

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

**These responses are provided by MCHCP to questions received from potential bidders for the 2024 Vision RFP.**

Question	Response
1 Please confirm you consider Puerto Rico to be onshore, since technically it is a US territory.	MCHCP does not consider Puerto Rico to be onshore for this contract. Please detail what obligations under the contract are provided in Puerto Rico on Exhibit A-3 Proposed Bidder Modifications for evaluation whether an exception could be granted.
2 Please provide us with current enrollment counts by tier by plan.	Please see attached document.
3 Please provide clarification with regard to what Attachment 6 (Vision claim file layout) is referring to.	Attachment 6 is a sample claim file layout that represents the fields that should be included on the monthly claim file to be sent to MCHCP's data warehouse contractor, Merative. See Exhibit B (Scope of Work), Section B4.2 for additional information on this requirement. Question 6.4 of the Vision Questionnaire asks for the bidder's experience in providing this type of data.
4 Please confirm that MCHCP incurs \$0 claim costs for all progressive lenses. If not, what is the base cost incurred for progressives?	<p>For all progressive lenses, NVA reimburses the provider up to the trifocal amount (\$52) and the member then pays either a copayment or a discounted amount based on the plan they are enrolled. Progressive lens information is included below &amp; on the attached benefit summaries.</p> <p><u>Basic Plan</u></p> <p>Progressives Tier 1 (Standard) \$50 discounted fee  Progressives Tier 2 (Standard) \$80 discounted fee  Progressives Tier 3 (Premium) \$100 discounted fee  Progressives Tier 4 (Premium) \$120 discounted fee  Progressives Tier 5 (Ultra) \$140 discounted fee  Progressives Tier 6 (Ultra) \$165 discounted fee  Progressives Tier 7 (Ultra) \$190 discounted fee  Progressives Tier 8 (Ultra) 20% discount off R&amp;C</p> <p><u>Premium Plan</u></p> <p>Progressives Tier 1 (Standard) Covered 100% after \$50 copayment  Progressives Tier 2 (Standard) \$80 discounted fee  Progressives Tier 3 (Premium) \$100 discounted fee  Progressives Tier 4 (Premium) \$120 discounted fee  Progressives Tier 5 (Ultra) \$140 discounted fee  Progressives Tier 6 (Ultra) \$165 discounted fee  Progressives Tier 7 (Ultra) \$190 discounted fee  Progressives Tier 8 (Ultra) 20% discount off R&amp;C</p>

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

<b>Question</b>	<b>Response</b>
5 Exhibit A-3 Bidder's Proposed Modifications asks us to clearly identify by subsection number any exceptions to the Request for Proposal (RFP) provisions and include an explanation as to why the bidder cannot comply with the specific provision. Are we to identify all RFP exceptions on this form or only those that apply to the Mandatory Contract Provisions?	All requested modifications by the bidder should be outlined in Exhibit A-3.
6 Please provide the Vision Certificate/SPD, with a full description of coverages, exclusions, limitations, etc.	Please see attached.
7 Please provide utilization for progressives Tiers 1-8.	This benefit was first implemented Jan. 1, 2023; therefore, there has been limited utilization to date.
8 Please provide an indicator in the eligibles and/or enrollees file that identifies the plan design (basic/premium) that the member is tied to.	An updated Attachment 3 that includes the vision plan of the member has been made available to all potential bidders that have submitted a completed Exhibit A-2 Limited Data Use Agreement.
9 In order to consider providing a quote in a multi-carrier scenario, we need to know the following: a. Is it the intent of MCHCP to have each carrier offer dual options, or would one carrier offer the basic plan and one carrier offer the premium plan? b. If each carrier is to offer a dual choice plan, is MCHCP open to allowing one of the carriers to offer plans not requested (or plans that include enhancements), rather than adhering to the requested plan designs?	Each contractor would offer both plan designs. If the bidder would like to propose alternative options, MCHCP would like to hear from the bidder what the proposed offering would be. Please provide an explanation of the offering proposed along with proposed rates. However, please be aware that MCHCP retains the right to reject the proposed alternative option.
10 The following comment appears in the experience: "Incurred claims include a reserve IBNR (Incurred but not Reported)." Are the monthly claims shown on a paid basis or an incurred basis? If incurred with IBNR adjustment, is it possible to obtain monthly claims on a paid basis?	The monthly claims for 2022 are shown on an incurred basis since there were claims from the second half of last year that had not been submitted. Monthly claims on a paid basis will not be provided.

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

<b>Question</b>	<b>Response</b>
<p>11 Have there been any plan changes in the last few years?</p>	<p>1/1/2022- Polycarbonates not reimbursed OON (basic &amp; premium plan); Standard AR Coating and Progressives not reimbursed OON (premium plan); Provide the following fixed discount pricing: 1) Blue light blocker discounts to network retail prices: a)Standard – up to \$40 or 20% off (whichever is less); b) Premium – up to \$60 or 20% off (whichever is less); c) Ultra – up to \$150 or 20% (whichever is less) 2) Retinal Imaging: \$39</p> <p>1/1/2023- Underwriter Change – moved from NGL to FSL; modified lens options INN (basic)</p> <p>i. Progressive tiers was \$50/\$100 now Tiers 1-8 – Modified and still covering Standard Progressives Tier 1 100% after a \$50 copayment in Premium Plan. We never covered Premium Progressives within the benefit and it was always a set discounted fee. Progressive Tiers 2-8 are set up with discounted fees.</p> <p>ii. AR Coating tiers was \$40 now Tiers 1-5 - Modified and still covering Standard AR Coating Tier 1 100% after a \$30 copayment in Premium Plan. AR Coating Tiers 2-5 are set up with discounted fees; Low Vision Aids Testing reimbursed up to \$200 OON (Basic &amp; premium); Low Vision Aids reimbursed up to \$500 OON (Basic &amp; Premium); Enhancements to non-par benefits as follows:</p> <p>a. Polycarbonate lenses for under age 18 – member reimbursement would be up to \$10 on both the Standard and Premium plans</p> <p>b. Standard AR Coating – member contribution would be up to \$20 on the Premium plan</p> <p>c. Standard Progressives – member contribution would be up to \$25 on the Premium plan</p>
<p>12 Are there currently separate rates for active and retired employees, and for different plans?</p>	<p>Yes. Please see Page 3 of the Introduction and Instructions document for active employee and retiree rates by plan.</p>

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

Question	Response
<p>13 Have there been any plan changes form 1-1-21 to date? If so, please provide details and effective dates of change.</p>	<p>1/1/2022- Polycarbonates not reimbursed OON (basic &amp; premium plan); Standard AR Coating and Progressives not reimbursed OON (premium plan); Provide the following fixed discount pricing: 1) Blue light blocker discounts to network retail prices: a)Standard – up to \$40 or 20% off (whichever is less); b) Premium – up to \$60 or 20% off (whichever is less); c) Ultra – up to \$150 or 20% (whichever is less) 2) Retinal Imaging: \$39</p> <p>1/1/2023- Underwriter Change – moved from NGL to FSL; modified lens options INN (basic)</p> <p>i. Progressive tiers was \$50/\$100 now Tiers 1-8 – Modified and still covering Standard Progressives Tier 1 100% after a \$50 copayment in Premium Plan. We never covered Premium Progressives within the benefit and it was always a set discounted fee. Progressive Tiers 2-8 are set up with discounted fees.</p> <p>ii. AR Coating tiers was \$40 now Tiers 1-5 - Modified and still covering Standard AR Coating Tier 1 100% after a \$30 copayment in Premium Plan. AR Coating Tiers 2-5 are set up with discounted fees; Low Vision Aids Testing reimbursed up to \$200 OON (Basic &amp; premium); Low Vision Aids reimbursed up to \$500 OON (Basic &amp; Premium); Enhancements to non-par benefits as follows:</p> <p>a. Polycarbonate lenses for under age 18 – member reimbursement would be up to \$10 on both the Standard and Premium plans</p> <p>b. Standard AR Coating – member contribution would be up to \$20 on the Premium plan</p> <p>c. Standard Progressives – member contribution would be up to \$25 on the Premium plan</p>
<p>14 Please describe in detail what services are required to be onshore (e.g., claims processing, member touchpoints, customer touchpoints, provider touchpoints, IT services, other).</p>	<p>The requirements described in the RFP are required to be onshore.</p>
<p>15 Please provide the current performance guarantees.</p>	<p>Please see attached.</p>
<p>16 Please confirm current and proposed rates exclude commissions.</p>	<p>Confirmed.</p>
<p>17 Please confirm Willis Towers Watson is BOR on the case.</p>	<p>MCHCP does not have a broker of record for this procurement.</p>
<p>18 Please confirm the current benefit administration method.</p>	<p>MCHCP maintains an enrollment system for employees and retirees to select the vision plan. Plan selections are then sent to the Contractor through an eligibility file as described in the RFP.</p>

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

<b>Question</b>	<b>Response</b>
19 The vision enrollment file does not indicate whether the member is currently enrolled in the Basic or Premium plan. Can this be added to the file, or can you please provide the enrollment counts by tier (MI, MS, MC, MF) for each plan?	An updated Attachment 3 that includes the vision plan of the member has been made available to all potential bidders that have submitted a completed Exhibit A-2 Limited Data Use Agreement.
20 If MCHCP chooses to award multiple contracts, will both companies be offering both plan designs selected? For example, will both companies be able to offer the Basic and Premium plan designs.	Each contractor would offer both plan designs. If the bidder would like to propose alternative options, MCHCP would like to hear from the bidder what the proposed offering would be. Please provide an explanation of the offering proposed along with proposed rates. However, please be aware that MCHCP retains the right to reject the proposed alternative option.
21 During open enrollment will each employee/retiree be required to actively select their carrier and plan choice (i.e. no default option)?	The Board of Trustees has not yet made a decision regarding passive versus active enrollment.
22 What will the opportunity be to communicate with prospective enrollees?	The opportunity for marketing will be negotiated after contract award.

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

Question	Response
<p>23 Has MCHCP made any plan changes to either of the vision plans in the last few years and if so, can you outline the changes made and the year the change was implemented?</p>	<p>1/1/2022- Polycarbonates not reimbursed OON (basic &amp; premium plan); Standard AR Coating and Progressives not reimbursed OON (premium plan); Provide the following fixed discount pricing: 1) Blue light blocker discounts to network retail prices: a)Standard – up to \$40 or 20% off (whichever is less); b) Premium – up to \$60 or 20% off (whichever is less); c) Ultra – up to \$150 or 20% (whichever is less) 2) Retinal Imaging: \$39</p> <p>1/1/2023- Underwriter Change – moved from NGL to FSL; modified lens options INN (basic)</p> <p>i. Progressive tiers was \$50/\$100 now Tiers 1-8 – Modified and still covering Standard Progressives Tier 1 100% after a \$50 copayment in Premium Plan. We never covered Premium Progressives within the benefit and it was always a set discounted fee. Progressive Tiers 2-8 are set up with discounted fees.</p> <p>ii. AR Coating tiers was \$40 now Tiers 1-5 - Modified and still covering Standard AR Coating Tier 1 100% after a \$30 copayment in Premium Plan. AR Coating Tiers 2-5 are set up with discounted fees; Low Vision Aids Testing reimbursed up to \$200 OON (Basic &amp; premium); Low Vision Aids reimbursed up to \$500 OON (Basic &amp; Premium); Enhancements to non-par benefits as follows:</p> <p>a. Polycarbonate lenses for under age 18 – member reimbursement would be up to \$10 on both the Standard and Premium plans</p> <p>b. Standard AR Coating – member contribution would be up to \$20 on the Premium plan</p> <p>c. Standard Progressives – member contribution would be up to \$25 on the Premium plan</p>
<p>24 The vision experience file shows Vision Claims Paid. There is also a note that Incurred Claims include a reserve IBNR (incurred but not reported). The report doesn't show Incurred Claims, it shows Paid Claims. Can you please confirm that the Paid Claims do not include IBNR? If the paid claims do include IBNR, can we get a report that shows just Paid Claims?</p>	<p>The data provided on the first tab of Attachment 5 includes IBNR for 2022 claims. Tabs 2 and 3 are paid claims without IBNR.</p>
<p>25 Would it be possible for you to provide the vision claims experience for 2019 and 2020?</p>	<p>Claims experience for 2019 and 2020 will not be provided.</p>
<p>26 Is there currently fully insured coverage for Premium Progressive lenses or is it just a part of the discount program?</p>	<p>All Premium Progressive Lenses, NVA reimburses the provider up to the trifocal amount (\$52) and the member then pays either a copayment or a discounted amount based on the plan they are enrolled in (Basic or Premium).</p>

**Missouri Consolidated Health Care Plan  
Responses to Vendor Questions  
2024 Vision RFP  
March 17, 2023**

<b>Question</b>	<b>Response</b>
27 If there are any plan deviations between the current plans and the plans being quoted, should this be reported in Exhibit A-3? If not, how should this be noted?	Yes, any changes in the plans quoted should be requested in Exhibit A-3.
28 We noticed that there is a question in the Dental RFP (9.1) that asks: Is the proposed network(s) provided by the bidder or through a partnership arrangement? This is not asked on the Vision RFP. Was it your intent to include it? Will you be adding it to the RFP questionnaire?	The question will be included in follow-up questions issued to the bidders.

**Missouri Consolidated Health Care Plan  
 Vision Subscriber Enrollment  
 March, 2023**

	Basic Plan	Premium Plan
<b>Active Employees</b>		
Employee Only	5,058	11,197
Employee and Spouse	1,019	3,194
Employee and Child(ren)	1,593	4,103
Employee, Spouse and Child(ren)	<u>1,274</u>	<u>3,234</u>
Subtotal	8,944	21,728
<b>Retirees</b>		
Retiree Only	1,584	4,076
Retiree and Spouse	825	2,213
Retiree and Child(ren)	78	199
Retiree, Spouse and Child(ren)	<u>100</u>	<u>193</u>
Subtotal	2,587	6,681
Total	11,531	28,409



## NVA Performance Guarantees

Performance Guarantee	Standard	Guarantee	Measurement Process	Minimum Amt at Risk	Maximum Dollar Amt at Risk
Account Management - Satisfaction. The following category will be measured and reported on Implementation and annually beginning January, 2019.	Contractor guarantees MCHCP's satisfaction with account management services	Satisfactory or better	NVA will jointly develop and maintain an Account Management report card with MCHCP which will be completed by designated MCHCP representatives. The first report card will be available one month after implementation and annually thereafter. NVA will achieve an average score of 3 or higher each quarter. ☐	\$2,000 plus \$0.10 PEPM	15000.00
Account Management - Responsiveness. The following category will be reported and measured quarterly beginning January, 2019.	Timely issues resolution by the account management team (e.g. issues resolvable by account management are acknowledged and responded to within 8 business hours and closed within a reasonable period of time)	Acknowledgement and response within 8 business hours	NVA will track all MCHCP issues in terms of time notice was received, resolution time and subject. This statistic will be included within the quarterly report card. Tracking logs can be provided to MCHCP upon request. ☐	For each incident not acknowledged within 8 business hours, \$500 plus \$0.10 PEPM	10000.00
Member Service - Average response time. The following category will be measured and reported quarterly beginning January, 2019.	Average number of seconds for call to be answered by a live customer service representative	25 seconds or less	Initially, all incoming calls to NVA's call center will be answered with a customized MCHCP greeting by our IVR system. Callers can select to use automated options or to speak to a customer service representative 24/7/365. Our phone system monitors the time from when a member chooses to speak to a live representative and when that call is answered by a representative. ☐	For each full second above standard, \$2,000 plus \$0.10 PEPM	10000.00

Performance Guarantee	Standard	Guarantee	Measurement Process	Minimum Amt at Risk	Maximum Dollar Amt at Risk
Member Service - Average abandonment rate. The following category will be measured and reported quarterly beginning January, 2019.	Percent of calls abandoned	< 3%	Abandonment rate of 3% or less will be monitored by our phone system (excluding calls terminated by the caller in less than 15 seconds). This statistic is tracked daily on our phone system, and results will be included within the quarterly report card.☒	For each full percentage point above standard, \$2,000 plus \$0.10 PEPM	10000.00
Member Service - Response to members' written inquiries. The following category will be measured and reported quarterly beginning January, 2019.	Average number of days within which written inquiries from members will be responded to	5 business days or less	NVA will track and file all written inquiries from MCHCP members. Tracking will include the date of receipt, date of resolution and date of response. Tracking logs will be available to MCHCP on a quarterly basis.☒	For each business day above standard, \$500 plus \$0.10 PEPM	10000.00
Eligibility - Timeliness of Installations. The following category will be measured and reported quarterly beginning in January, 2019.	Electronic eligibility files will be installed and eligibility status will be effective within an average of 24 hours of receipt.	95% within 24 hours	NVA will track the number of electronic eligibility files received each quarter along with average number of hours to be installed and eligibility status to be effective. These statistics will be included within the quarterly report card.☒	For each full hour beyond 24 hours, \$500 plus \$0.10 PEPM	10000.00
Eligibility - Accuracy of Installations. The following category will be reported and measured quarterly beginning January, 2019.	Electronic eligibility records loaded with 100% accuracy. This standard is contingent upon receipt of clean eligibility data delivered in an agreed upon format.	100%	NVA will track the number of electronic eligibility files received each quarter along with average number of hours to be installed and eligibility status to be effective. These statistics will be included within the quarterly report card.☒	For each full percentage point below standard, \$2,000 plus \$0.10 PEPM	10000.00
ID Card Distribution (if applicable) - Initial/New Contract Year Distribution. The following category will be measured on implementation and each subsequent year.	ID cards mailed no later than one week prior to effective date of each year	100 percent of all ID cards mailed one week prior to effective date	After electronic eligibility file is received, it will be tested; as long as data is clean, it will be loaded into our system. ID cards will generate and be printed. ID cards will be replaced in member packets and mailed out 5 business days prior to the effective date. ☒	For each day after stated deadline, \$500 plus \$0.10 PEPM	15000.00

Performance Guarantee	Standard	Guarantee	Measurement Process	Minimum Amt at Risk	Maximum Dollar Amt at Risk
ID Card Distribution - Ongoing (if applicable). The following category will be reported and measured quarterly beginning January, 2019.	ID cards mailed within 10 business days of receipt of eligibility data (for monthly changes) or request for replacement card	100 percent of all ID cards mailed within 10 business days of receipt of eligibility file or request	All electronic eligibility files will be date stamped on the date received. NVA will also track card production and mailing times for all MCHCP ID cards produced from monthly change files for individual requests. On a quarterly basis, NVA will report the time elapsed between ID card requests/monthly change files and ID card production and mailing.	For each day beyond the 10th business day, \$500 plus \$0.10 PEPM	15000.00
Reporting - The following categories will be reported and measured quarterly beginning January, 2019. Penalties will be applied for each month the contractor fails to meet these standards.	Claim file must be submitted to MCHCP's data vendor no later than 15th of the month for prior month's services	100%	MCHCP's data vendor will report to MCHCP	For each incident, \$2,000 plus \$0.10 PEPM	10000.00
	Claim file must be submitted to MCHCP's data vendor in proper format on first submission of the month	100%	MCHCP's data vendor will report to MCHCP	For each incident, \$2,000 plus \$0.10 PEPM	10000.00
	Data submission to MCHCP's data vendor must include 100 percent of all required financial fields	100%	MCHCP's data vendor will report to MCHCP	For each incident, \$2,000 plus \$0.10 PEPM	10000.00
	Data submission to MCHCP's data vendor must include all required key fields (subscriber SSN, member DOB, and member gender)	100%	MCHCP's data vendor will report to MCHCP	For each incident, \$2,000 plus \$0.10 PEPM	10000.00
	Data submission to MCHCP's data vendor must include all required key fields (diagnostic coding, provider type, provider ID, etc.)	100%	MCHCP's data vendor will report to MCHCP	For each incident, \$2,000 plus \$0.10 PEPM	10000.00
Reporting - The following categories will be measured and reported quarterly beginning January 1, 2019.	Standard quarterly reporting must be submitted to MCHCP in the agreed upon format and within 30 days of end of quarter.	Due within 30 days of end of quarter	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$2,000 plus \$0.10 PEPM	10000.00

Performance Guarantee	Standard	Guarantee	Measurement Process	Minimum Amt at Risk	Maximum Dollar Amt at Risk
	Customer service reporting must be submitted to MCHCP in the agreed upon format and within 30 days of end of quarter.	Due within 30 days of end of quarter	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$2,000 plus \$0.10 PEPM	10000.00
	Standard annual reporting must be submitted to MCHCP in the agreed upon format and within 60 days of end of the calendar year.	Due within 60 days of end of calendar year	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$2,000 plus \$0.10 PEPM	10000.00
Monthly eligibility audit file - The following category will be measured and reported quarterly beginning January, 2019. Penalties will be applied for each month the contractor fails to meet this standard.	Eligibility audit file must be provided on the second Thursday of each month in the agreed upon format	Audit file available by the second Thursday of each month	MCHCP will determine acceptability of file	For each day file was not transmitted on time, \$2,000 plus \$0.10 PEPM	10000.00
Claims financial accuracy - The following category will be measured and reported quarterly beginning January, 2019.	Percentage of claims processed free of financial error	>= 99%	NVA will audit a representative sample of MCHCP claims annually as agreed upon with MCHCP. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	10000.00
Claims processing accuracy - The following category will be measured and reported quarterly beginning January, 2019.	Percentage of claims processed correctly	>= 99%	NVA will audit a representative sample of MCHCP claims annually as agreed upon with MCHCP. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	10000.00
Claim turnaround time - Network providers - The following category will be measured and reported quarterly beginning January, 2019.	Percent of claims from network providers processed within 5 days	>= 95%	NVA will track percentage on a quarterly basis. This statistic will be included within the quarterly report card. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	10000.00
Claim turnaround time - Out of Network providers - The following category will be measured and reported quarterly beginning January, 2019.	Percent of claims from non-network providers processed within 5 days	>= 95%	NVA will track percentage on a quarterly basis. This statistic will be included within the quarterly report card. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	10000.00
Network retention rate - The following category will be measured and reported annually beginning January, 2019.	Network provider retention rate (based on voluntary turnover)	>= 98%	NVA will track and report the MCHCP provider network voluntary retention rate on an annual basis. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	10000.00

Performance Guarantee	Standard	Guarantee	Measurement Process	Minimum Amt at Risk	Maximum Dollar Amt at Risk
Overall Satisfaction with contractor - The following category will be measured and reported quarterly beginning January, 2019.	Percent of members rating contractor satisfactory or better	95%	Survey, in form acceptable to MCHCP and NVA, will be conducted by NVA on a monthly basis from an agreed upon sample of MCHCP members who have used their vision benefit in-network. Quarterly results will be included within the following quarterly report card. ☐	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	15000.00



Your NVA Vision Benefit Summary



Effective 01/01/2014  
Revised 01/01/2023

Group Number# 8490

Schedule of Vision Benefits (Basic)

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination <sup>Ⓛ</sup> Once Every Calendar Year	<ul style="list-style-type: none"> <li>Covered 100% After \$10 copay</li> </ul>	Reimbursed Amount <ul style="list-style-type: none"> <li>Up to \$45</li> </ul>
Lenses Once Every Calendar Year	Standard Glass or Plastic	
<ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonates (under age 18)</li> </ul>	<ul style="list-style-type: none"> <li>Covered 100% After \$25 copay</li> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$65</li> <li>Up to \$100</li> <li>Up to \$10</li> </ul>
Frame Under 18 Once Every Calendar Year Age 18 & over Once Every Two Calendar Years	Retail Allowance <ul style="list-style-type: none"> <li>Up to \$125<sup>Ⓜ</sup> (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$70</li> </ul>
Contact Lenses Once Every Calendar Year	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> <li>Up to \$125 Retail<sup>Ⓜ</sup> (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$105</li> </ul>
Fit/Follow-Up*** Standard Daily Wear	<ul style="list-style-type: none"> <li>Covered 100% after \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$20</li> </ul>
Standard Extended Wear	<ul style="list-style-type: none"> <li>Covered 100% after \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
Specialty Wear	<ul style="list-style-type: none"> <li>Covered 100% after \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
Medically Necessary****	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$210</li> </ul>
Low Vision Aids**** Low Vision Aids Testing Twice Every Two Calendar Years	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$200</li> </ul>
Low Vision Aids Once Every Two Calendar years	<ul style="list-style-type: none"> <li>75% of amount up to \$1000</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$500</li> </ul>

How Your Vision Care Program Works

Eligible dependents under age 18 are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year. Eligible members and dependents age 18 & over are entitled to receive a vision examination and one (1) pair of lenses once every calendar year and a frame once every two calendar years or contact lenses and contact lens evaluation/fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider. Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at [www.e-nva.com](http://www.e-nva.com) or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 8490000101 or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. \*\*Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers. \*\*\*Only covered if you choose Contact Lenses. \*\*\*\*Pre-approval from NVA required.

<sup>Ⓛ</sup>Children under age 18 are eligible for two examinations during the benefit period.

<sup>Ⓜ</sup> Frames up to \$55 EDLP price point at Wal-Mart/Sam's Club locations.

<sup>Ⓜ</sup> Contact Lenses up to \$92 EDLP price point at Wal-Mart/Sam's Club locations.

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- \$75 Polarized
- \$30 Blended Bifocal (Segment)
- \$40 Blue Light Blocker (Standard)
- \$60 Blue Light Blocker (Premium)
- \$150 Blue Light Blocker (Ultra)
- \$12 Fashion Gradient
- \$20 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \$55 High Index
- \$12 Ultraviolet Coating
- \$25 Polycarbonate (Single Vision) 18 & over
- \$30 Polycarbonate (Multi-Focal) 18 & over
- \$10 Scratch-Resistant Coating (Standard)
- \$65 Transitions Single Vision (Standard)
- \$70 Transitions Multi-Focal (Standard)
- \$10 Solid Tint
- \$40 AR Coating – Tier 1
- \$50 AR Coating – Tier 2
- \$65 AR Coating – Tier 3
- \$80 AR Coating – Tier 4
- 20% discount AR Coating – Tier 5
- \$50 Progressive Tier -1
- \$80 Progressive – Tier 2
- \$100 Progressive – Tier 3
- \$120 Progressive – Tier 4
- \$140 Progressive – Tier 5
- \$165 Progressive – Tier 6
- \$190 Progressive – Tier 7
- 20% discount Progressive – Tier 8
- \$39 Retinal Screening





# Get a Better View

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants:

-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent

-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Low Vision Aids:** Low Vision means acuity or visual field loss that cannot be corrected with regular Eyeglass Lenses. Low Vision Testing means the evaluation, diagnosis and prescription of Low Vision Aids by an Optometrist or Ophthalmologist who specializes in Low Vision rehabilitation. Low Vision Testing does not include orthoptics or vision training. Low Vision Aids means supplemental aids that are prescribed as a result of Low Vision Testing. Low Vision Aids include, but are not limited to, reading telescopes, closed circuit TV reading systems, magnifiers, and biopic eyewear. Conventional glasses or contacts are not considered Low Vision Aids.

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses
<b>Contact Lens Fitting:</b>	Retail Less 10%	\$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Lenses:</b> Single Vision Bifocal Trifocal or Lenticular	Glass or Plastic \$35.00 \$55.00 \$70.00	
<b>Frame:</b>	Retail Less 35%	
<b>Contact Lenses*:</b> Conventional Disposable	<b>Member Cost:</b> Retail Less 15% Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

Wal-Mart / Sam's Club stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

## At NVA, We Work Only for Our Clients.

The proposed vision insurance program is insured through Fidelity Security Life Insurance Company (FSL) Kansas City, MO. Fidelity Security Life Insurance Company brings over 45 years of underwriting experience in the insurance industry since 1969.

Fidelity Security Life Insurance Company has been rated A (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access [www.ambest.com](http://www.ambest.com).

Some provisions benefits, exclusions or limitations listed herein may vary depending on your state of residence.

**Exclusions:** The following benefits are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits): Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing; Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision Materials would next become available; Services or materials provide as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Services rendered after the date an insured Person ceases to be covered under the policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan; Medical and/or surgical treatment of the eye, eyes or supporting structures; Two pair of glasses in lieu of bifocals; Plano (non-prescription) lenses; non-prescription sunglasses

**Limitations:** Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider, such fees or materials are not covered under the Policy. For Contact Lenses, any remaining balance may be used within the same Benefit Frequency. Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.

**National Vision Administrators, L.L.C.** □ PO Box 2187 □ Clifton, NJ 07015

**Web:** [www.e-nva.com](http://www.e-nva.com) □ **Toll-Free:** 1.800.672.7723

**NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.**

*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*





Your NVA Vision Benefit Summary



Effective 01/01/2014  
Revised 01/01/2023

Group Number# 8490

Schedule of Vision Benefits (Premium)

Benefit Frequency	Participating Provider	Non-Participating Provider
<b>Examination<sup>①</sup></b> Once Every Calendar Year	<ul style="list-style-type: none"> <li>Covered 100% After \$10 copay</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$45</li> </ul>
<b>Lenses</b> Once Every Calendar Year <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonates (under age 18)</li> <li>AR Coating – Tier 1</li> <li>Progressives – Tier 1</li> </ul>	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100% After \$25 copay</li> <li>Covered 100%</li> <li>\$30 copayment</li> <li>\$50 copayment</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$65</li> <li>Up to \$100</li> <li>Up to \$10</li> <li>Up to \$20</li> <li>Up to \$25</li> </ul>
<b>Frame</b> Under 18 Once Every Calendar Year Age 18 & over Once Every Two Calendar Years	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$175<sup>②</sup> (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$70</li> </ul>
<b>Contact Lenses</b> Once Every Calendar Year	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$175 Retail<sup>③</sup> (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> <li>Covered 100% after \$20 copay</li> <li>Covered 100% after \$30 copay</li> <li>Covered 100% after \$50 copay</li> <li>Covered 100%</li> </ul>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$105</li> <li>Up to \$20</li> <li>Up to \$30</li> <li>Up to \$30</li> <li>Up to \$210</li> </ul>
<b>Elective Contact Lenses</b>		
<b>Fit/Follow-Up***</b> Standard Daily Wear		
Standard Extended Wear		
Specialty Wear		
Medically Necessary****		
<b>Low Vision Aids****</b> Low Vision Aids Testing Twice Every Two Calendar Years	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$200</li> </ul>
<b>Low Vision Aids</b> Once Every Two Calendar years	<ul style="list-style-type: none"> <li>75% of amount up to \$1000</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$500</li> </ul>

How Your Vision Care Program Works

Eligible dependents under age 18 are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year. Eligible members and dependents age 18 & over are entitled to receive a vision examination and one (1) pair of lenses once every calendar year and a frame once every two calendar years or contact lenses and contact lens evaluation/fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider. Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at [www.e-nva.com](http://www.e-nva.com) or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 849000301 or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. \*\*Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers. \*\*\*Only covered if you choose Contact Lenses. \*\*\*\*Pre-approval from NVA required.

①Children under age 18 are eligible for two examinations during the benefit period.  
② Frames up to \$77 EDLP price point at Wal-Mart/Sam's Club locations.  
③ Contact Lenses up to \$129 EDLP price point at Wal-Mart/Sam's Club locations.

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>\$75 Polarized</li> <li>\$30 Blended Bifocal (Segment)</li> <li>\$40 Blue Light Blocker (Standard)</li> <li>\$60 Blue Light Blocker (Premium)</li> <li>\$150 Blue Light Blocker (Ultra)</li> <li>\$12 Fashion Gradient</li> <li>\$20 Glass Photogrey (Single Vision)</li> <li>\$30 Glass Photogrey (Multi-Focal)</li> <li>\$55 High Index</li> <li>\$12 Ultraviolet Coating</li> </ul> | <ul style="list-style-type: none"> <li>\$25 Polycarbonate (Single Vision) 18 &amp; over</li> <li>\$30 Polycarbonate (Multi-Focal) 18 &amp; over</li> <li>\$10 Scratch-Resistant Coating (Standard)</li> <li>\$65 Transitions Single Vision (Standard)</li> <li>\$70 Transitions Multi-Focal (Standard)</li> <li>\$10 Solid Tint</li> <li>\$50 AR Coating – Tier 2</li> <li>\$65 AR Coating – Tier 3</li> <li>\$80 AR Coating – Tier 4</li> </ul> | <ul style="list-style-type: none"> <li>20% discount AR Coating – Tier 5</li> <li>\$80 Progressive – Tier 2</li> <li>\$100 Progressive – Tier 3</li> <li>\$120 Progressive – Tier 4</li> <li>\$140 Progressive – Tier 5</li> <li>\$165 Progressive – Tier 6</li> <li>\$190 Progressive – Tier 7</li> <li>20% discount Progressive – Tier 8</li> <li>\$39 Retinal Screening</li> </ul> |
|---|--|--|





# Get a Better View

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U & C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants:

-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent

-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Low Vision Aids:** Low Vision means acuity or visual field loss that cannot be corrected with regular Eyeglass Lenses. Low Vision Testing means the evaluation, diagnosis and prescription of Low Vision Aids by an Optometrist or Ophthalmologist who specializes in Low Vision rehabilitation. Low Vision Testing does not include orthoptics or vision training. Low Vision Aids means supplemental aids that are prescribed as a result of Low Vision Testing. Low Vision Aids include, but are not limited to, reading telescopes, closed circuit TV reading systems, magnifiers, and bioptic eyewear. Conventional glasses or contacts are not considered Low Vision Aids.

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Contact Lens Fitting:</b>	Retail Less 10%	
<b>Lenses:</b> Single Vision Bifocal Trifocal or Lenticular	Glass or Plastic \$35.00 \$55.00 \$70.00	
<b>Frame:</b>	Retail Less 35%	
<b>Contact Lenses*:</b> Conventional Disposable	<b>Member Cost:</b> Retail Less 15% Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

Wal-Mart / Sam's Club stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

## At NVA, We Work Only for Our Clients.

The proposed vision insurance program is insured through Fidelity Security Life Insurance Company (FSL) Kansas City, MO. Fidelity Security Life Insurance Company brings over 45 years of underwriting experience in the insurance industry since 1969.

Fidelity Security Life Insurance Company has been rated A (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry, For the latest rating, access [www.ambest.com](http://www.ambest.com).

**Exclusions:** The following benefits are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits): Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing; Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision Materials would next become available; Services or materials provide as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Services rendered after the date an insured Person ceases to be covered under the policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan; Medical and/or surgical treatment of the eye, eyes or supporting structures; Two pair of glasses in lieu of bifocals; Plano (non-prescription) lenses; non-prescription sunglasses

**Limitations:** Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider, such fees or materials are not covered under the Policy. For Contact Lenses, any remaining balance may be used within the same Benefit Frequency. Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.

**National Vision Administrators, L.L.C.** □ PO Box 2187 □ Clifton, NJ 07015

Web: [www.e-nva.com](http://www.e-nva.com) □ Toll-Free: 1.800.672.7723

NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*

