



NVA, L.L.C. dba NVA Vision Services & Administrators Agency

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

Authorization

To validate eligibility and acquire an NVA assigned service authorization number, please visit our web site at www.e-nva.com 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	\$25.00	Up to \$60.00 less \$25.00 Co-pay
Single Vision Welsh Four Drop Lenses	\$25.00	Up to \$90.00 less \$25.00 Co-pay
Bifocal Aphakic Flat Top Lenses	\$25.00	Up to \$85.00 less \$25.00 Co-pay
Bifocal Aphakic Round Seg Lenses	\$25.00	Up to \$70.00 less \$25.00 Co-pay
Bifocal Welsh Four Drop Flat Top Lenses	\$25.00	Up to \$110.00 less \$25.00 Co-pay
Bifocal Welsh Four Drop Round Seg Lenses	\$25.00	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)	\$25 Copay plus the difference between the R&C price less 25% and \$62.00	Up to \$62.00 less \$25 copay
Optically Necessary Contact Lenses (in lieu of lenses) (see below)	Difference between \$262.00 and R&C	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 brands and instructions for reimbursement, 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 EyeEssentialSM Plan discount on additional purchases during the plan period. Please see discounts benefits on the next page.



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EyeEssentialSM Plan Description

Benefit Allowance

Patient will be responsible to pay one hundred percent (100%) of the plan approved EyeEssentialSM 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	Member Cost
EXAM: Comprehensive Vision Examination, including tonometry: \$10.00 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

Please note: NVA EyeEssentialSM discounts are an in-network benefit only. Benefit frequencies are unlimited.

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.



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