



## **Vision Care Plan for – Shippensburg Area School District**

**Group/Sponsor Number – 00350159**

### **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

### **Benefits under this program are available to:**

The Employee, spouse or domestic partner, and the unmarried child(ren) from date of birth up to 19 years of age, who is/are:

A blood descendant of the first degree, or

A legally adopted child (including a child living with the adopting parents during the probationary period), or

Unmarried children over age 19 may also be eligible:

TO AGE 23 if enrolled as full-time students in an accredited school, college, or university and solely dependent upon the employee for support.

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

### **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

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 5 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.

## **What is not covered?**

Exclusions include, but are not limited to:

- Medical or surgical treatment of the eye
- Drugs or other medication
- 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

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.

## **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**

# Shippensburg Area School District Vision Summary

	Administered by the PSEA Health & Welfare Fund -National Vision Administrators (NVA) Network-	
Vision Benefit Coverage	In-Network	Out-of-Network Reimbursement
<b>Vision Examination</b>	<b>Once every 12 Months for All Participants</b>	
	Covered in Full	Up to \$30
<b>Material Frequency</b>	<b>Frames every 12 months</b>	
<b>Frames</b>	\$30 Wholesale Allowance <i>(approx. \$75 retail)</i>	Up to \$30 Allowance
<b>Lenses</b>	<b>Once every 12 Months for ALL Participants</b>	
- Single (pair)		Up to \$35
- Bifocal (pair)		Up to \$55
- Trifocal (pair)	Covered in Full	Up to \$65
- Lenticular (pair)		Up to \$95
<b>Oversized Lenses</b>	Covered in Full	Not Covered
<b>Progressive Lenses</b>		
- Standard	Not Covered	Not Covered
- Premium	(Discounts Apply)	
<b>Contact Lenses &amp; Fittings</b>	<b>Every 12 months in lieu of eyeglass lenses</b>	
Elective Lenses Allowance	Up to \$100 Retail Allowance (allocated \$70 for contacts \$30 for exam)	
Fitting Fees for Daily Wear Lenses	Not Covered	Not Covered
Fitting Fees for Extended Wear Lenses	Not Covered	Not Covered
Fitting Fees for Specialty Lenses	Not Covered	Not Covered
Medically Required Contact Lenses	Up to \$250	
Low Vision Aids	Up to \$250	
Dependent Coverage Age	To age 19; To age 23 for full-time students.	

## Lens Options Discount for Participating Providers:

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

LENS OPTION	Participant Cost (Subject to Change)
UV COATINGS	\$12.00
AR COATINGS STANDARD	\$40.00
POLYCARBONATE SV	\$25.00
POLYCARBONATE BI/TRI	\$30.00
SOLID TINTS SV/BI/TRI	\$10.00
GLASS PHOTOGREY SV	\$20.00
GLASS PHOTOGREY BI/TRI	\$30.00
TRANSITIONS STANDARD SV	\$65.00
TRANSITIONS STANDARD BI/TRI	\$70.00
SCRATCH COATING	\$10.00
BLENDED SEGMENT	\$30.00
FASHION GRADIENT TINTS	\$12.00
POLAROID	\$75.00
HIGH INDEX	\$55.00
PROGRESSIVE STANDARD	\$50.00
PROGRESSIVE PREMIUM	Wholesale+25%
UV - ultra violet; AR - anti-reflective; SV - single vision; BI - bifocal; TRI - trifocal	

### 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%**

# 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
<u>-\$30.00</u>	Frame Allowance
\$10.00	Balance
+\$2.00	20% service fee on balance only
<b>\$12.00</b>	Net out of pocket Cost

### Non-Participating Provider

Non-par reimbursement  
\$30.00

#### Benefit Calculation

\$100.00	Retail Price
<u>-\$30.00</u>	Frame Allowance
\$70.00	Balance
	0% service fee
<b>\$70.00</b>	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
<u>-\$30.00</u>	Frame Allowance
\$50.00	Balance
+\$10.00	20% service fee on balance only
<b>\$60.00</b>	Net out of pocket Cost

### Non-Participating Provider

Non-par reimbursement  
\$30.00

#### Benefit Calculation

\$200.00	Retail Price
<u>-\$30.00</u>	Frame Allowance
\$170.00	Balance
	0% service fee
<b>\$170.00</b>	Net out of pocket Cost

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