

# National Vision Administrators, L.L.C.

## ICare Independent Health Plan Description Medicare Advantage Sponsor #1323– Effective 01/01/2019 – Revised 01/01/2023

### 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 1.888.553.7245

### Benefit Frequency

Eligibles are entitled to one vision examination and one pair of spectacle lenses and a frame and 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 \$50.00
Single Vision Glass or Plastic Lenses Bifocal (D-28) Vision Glass or Plastic Lenses Trifocal Vision Glass or Plastic Lenses Lenticular Glass or Plastic Lenses	All R & C charges, which exceed the \$400, plan allowance during the eligibility period.	NVA will reimburse the Fees below up to the cap plan allowance of \$400.00 Up to \$32.00 Up to \$42.00 Up to \$52.00 Up to \$80.00
Frames - Plastic, Metal or Combination		Up to 45% of R & C
Elective Contact Lenses (Include Fitting & Followup) Medically Necessary Contact Lenses		75% of \$400 allowance  100% of Medicare Fee Schedule

One Pair of Eyeglasses post Cataract Surgery with Prior Approval		
Frame- Plastic, Metal or Combination	Difference between \$100 and the R&C less 20%	45% of \$100 up to \$45.00
Single Vision Glass or Plastic Lenses Bifocal (D-28) Vision Glass or Plastic Lenses Trifocal Vision Glass or Plastic Lenses	\$0.00 \$0.00 \$0.00	Up to \$32.00 Up to \$42.00 Up to \$52.00

### Lens Options

Lens options listed below are covered under this program and are included in the \$400 plan allowance as are those options excluded from the list that may be billed based on the providers R&C less 20%. Once the allowance has been met, pricing will be based on the lower of providers U&C less 20%, or the NVA fixed price list except for those items not listed which may be priced at R&C price 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
Progressives (Standard)	\$50.00	Progressives (Premium)	\$100.00
Polycarbonate (SV)	\$25.00	Glass Photogrey (SV)	\$20.00
Polycarbonate (Bi/Tri)	\$30.00	Glass Photogrey (Bi/Tri)	\$30.00
Transitions (SV)	\$65.00	Blended Bifocal (Segment)	\$30.00
Transitions (Bi/Tri)	\$70.00	Polarized	\$75.00
High Index	\$55.00	Scratch Resistant (Standard)	\$10.00

\***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

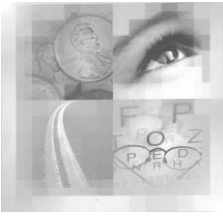
Medically required contact lenses require pre-authorization. NVA must be supplied with a doctor's letter which specifies the reason for medical necessity, the exact prescription required by the patient and the associated costs. Please indicate if any of the following circumstances apply: Rx follows Cataract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



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### 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 Discounts

In addition to the fully funded benefit members and dependents are eligible to access the EyeEssential<sup>SM</sup> Plan discount on additional purchases during the plan period.

## 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.

### Fee Schedule

Service of Material	Member Cost	Service of 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
<b>Please note:</b> NVA EyeEssential <sup>SM</sup> discounts are an in-network benefit only. Benefit frequencies are unlimited.			

### Lasik Surgery

Extensive discounts at participating LASIK Providers.

### 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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