

PSEA HEALTH AND WELFARE FUND
VISION PROGRAM
FOR SHIPPENSBURG AREA
SCHOOL DISTRICT

This program is designed to provide eye care benefit savings to Pennsylvania School Districts and to their employees. The vision care benefit will include the services of ophthalmologists, optometrists and opticians. The services and materials provided by the participating provider under the plan will be at no cost to the subscriber or eligible dependents as long as the patient stays within the plan guidelines.

While this proposal describes the principal features of the PSEA Health and Welfare Fund Vision Plan, it is not the contract of benefits and provisions. The PSEA Health and Welfare Plan and Trust documents 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

A child who is financially dependent on the Employee for one-half or more of his support provided the employee is related to the child by blood, marriage, domestic partnership, or is the child's legal guardian.

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.

COVERED BENEFITS

Vision Examination

Examination of the eyes to determine the need for correction of visual acuity to include but not limited to case history, testing for visual acuity, external examination of the eye, binocular measure, ophthalmoscopic examination, medication of dilating the pupils desensitizing the eyes for tonometry, if needed, summary and findings, and prescribing corrective lenses as needed.

Tonometry

Test performed to aid in detection of Glaucoma.

Lenses

Ophthalmic corrective lenses, either glass or plastic, ground or molded, as prescribed by an Ophthalmologist or Optometrist to be fitted into a frame. Lenses must meet the Z80.1 or Z80.2 standards of the American Standards Institute and meet or exceed FDA standards for impact resistance lenses.

Frames

Standard eyeglass frames into which two lenses are fitted.

Contact Lenses

An ophthalmic corrective lens, plastic or glass, ground or molded, hard or soft, as prescribed by an Ophthalmologist or Optometrist to be fitted directly to the patient's eye. Contact Lenses are those which your doctor certifies as to their medical necessity. 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. Cosmetic contact lenses are those which the patient elects to utilize and are not medically required.

Low Vision Aids

Devices (optical or non-optical) used to assist a person who has low vision problems if your doctor certifies as to their medical necessity.

SCHEDULE OF BENEFITS

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 up to \$250.00
(Medically required – includes exam)

If the patient selects a participating provider, payment will be made directly to the provider and the examination will be at no cost to the patient. Lenses and frames will also be provided without cost to the patient as long as the patient stays within the program guidelines.

**The plan provides a wide selection of quality frames. Because of the cosmetic nature of frames and rapidly changing styles, we place 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 the majority of frames in current use. Patients who select frames that exceed the limit will pay the maximum charge of the actual difference between the wholesale cost and the maximum allowance plus 20% of the difference.*

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 (once every 24 months) Up to \$350.00
(Medically required)

Cosmetic Contact Lenses (once every 24 months) Up to \$100.00

Additional Discounts available to NVA Participants:

Contact Fill – Contact mail order service available at your option (see separate document)
Lasik Discount available (see separate document)

Additional Benefits at Participating Providers:

No forms to complete
Discount Pricing on Lens Options (see schedule below)

Lens Options Discount for Participating Providers:

While the plan is comprehensive, it will not pay for everything (see exclusions and limitations). Patients sometimes select lenses or lens characteristics that are not necessary for their visual welfare, but are desired for cosmetic reasons. In such cases, the patient will pay according to the lens option schedule in effect at the time of purchase of lenses when selecting a participating provider.

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	

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

	Max Reimbursement		Max Reimbursement
<u>Service:</u>			
Vision Examination	\$27.00	Tonometry	\$3.00
<u>Glasses:</u>			
Frames	\$30.00 - Retail Allowance**		
Lenses (pair):			
Single	\$24.00	Tri-focal	\$46.00
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 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.

Max Reimbursement

Contact Lenses (once every 24 months) (Medically required)	\$350.00
Cosmetic Contact Lenses	\$100.00

*** For Participating Providers the allowance is applied toward the wholesale cost. For Non-Participating Providers allowance is applied toward the retail cost.*

LIMITATIONS

The benefits payable are subject to the following limitations:

One vision examination and one pair of glasses (frames and lenses) may be obtained every 24-months; however,

- Covered dependents under age 18 shall be entitled to a vision examination and a change in lenses once every 12 months, if prescribed by an optometrist or an ophthalmologist; and
- All participants age 18 and over shall be entitled to the same consideration as covered dependents under age 18, provided, a certification is received from an ophthalmologist or physician certifying the medical necessity for the examination or change in lenses.

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

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

- Fashion color or coated lenses (limited to the allowance for clear lenses)
- Photochromic lenses, gray or brown, light or dark (limited to the allowance for clear lenses)
- Progressive or no-line multifocal lenses (limited to the allowance for lined multifocal lenses)
- Sunglasses requiring a prescription (limited to the allowance for clear lenses)
- Industrial safety lenses requiring a prescription (limited to the allowance for clear lenses)
- Safety frames with side shields (limited to the allowance for frames)

EXCLUSIONS

No payment will be made for the following services and materials:

Medical or surgical treatment of the eyes.

Drugs or other medication.

Any lenses which do not require a prescription, such as nonprescription sunglasses.

Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames.

Services or materials 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.

Parts or repair of frames.