> ▪ Covered 100% 	<ul style="list-style-type: none"> ▪ Up to \$225

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses once every 12 months and a frame once every 24 months or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service. (If you choose a frame, you will not be eligible for contact lenses for 24 months)

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 **8092000001** 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 certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

***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) |
| ▪ \$40 Standard Anti-Reflective | \$30 Polycarbonate (Multi-Focal) |
| ▪ \$20 Glass Photogrey (Single Vision) | \$30 Blended Bifocal (Segment) |
| ▪ \$30 Glass Photogrey (Multi-Focal) | \$55 High Index |
| ▪ \$75 Polarized | \$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; 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 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.

Hearing Discount: Up to 30-60% off retail at participating provider locations through EPIC Hearing.

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
Eye Examination:	Member Cost: 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
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
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.

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

