

Vision Care Benefits

FAST FACTS:

- Vision benefits help reduce what you pay for vision care.
- You are encouraged to use an ophthalmologist or other vision care provider in the NVA network.
- The Plan pays benefits according to a schedule of benefits for each covered service or supply.

The Plan's vision coverage helps you pay for routine eye examinations and contacts or eyeglasses based on a benefit schedule. You receive a vision examination and one pair of lenses once every calendar year and a frame once every two calendar years or contact lenses once every calendar year. The Plan is administered through National Vision Administrators, LLC (NVA), and will pay the NVA allowable charge for covered services, up to the amount shown on the schedule. Any charges above that maximum scheduled allowance or the NVA allowable charge are your responsibility. The schedule indicates the frequency of Plan services.

Contact NVA

You can contact NVA at 800-672-7723 or service@e-nva.com.

Vision Care Fee Schedule

Service	Participating Provider	Non-Participating Provider	Frequency
Eye Examination	Covered 100%	Reimbursed up to \$70	Once per calendar year
Lenses • Single Vision • Bifocal • Trifocal • Lenticular	Standard glass or plastic covered 100%	(Per Lens) • Up to \$30 • Up to \$44 • Up to \$50 • N/A	Once per calendar year
Frame	Retail allowance* up to \$70	Up to \$70	Once every two (2) calendar years
Contact Lenses (in lieu of lenses and frame) Medically necessary***	Up to \$130 retail allowance Covered 100%	Up to \$130 Up to \$150 (Per Lens)	Once per calendar year; elective contact lenses**

* Member is responsible for the difference between the wholesale cost and the plan allowance plus 20%.

** Providers will charge their U&C price less 25% on contact lenses up to allowance amount. Does not include contact lens fitting and follow up fees.

*** Pre-approval from NVA required.

Safety Glasses are available under the plan in and out-of-network for members only. The plan allowance for lenses and frames will be paid for the benefit. The safety glass benefits are in lieu of the lenses and frames. Lens options purchased from a participating NVA provider will be provided to you at the amounts listed in the fixed option pricing list below:

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

Options not listed will be priced by NVA providers at their wholesale price plus 25%.

How the Vision Benefit Works

- When scheduling your appointment, notify the NVA-participating provider that your vision coverage is administered by NVA.
- At the time of your appointment, present your NVA ID card to the provider or indicate clearly that your benefit is administered by NVA. A vision claim form is not required at an NVA participating provider.
- The provider will inform you of your eligibility status prior to rendering services.
- Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

Choice of Providers

You are not limited to certain vision care providers to receive services. You can go to any provider you choose, however, you are encouraged to visit providers in the NVA network. If you visit a non-participating provider, you may be asked to pay for services when you receive them, and you may end up paying more money out of your own pocket. In this case, you must pay the charges, then file a claim for reimbursement from the Plan. Or, the provider may allow you to assign benefits (directing that the Plan pay them directly), and file the claim for you to obtain payment. It depends on the billing procedure the provider uses. For information on filing claims, see page 63.

Excluded Services

In addition to items listed under the Plan's General Exclusions (page 58), vision care benefits are not paid for:

- Prescription drugs or over-the-counter medications
- Non-prescription lenses
- Two pairs 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 Workers' Compensation
- Examination, procedures training or materials not listed as a covered service
- Industrial safety lenses and safety frames with or without side shields (except members—see safety lenses benefit)
- Parts or repair of frame/sunglasses