



## National Vision Administrators, L.L.C. Member Vision Plans



*Lehigh Valley Business Coalition on Health Care*

### **WELCOME!**

Vision benefits for members of the Lehigh Valley Business Coalition on Health Care are administered by National Vision Administrators, L.L.C. This material has been developed for the specific purpose of helping you understand your program options. It provides the details for options available under our insured plans however this is just a sampling. NVA has many plan designs available and is able to match most existing benefits.

### **HOW THE VISION PROGRAMS WORK**

Under the LVBCHC vision programs administered by National Vision Administrators (NVA), members may obtain vision care services from the provider of their choice. Each plan pays vision care providers on the basis of established allowances and discounts. For services not covered 100%, members are responsible for the difference between the plan payment and the provider's retail charge. The difference is discounted on some services.

***For more information contact Kristy Sheffer, Director of Sales***

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NATIONAL VISION ADMINISTRATORS, L.L.C.

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# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### FIXED RATE INSURED PLAN DESIGN – OPTION 1

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>EXAMINATION</b> Once Every 12 Months	Covered 100%	(Reimbursed Amounts) Up to \$32
<b>CONTACT LENS EVALUATION &amp; FITTING</b> Once Every 12 Months	Covered 100%	Daily Wear: \$20 Extended Wear: \$30
<b>LENSES</b> Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to \$25 Bi-focal Up to \$36 Tri-focal Up to \$46 Lenticular Up to \$72
<b>FRAME</b> Once Every 12 Months	Covered up to \$60 Retail Allowance	Up to \$30
<b>CONTACT LENSES</b> Once Every 12 Months	(In lieu of Lenses/Frame)	(In lieu of Lenses/Frame)
ELECTIVE	Covered up to \$75 Retail Allowance	Up to \$75
MEDICALLY NECESSARY*	Covered 100%	\$225

\*Prior Authorization required from NVA

NOTE: If covered participants choose extra options they are responsible for the additional cost of the options paid directly to the provider



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# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### FIXED RATE INSURED PLAN DESIGN – OPTION 2

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>EXAMINATION</b> Once Every 12 Months	Covered 100%	(Reimbursed Amounts) Up to \$32
<b>CONTACT LENS EVALUATION &amp; FITTING</b> Once Every 12 Months	Covered 100%	Daily Wear: \$20 Extended Wear: \$30
<b>LENSES</b> Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to \$25 Bi-focal Up to \$36 Tri-focal Up to \$46 Lenticular Up to \$72
<b>FRAME</b> Once Every 24 Months	Covered up to \$60 Retail Allowance	Up to \$30
<b>CONTACT LENSES</b> Once Every 12 Months	(In lieu of Lenses/Frame)	(In lieu of Lenses/Frame)
ELECTIVE MEDICALLY NECESSARY*	Covered up to \$75 Retail Allowance Covered 100%	Up to \$75 \$225

\*Prior Authorization required from NVA

NOTE: If covered participants choose extra options they are responsible for the additional cost of the options paid directly to the provider



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# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### FIXED RATE INSURED PLAN DESIGN – OPTION 3

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>EXAMINATION</b> Once Every 24 Months Once Every 12 Months for Children under age 19	Covered 100%	(Reimbursed Amounts) Up to \$32
<b>CONTACT LENS EVALUATION &amp; FITTING</b> Once Every 24 Months Once Every 12 Months for Children under age 19	Covered 100%	Daily Wear: \$20 Extended Wear: \$30
<b>LENSES</b> Once Every 24 Months Once Every 12 Months for Children under age 19	Standard Glass or Plastic Covered 100%	Single Vision Up to \$25 Bi-focal Up to \$36 Tri-focal Up to \$46 Lenticular Up to \$72
<b>FRAME</b> Once Every 24 Months	Covered up to \$60 Retail Allowance	Up to \$30
<b>CONTACT LENSES</b> Once Every 24 Months Once Every 12 Months for Children under age 19  ELECTIVE MEDICALLY NECESSARY*	(In lieu of Lenses/Frame)  Covered up to \$75 Retail Allowance Covered 100%	(In lieu of Lenses/Frame) Up to \$75 \$225

\*Prior Authorization required from NVA

NOTE: If covered participants choose extra options they are responsible for the additional cost of the options paid directly to the provider



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# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### FIXED PRICING ON LENS OPTIONS

LENS OPTIONS	FIXED FEES	LENS OPTIONS	FIXED FEES
UV Coatings	\$12.00	Transitions SV Standard	\$65.00
Standard Anti-Reflective Coatings	\$40.00	Transitions BI/TRI Standard	\$70.00
Polycarbonate SV	\$25.00	Standard Scratch-Resistant Coating	\$10.00
Polycarbonate BI/TRI	\$30.00	Progressives (Standard)	\$50.00
Solid Tints	\$10.00	Blended Segment	\$30.00
Fashion Gradient Tint	\$12.00	Polarized	\$75.00
Glass Photogrey SV	\$20.00	High Index	\$55.00
Glass Photogrey BI/TRI	\$30.00		

Note: Fixed prices do not apply in Wisconsin or at Wal-Mart locations.

### DISCOUNTED SERVICES INCLUDED

<b>MAIL ORDER CONTACT LENS REPLACEMENT PROGRAM</b>	<p>NVA offers a contact lens mail-order replacement program through its subsidiary, Contact Fill, Inc. Contact Fill offers all major brands of contact lenses including:</p> <ul style="list-style-type: none"> <li>• disposable</li> <li>• toric</li> <li>• cosmetic color-enhancing contacts</li> </ul> <p>This additional benefit provides a significant savings and the added convenience of direct delivery at no cost to the plan.</p> <p>Below are four different options for ordering and reordering lenses:</p> <ul style="list-style-type: none"> <li>◆ <b>PHONE:</b> (866) CFI-1EYE (The average phone order takes less than four minutes to complete.)</li> <li>◆ <b>FAX:</b> (866) 589-6969</li> <li>◆ <b>E-MAIL:</b> <a href="mailto:cservices@contactfill.com">cservices@contactfill.com</a></li> <li>◆ <b>MAIL:</b> Contact Fill, Inc. 4909 Louise Drive, Suite 116 Mechanicsburg, PA 17055</li> </ul> <p>A valid prescription is required to dispense contact lenses by mail.</p> <p>NVA's qualified optician will verify a participant's prescription with the provider, for phone and e-mail orders. All orders are shipped in unmarked packages via United Parcel Service or U.S. First Class Mail, and are dispensed from our Mechanicsburg, PA location.</p> <p>To learn more, visit our website at <a href="http://www.contactfill.com">www.contactfill.com</a></p>
<b>LASIK SURGERY</b>	<p>Discounts of up to 43% at participating LASIK Providers</p>
<b>ADDITIONAL DISCOUNTS</b>	<p>20% discount off additional purchases of lenses and frames, or contact lenses (excluding any disposable contact lenses) at time of service.</p>

***Self-Funded (ASO): Almost any plan design can be administered with an administrative fee of \$0.50 pepm Discount Plan Options: OptiVision and OptiVision Plus plans are available with an administrative fee of \$0.45 pepm.***



**Lehigh Valley Business Coalition on Health Care**

# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### NVA EYEESSENTIAL<sup>SM</sup> PLAN DESIGN

SERVICE OR MATERIAL	MEMBER COST
<b>COMPREHENSIVE VISION EXAMINATION (INCLUDING DILATION AS PROFESSIONALLY INDICATED)</b>	Balance after \$10 Discount
<b>LENSES</b>	<b>STANDARD GLASS OR PLASTIC</b>
SINGLE VISION	\$35.00
BIFOCAL	\$55.00
TRIFOCAL	\$70.00
LENTICULAR	\$70.00
<b>LENS OPTIONS</b>	
UV COATING	\$12.00
TINT (SOLID & GRADIENT)	\$12.00
SCRATCH RESISTANT COATING (STANDARD)	\$15.00
POLYCARBONATE (STANDARD)	\$35.00
ANTI-REFLECTIVE COATING (STANDARD)	\$45.00
POLARIZED	\$75.00
TRANSITIONS (STANDARD)	Single Vision - \$65.00 Bifocal & Trifocal – \$70.00
PROGRESSIVE (STANDARD)	\$50.00 + Bifocal/Trifocal Charge
OTHER ADD-ON SERVICES	20% off retail
<b>FRAMES</b>	35% off retail*
<b>CONTACT LENSES</b>	
CONVENTIONAL	15% off retail price
DISPOSABLE	10% off retail price
FITTING AND FOLLOW UP	10% off retail price
<p><b>*ANY ELIGIBLE FRAME AT PROVIDER'S LOCATION</b></p> <p><b>PLEASE NOTE: THE NVA EYEESSENTIAL<sup>SM</sup> IS AN IN-NETWORK BENEFIT ONLY. BENEFIT FREQUENCIES ARE UNLIMITED.</b></p>	



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# *Member Vision Plans Schedule of Benefits*

## *LVBCHC*

### NVA EYEESSENTIAL<sup>SM</sup> PLUS PLAN DESIGN

SERVICE OR MATERIAL	MEMBER COST
<b>COMPREHENSIVE VISION EXAMINATION (INCLUDING DILATION AS PROFESSIONALLY INDICATED)</b> ONCE EVERY 12 MONTHS	<b>Covered 100%</b> <b>After \$10 Copay</b> <b>Covered up to \$35 Out-of-Network</b>
<b>LENSES</b>	<b>STANDARD GLASS OR PLASTIC</b>
SINGLE VISION	\$35.00
BIFOCAL	\$55.00
TRIFOCAL	\$70.00
LENTICULAR	\$70.00
<b>LENS OPTIONS</b>	
UV COATING	\$12.00
TINT (SOLID & GRADIENT)	\$12.00
SCRATCH RESISTANT COATING (STANDARD)	\$15.00
POLYCARBONATE (STANDARD)	\$35.00
ANTI-REFLECTIVE COATING (STANDARD)	\$45.00
POLARIZED	\$75.00
TRANSITIONS (STANDARD)	Single Vision - \$65.00 Bifocal & Trifocal – \$70.00
PROGRESSIVE (STANDARD)	\$50.00 + Bifocal/Trifocal Charge
OTHER ADD-ON SERVICES	20% off retail
<b>FRAMES</b>	35% off retail*
<b>CONTACT LENSES</b>	
CONVENTIONAL	15% off retail price
DISPOSABLE	10% off retail price
FITTING AND FOLLOW UP	10% off retail price
<b>*ANY ELIGIBLE FRAME AT PROVIDER'S LOCATION</b> <b>PLEASE NOTE:</b> THE NVA EYEESSENTIAL <sup>SM</sup> DISCOUNTS ARE AN IN-NETWORK BENEFIT ONLY. BENEFIT FREQUENCIES ARE UNLIMITED EXCLUDING EXAMINATION.	



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