

# Authorization

To validate eligibility and acquire an NVA assigned service authorization number, please visit our web site at <a href="www.e-nva.com">www.e-nva.com</a> or call us Toll Free at 1.888.NVA.2020

# **Benefit Frequency**

Eligibles under age 19 are entitled to one vision examination and one pair of spectacle lenses and a frame or contact lenses once every calendar year.

Eligibles age 19 and above are entitled to one vision examination and one pair of spectacle lenses once every calendar year and a frame once every 2 calendar years or contact lenses once every calendar year.

### **Benefit Structure**

Lenses must meet Z80.1 or Z80.2 standards of the American National Standards Institute (ANSI) and meet or exceed FDA standards for impact resistant lenses.					
SERVICE & EYEWEAR (Per Pair)	PATIENT RESPONSIBILITY	NVA REIMBURSES			
Comprehensive Eye Examination	\$0.00	Up to \$38.00			
Single Vision Glass or Plastic Lenses	\$25.00	Glass: up to \$34.00 less \$25.00 Co-pay; Plastic: up to \$36.00 less \$25.00 Co-pay			
Bifocal (D-28) Vision Glass or Plastic Lenses	\$25.00	Glass: up to \$44.00 less \$25.00 Co-pay; Plastic: up to \$48.00 less \$25.00 Co-pay			
Trifocal Vision Glass or Plastic Lenses	\$25.00	Glass: up to \$54.00 less \$25.00 Co-pay; Plastic: up to \$58.00 less \$25.00 Co-pay			
Single Vision Aphakic Lenses Single Vision Welsh Four Drop Lenses Bifocal Aphakic Flat Top Lenses Bifocal Aphakic Round Seg Lenses Bifocal Welsh Four Drop Flat Top Lenses Bifocal Welsh Four Drop Round Seg Lenses	\$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	Up to \$60.00 less \$25.00 Co-pay Up to \$90.00 less \$25.00 Co-pay Up to \$85.00 less \$25.00 Co-pay Up to \$70.00 less \$25.00 Co-pay Up to \$110.00 less \$25.00 Co-pay Up to \$100.00 less \$25.00 Co-pay			
Frame - Plastic, Metal or Combination	Difference between \$40.00 and the Wholesale cost plus 20%	Up to \$40.00			
Cosmetic (Elective) Contact Lenses (in lieu of lenses) Optically Necessary Contact Lenses (in lieu of lenses) (see below)	\$25 Copay plus the difference between the R&C price less 25% and \$62.00 Difference between \$262.00 and R&C	Up to \$62.00 less \$25 copay Up to \$262.00			

# **Lens Options**

Patient pays 100% of the NVA fixed price or provider's R&C, whichever is less. Options excluded from schedule are payable by patient at Wholesale cost plus 25%					
LENS OPTION	PATIENT RESPONSIBILITY	LENS OPTION	PATIENT RESPONSIBILITY		
Ultra-Violet Coating	\$12.00	Solid Tint	\$10.00		
Anti-Reflective Coating (Standard)	\$40.00	Fashion Gradient Tint	\$12.00		
Scratch Resistant (Standard)	\$10.00	Progressives (Standard)*	\$50.00		
Progressives (Premium)*	\$100.00	Polycarbonate(SV) with Scratch Coat	\$25.00		
Polycarbonate(MF) with Scratch Coat	\$30.00	Glass Photogrey (SV)	\$20.00		
Glass Photogrey (MF)	\$30.00	Transitions (SV)	\$65.00		
Transitions (MF)	\$70.00	Blended Bifocal (Segment)	\$30.00		
Polarized	\$75.00	High Index	\$55.00		
* Progressives - for list of approved b	rands and instructions for reimburseme	ent, view Provider Materials at www.e-	nva.com or call 1.888.NVA.2020		

## **Optically Necessary Contact Lenses**

Optically necessary contact lenses will be covered when prescribed for and upon receipt of a written diagnosis for one of the following conditions: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses in a frame, Keratoconus, Anisometropia.

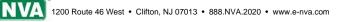
# **Exclusions**

There will be no reimbursement made for: medical and/or surgical treatments / RX drugs or OTC medications / non-prescription lenses / sunglasses / examinations or materials not listed as covered services / replacement of lost, stolen, broken or damaged lenses / contact lenses or frames except at normal intervals when service is otherwise available / services or materials that are covered through Federal, State, local government or Worker's Compensation benefits / unless otherwise indicated, Industrial 3mm safety lenses and safety frames with or without side shields / parts or repair of frames.

#### **Additional Benefit**

In addition to the fully funded benefit, member and dependents are eligible to access the EyeEssential SM Plan discount on additional purchases during the plan period. Please see discounts benefits on the next page.







# PORT AUTHORITY OF NEW YORK & NEW JERSEY Plan Description Sponsor #1007 - Effective 01/01/1998 - Revised 01/01/2017

# EyeEssential<sup>SM</sup> Plan Description

# **Benefit Allowance**

Patient will be responsible to pay one hundred percent (100%) of the plan approved EyeEssential <sup>SM</sup> charges at the time service is rendered for materials and any applicable copay on exam.

# **Fee Schedule**

Service or Material	Member Cost	Service or Material	<b>Member Cost</b>
EXAM: Comprehensive Vision Exam	ination, including tonometry: \$1	0.00 Discount	•
LENSES		LENS OPTIONS	
Single Vision	\$35.00	Ultra-Violet Coating	\$12.00
Bifocal	\$55.00	Tint(Solid & Gradient)	\$12.00
Trifocal	\$70.00	Scratch Resistant Coating (Std)	\$15.00
Lenticular	\$70.00	Polycarbonate (Std)	\$35.00
FRAMES	35% off retail	Anti-Reflective coating (Std)	\$45.00
CONTACT LENSES		Polarized	\$75.00
Conventional	15% off retail	Transitions (Std) SV	\$65.00
Disposable	10% off retail	Transitions (Std) BI/TRI	\$70.00
Fitting and Follow-up	10% off retail	Progressives (Std)	\$50.00 + Bi/Tri Lens Charge
		Other Add-on Services	20% off retail

# **Exclusions**

The following services and/or materials are not included under the program: medical and/or surgical treatments of the eyes / drugs or medications / non-prescription lenses / examinations or materials not listed as covered services / services or materials that are covered through Federal, State, local government or Workers' Compensation benefits / parts or repair of frames / low vision aids.

