



# National Vision Administrators, L.L.C.

## TEAMSTERS HEALTH & WELFARE FUND Plan Description Sponsor #1314 - Effective 09/01/2017

### Authorization

To validate eligibility and acquire an NVA assigned service authorization number, please visit our web site at [www.e-nva.com](http://www.e-nva.com) or call us Toll Free at 1.888.NVA.2020

### Benefit Frequency

Eligibles are entitled to one vision examination once every 12 months and one pair of spectacle lenses and a frame or contact lenses once every 24 months from last date of service.

### 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	\$0.00	Up to \$32.00
Bifocal (D-28) Vision Glass or Plastic Lenses	\$0.00	Up to \$42.00
Trifocal Vision Glass or Plastic Lenses	\$0.00	Up to \$52.00
Lenticular Glass or Plastic Lenses	\$0.00	Up to \$80.00
Progressives (Standard)*	\$0.00	In addition to Lens Allowance: Up to \$50.00
Frame - Plastic, Metal or Combination	Difference between \$75.00 and the U&C price less 20%	45% of \$75.00 retail allowance up to \$33.75
Cosmetic (Elective) Contact Lenses (including fitting fee) (in lieu of lenses and frames)	Difference between \$80 and the U&C price less 15% (Conv) or 10% (Disp)	Up to 75% of \$80.00 allowance
Medically Necessary Contact Lenses (in lieu of lenses and frames) (see below)	\$0.00	Up to \$800.00

### Lens Options

Patient pays the lower of providers U&C less 20%, or the NVA fixed price. Options excluded from the schedule are payable at providers U&C less 20%			
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 (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	Blue Blocker Lens Standard	\$40.00
Blue Blocker Lens Premium	\$60.00	Blue Blocker Lens Ultra	\$150.00

\* **Progressives** - for list of approved brands and instructions for reimbursement, view **Provider Materials** at [www.e-nva.com](http://www.e-nva.com) or call 1.888.NVA.2020

### Medically Necessary Contact Lenses

Medically required contact lenses require pre-authorization. Includes fitting and follow-up. NVA must be supplied with a doctor's letter which specifies the reason for medical necessity, the exact prescription required by the patient and the associated costs. Please indicate if any of the following circumstances apply: RX follows Cataract Surgery, Anisometropia, Keratoconus and/or extreme visual acuity problems exist which cannot be corrected to 20/70 with spectacle lenses in a frame.

### 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<sup>SM</sup> Plan discount on additional purchases during the plan period. Please see discounts benefits on the next page.



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### 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	Member Cost
<b>EXAM: Comprehensive Vision Examination, including tonometry: \$10.00 Discount</b>			
<b>LENSES</b>		<b>LENS OPTIONS</b>	
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
<b>FRAMES</b>	35% off retail	Anti-Reflective coating (Std)	\$45.00
<b>CONTACT LENSES</b>		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 EyeEssential<sup>SM</sup> 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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