

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
Vision Examination	Once every 12 Months for All Participants	
	Covered in Full	Up to \$30
Material Frequency	Frames every 12 months	
Frames	\$30 Wholesale Allowance <i>(approx. \$75 retail)</i>	Up to \$30 Allowance
Lenses	Once every 12 Months for ALL Participants	
- Single (pair)		Up to \$35
- Bifocal (pair)	Covered in Full	Up to \$55
- Trifocal (pair)		Up to \$65
- Lenticular (pair)		Up to \$95
Oversized Lenses	Covered in Full	Not Covered
Progressive Lenses		
- Standard	Not Covered	Not Covered
- Premium	(Discounts Apply)	
Contact Lenses & Fittings	Every 12 months in lieu of eyeglass lenses	
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.	