



## **Vision Care Plan for – Lebanon School District**

**Group/Sponsor Number – 00350185**

**The vision program covers eligible employees. Coverage for dependents (spouses and dependent children) is optional and at the expense of the employee. Open enrollments for dependents will occur prior to each January 1 of even years. (i.e. 2014, 2016, 2018, etc.) Dependents must remain in the program until the next open enrollment period unless they experience a qualifying event. Rates may change upon completion of a 24 month contract with the Lebanon School District and the PSEA Health & Welfare Fund for vision services.**

**Qualifying events include: (1) the individual loses eligibility for coverage under a group health plan or other health insurance coverage (such as an employee and his/her dependents' loss of coverage under the spouse's plan); (2) an individual becomes a new dependent through marriage, birth, adoption, or being placed for adoption; (3) the employee is newly hired; or (4) the employee's employment ends.**

## **General Information**

**National Vision Administrators (NVA) is the Administrator for the vision plan. NVA has a network of participating Ophthalmologists, Optometrists, and Opticians to serve you. Benefits are also available from non-participating providers. This document describes the principal features of the PSEA Health and Welfare Fund Vision Plan. It is not to be considered the contract of benefits and provisions. The PSEA Health and Welfare Plan and Trust are the controlling documents**

## **Where can I obtain services?**

**NVA, the plan administrator, has a network of participating ophthalmologists, optometrists and opticians. A list of the Participating Providers in your area is available through NVA's website at [www.e-nva.com](http://www.e-nva.com) (using the Group/Sponsor Number at the top of this page) or by calling the PSEA Health and Welfare Fund. Benefits are also available from non-participating providers.**

## **How to use your plan**

### **Participating Providers:**

**When making your appointment with a NVA Participating Provider, please provide your name, social security number or identification number, group/sponsor number and the name of the patient. The provider will contact NVA to verify your vision care eligibility. At the time of your first appointment, present your NVA Vision Identification Card—you do not need to obtain a vision claim form. The Participating Provider will inform you of your eligibility status prior to rendering services. To verify benefit eligibility prior to scheduling your eye care appointment, contact NVA's Customer Service Department at 1-800-672-7723 or log into your account at the NVA website [www.e-nva.com](http://www.e-nva.com).**

When the services have been completed, the Participating Provider will have you sign a claim form and it will be sent to NVA for processing and payment. You do not pay anything unless you select something other than what the plan allows. NVA will pay the provider directly for all plan benefits.

### **Non-Participating Providers:**

If you select a non-participating provider, you must pay the provider. Reimbursement will be made directly to you from NVA in accordance with the non-participating provider reimbursement schedule for your group. You must submit an itemized receipt from the doctor and/or optician—including a copy of the doctor's prescription, along with your name, social security number or identification number, patient's name, patient's date of birth, and group number or a photocopy of your NVA Vision Identification Card to the following address:

National Vision Administrators  
P.O. Box 2187  
Clifton, NJ 07015

## **What services are covered?**

Eye examinations, refractive services and post-refractive services are covered.

### **Eye examinations and refractive services include:**

- Case history, testing visual acuity
- External and internal examination of the eyes
- Determination of binocular measurement
- Medication for dilating the pupils and desensitizing the eyes for tonometry
- Tonometry, if indicated
- Summary and finding
- Prescribing of corrective lenses

### **Post-refractive services include:**

- Facial measurement and other specifications needed for ordering lenses
- Frames and contact lenses
- The cost of the glasses or contact lenses
- Adjustment of the glasses or contact lenses

When a participating doctor is used, the examination will be provided at no cost. Lenses and frames will be provided free of charge when the patient stays within the plan guidelines. If contact lenses are selected in lieu of an exam, lenses, and frames, the allowance listed in the summary of benefits section of this document, which includes examination, is made toward the cost of cosmetic contact lenses. Additional exam charges relating to cosmetic contact lenses (those that are not medically necessary) such as fitting fees are not covered.

While the plan is comprehensive, it will not pay for everything (see "What is not covered").

Patients sometimes select lenses or lens characteristics that are not necessary for their visual welfare, but are desired for cosmetic reasons. In such cases, if the patient is using a participating provider they will pay according to the lens option schedule in effect at the time of purchase of lenses. A copy of this schedule is on page 6 of this document.

The plan provides a wide selection of quality frames. Because of the cosmetic nature of frames and rapidly changing styles, there is a limit on the cost of frames provided under the plan. However, because NVA buys frames at wholesale cost, the limit is designed to cover many frames in current use. Patients who select frames that exceed the limit will pay a maximum charge of the actual difference between the wholesale cost and the

maximum allowance plus 20% of the difference. NVA's wholesale pricing provides substantial cost savings to participants.

Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to, anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame, but can be improved to 20/70 or better by the use of contact lenses.

## How often are these services available?

### Vision Examination:

Participant and eligible dependents, 18 years of age or older—once every 24 months. If certification is received from an optometrist or ophthalmologist and approved as to medical necessity then coverage will be - once every 12 months.

Eligible dependent children, under 18 years of age—once every 12 months if performed by an Optometrist or Ophthalmologist.

### Lenses:

Participant and eligible dependents, 18 years of age or older—once every 24 months. If certification is received from an optometrist or ophthalmologist and approved as to medical necessity then coverage will be - once every 12 months.

Eligible dependent children, under 18 years of age—once every 12 months if performed by an Optometrist or Ophthalmologist.

### Frames:

Participant and eligible dependents—once every 24 months, regardless of age.

▶ Payment will not be made for both contact lenses and glasses within a 24-month period ◀

## What is not covered?

Exclusions include, but are not limited to:

- Medical or surgical treatment of the eye
- Drugs or other medication
- Contact lens fitting fees
- Non-prescription lenses including sunglasses
- Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames
- Services covered by Worker's Compensation laws
- Vision services or materials provided by federal, state or local government
- Examinations or materials not listed as a covered service
- Additional exam charges relating to cosmetic contact lenses (such as fitting fees)
- Parts or repair of frames

The following items will be provided at the regular plan allowances with any extra charge billed to the eligible employee:

- Fashion color and coated lenses
- Photochromic lenses, gray or brown, light or dark
- Progressive or no-line multifocals
- Sunglasses requiring a prescription
- Prescription industrial safety lenses
- Safety frames with side shields
- Frames costing more than the plan allowance

## **Who do I call with questions?**

To inquire about eligibility, payment of claim, or a participating provider in your area, call NVA at (800) 672-7723 or visit their website at [www.e-nva.com](http://www.e-nva.com)

If you have any questions regarding your vision care plan, call the PSEA Health and Welfare Fund at (800) 944-7732, extension 7024

**Pennsylvania State Education Association  
HEALTH AND WELFARE FUND  
400 North Third Street, PO Box 1724  
Harrisburg, PA 17105-1724  
(717) 255-7024 • (800) 944-7732**

# Vision Coverage – Summary

If dependent coverage is chosen, the Plan covers dependents up to age 19 and full time students to age 23 with certification of their full time student status.

## Participating Providers

### Service:

Vision Examination (Excluding Exams for Contacts) Covered in Full

Tonometry Covered in Full

Should the patient require vision correction they may choose either frames & lenses or contacts, not both, during the benefit period.

### Glasses:

Frames \$30.00 Wholesale allowance\*

Standard Lenses (pair) single, bi-focal, tri-focal Covered in Full

Non Standard Lenses Allowance Equal to Cost of Standard Lenses

Low Vision Aids Covered in Full (Up to \$250.00)  
(Medically required – includes exam)

### Contact Lenses:

- The contact lenses benefits are provided in place of the benefits relating to eye glass lenses/frames/examination benefits that are listed above.
- Payment will not be made for both contact lenses and glasses within a 24-month period.
- Reimbursement is available only once for any given service in a covered period.
- Contact lenses coverage allowance is used to cover the exam and cost of lenses.

Medically Required Contact Lenses Covered in full (Up to \$250.00)  
(once every 24 months)  
(medically required – see page 3)

Cosmetic Contact Lenses (once every 24 months) Up to \$125.00

**Additional Benefits at Participating Providers; No forms to complete, Discount Pricing on Lens Options (see next page).**

**Other discounts available to NVA Participants include (see separate documents):**

- Contact Fill – Contact mail order service available at your option
- Lasik Discount available

**Lens Options Discount for Participating Providers:**

If you select materials that are not covered under your program, the participating provider may charge the following:

<b>LENS OPTION</b>	<b>Participant Cost (Subject to Change)</b>
<b>UV COATINGS</b>	<b>\$12.00</b>
<b>AR COATINGS STANDARD</b>	<b>\$40.00</b>
<b>POLYCARBONATE SV</b>	<b>\$25.00</b>
<b>POLYCARBONATE BI/TRI</b>	<b>\$30.00</b>
<b>SOLID TINTS SV/BI/TRI</b>	<b>\$10.00</b>
<b>GLASS PHOTOGREY SV</b>	<b>\$20.00</b>
<b>GLASS PHOTOGREY BI/TRI</b>	<b>\$30.00</b>
<b>TRANSITIONS STANDARD SV</b>	<b>\$85.00</b>
<b>TRANSITIONS STANDARD BI/TRI</b>	<b>\$70.00</b>
<b>SCRATCH COATING</b>	<b>\$10.00</b>
<b>BLENDED SEGMENT</b>	<b>\$30.00</b>
<b>FASHION GRADIENT TINTS</b>	<b>\$12.00</b>
<b>POLAROID</b>	<b>\$75.00</b>
<b>HIGH INDEX</b>	<b>\$55.00</b>
<b>PROGRESSIVE STANDARD</b>	<b>\$50.00</b>
<b>PROGRESSIVE PREMIUM</b>	<b>Wholesale+25%</b>
<b>UV - ultra violet; AR - anti-reflective; SV - single vision; BI - bifocal; TRI - trifocal</b>	

**FRAMES OPTION**

**Difference between the wholesale cost and the wholesale allowance plus 20% of the difference (see frame benefit examples on page 7)**

**CONTACT LENS DISCOUNT**

**Participating Provider's Usual Charge less 25%**

# Non-Participating Providers

Should the participant use a non-participating provider, they must pay the provider directly and submit for reimbursement up to the maximum amounts listed below to NVA at the following address:

National Vision Administrators  
P.O. Box 2187  
Clifton, NJ 07015

	Maximum Reimbursement		Maximum Reimbursement
<b><u>Service:</u></b>			
Vision Examination	\$27.00	Tonometry	\$3.00
<b><u>Glasses:</u></b>			
Frames	\$30.00 - Retail Allowance *		
<b>Lenses (pair):</b>			
Single	\$24.00	Tri-focal	\$48.00
BI-focal	\$36.00	Aphakic	\$72.00
Low Vision Aids (Medically required – includes exam)			\$250.00

## Contact Lenses:

- The contact lenses benefits are provided in place of the benefits relating to eye glass lenses/frames/examination that are listed above.
- Payment will not be made for both contact lenses and glasses within a 24-month period.
- Reimbursement is available only once for any given service in a covered period.
- Contact lenses coverage allowance is used to cover the exam and cost of lenses.

	Maximum Reimbursement
Medically Required Contact Lenses (once every 24 months) (medically required – see page 3)	\$250.00
Cosmetic Contact Lenses	\$125.00

\* For Participating Provider the allowance is applied toward the wholesale cost. For Non-Participating Providers allowance is applied toward the retail cost. Refer to Wholesale pricing example on following page.

To find a participating provider use the group/sponsor number at the top of page 1 and visit [www.e-nva.com](http://www.e-nva.com)

# Frame Wholesale Pricing Feature

Pricing may vary depending upon supplier – Generally retail pricing is 2.5 to 3.0 times wholesale pricing -  
Participating Providers are independent contractors

Examples assume providers Frames retail at 2.5 times wholesale

## Example 1: Purchase of Frames that retail for \$100

### Participating Provider

Frame allowance  
\$30.00

#### Benefit Calculation

	Approximate
\$40.00	Wholesale Price
\$30.00	Frame Allowance
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\$10.00	Balance
\$2.00	20% service fee on balance only
	Net out of pocket
	Cost

### Non-Participating Provider

Non-par reimbursement  
\$30.00

#### Benefit Calculation

\$100.00	Retail Price
\$30.00	Frame Allowance
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\$70.00	Balance
	0% service fee
	Net out of pocket
	Cost

*Examples are for comparison only, actual pricing may vary.*

## Example 2: Purchase of eye glasses that retail for \$200

### Participating Provider

Frame allowance  
\$30.00

#### Benefit Calculation

	Approximate
\$80.00	Wholesale Price
\$30.00	Frame Allowance
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\$50.00	Balance
\$10.00	20% service fee on balance only
	Net out of pocket
	Cost

### Non-Participating Provider

Non-par reimbursement  
\$30.00

#### Benefit Calculation

\$200.00	Retail Price
\$30.00	Frame Allowance
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\$170.00	Balance
	0% service fee
	Net out of pocket
	Cost

*Examples are for comparison only, actual pricing may vary.*