



Your NVA Vision Benefit Summary

Fruitport Community Schools (Admin & Unaffil)

Effective 08/01/2012

Revised 07/01/2018

Group Number #51996

How Your Vision Care Program Works

Schedule of Vision Benefits

| Benefit Frequency | Participating Provider | Non-Participating Provider |
|--|---|---|
| Examination Once Every 12 Months | <ul style="list-style-type: none"> Covered 100% | Reimbursed Amount <ul style="list-style-type: none"> Up to \$35 (OD) Up to \$45 (MD) |
| Lenses(oversized included) Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Standard Transitions Glass Photogrey Solid/Gradient Tints <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polarized <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular | Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% <ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% <ul style="list-style-type: none"> Covered 100% | <ul style="list-style-type: none"> Up to \$38 Up to \$60 Up to \$72 Up to \$108 Up to \$33 Up to \$8 <ul style="list-style-type: none"> Up to \$5 Up to \$10 Up to \$12 Up to \$10 <ul style="list-style-type: none"> Up to \$18 Up to \$30 Up to \$38 Up to \$30 |
| Frame Once Every 12 Months | Retail Allowance <ul style="list-style-type: none"> Up to \$130 (20% discount off balance)* | <ul style="list-style-type: none"> Up to \$66 |
| Contact Lenses Once Every 12 Months Elective Contact Lenses | In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$200 RetailⓄ (15% discount (Conventional) or 10% discount (Disposable) off balance)** | In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$115 |
| Medically Necessary*** | <ul style="list-style-type: none"> Covered 100% | <ul style="list-style-type: none"> Up to \$200 |

Eligible members and dependents are entitled to receive a vision examination and one pair of lenses and a frame or contact lenses once every 12 months from last date of service.

At the start of the program, if authorized by your employer you may receive identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, you must indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility.

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 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 51996000101 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 or Contact Fill (NVA Mail Order) and may be prohibited by some manufacturers.

***Pre-approval required.

ⓄAdditional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

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"> \$100 Progressive Lenses Premium* \$55 High Index \$10 Standard Scratch-Resistant Coating \$30 Blended Bifocal (Segment) \$30 Polycarbonate (Multi-Focal) | <ul style="list-style-type: none"> \$50 Progressive Lenses Standard* \$12 Ultraviolet Coating \$40 Standard Anti-Reflective \$25 Polycarbonate (Single Vision) |
|---|--|

*Fixed pricing not available on certain brands

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

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.

Get a Better View



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.

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 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.

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 |
| Eye Examination: | Member Cost: 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 |
| Contact Lens Fitting: | Retail Less 10% | |
| Lenses: | Glass or Plastic | |
| Single Vision | \$35.00 | |
| Bifocal | \$55.00 | |
| Trifocal or Lenticular | \$70.00 | |
| Frame: | Retail Less 35% | |
| Contact Lenses*: | Member Cost: | |
| Conventional | Retail Less 15% | |
| Disposable | 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 their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

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.

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 □ Toll-Free: 1.800.672.7723
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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

Policy Nos. VC-108, VC-109, VC-110; Form NOS. M-9142, M-9143, M-9144.