

National Vision Administrators, L.L.C.

UPMC EMPLOYEES Premier Plus Plan Description (7108 BP)

Effective 01/01/2017 Revised 01/01/2021

Authorization

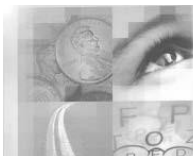
To validate eligibility and acquire an NVA assigned service authorization number, please visit our web site at www.e-nva.com or call us Toll Free at 1.877.262.7870

Benefit Frequency

Eligibles are entitled to one vision examination and one pair of spectacle lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year.

Benefit Structure

All materials must meet Z80 standards of the American National Standards Institute (ANSI) and meet or exceed FDA standards for impact resistant lenses				
SERVICE	PATIENT RESPONSIBILITY	NVA REIMBURSES		
Comprehensive Eye Examination	\$0.00	Up to \$38.00		
SERVICE & EYEWEAR (Per Pair)	PATIENT RESPONSIBILITY	PAR LAB DISPENSING FEE	NON-PAR LAB PAYMENT IN FULL	
Single Vision Glass or Plastic Lenses	\$15.00	\$10.00	\$24.00	
Bifocal (D-28) Vision Glass or Plastic Lenses	\$15.00	\$10.00	\$32.00	
Lenses Trifocal Vision Glass or Plastic Lenses	\$15.00	\$10.00	\$40.00	
			Billing Modifier	
Tier 1 Progressive	\$0.00	\$10.00	\$44.00	V2781 T1
Tier 2 Progressive	\$0.00	\$10.00	\$64.00	V2781 T2
Tier 3 Progressive	\$0.00	\$20.00	\$80.00	V2781 T3
Tier 1 AR Coating	\$0.00	\$5.00	\$27.00	V2750 T1
Solid Plastic Dyes	\$0.00	\$2.00	\$7.00	V2745 T1
UV Protection	\$0.00	\$2.00	\$7.00	V2755 T1
Standard - Scratch Resistant	\$0.00	\$2.00	\$7.50	V2760 T1
TD2 - Scratch Resistant	\$0.00	\$5.00	\$20.00	V2760 T2
Polycarbonate up to age 19	\$0.00	\$5.00	\$0.00	V2784 T1
Frame - Plastic, Metal or Combination	Difference between \$150.00 and the R&C price less 20%	45% of \$150.00 retail allowance up to \$67.50		
Shipping Fee	\$0.00	\$5.00		
Cosmetic (Elective) Contact Lenses (In lieu of Lenses & Frame)	Difference between \$150 and the R&C price less 15% (Conv) or 10% (Disp)	Up to 75% of \$150.00 allowance		
Medically Necessary Contact Lenses	\$0.00	Up to \$600.00		
Contact lens Evaluation / fitting (Daily Wear)	\$0.00	Up to \$20.00		
Contact lens Evaluation / fitting (Extended Wear)	\$0.00	Up to \$30.00		
Contact Lens Evaluation / Fitting (Specialty)	Difference between \$50.00 and the R&C price ***	Up to \$50.00		
*** Only covered if patient chooses Contact Lenses.				
If you choose to use a non-par laboratory, the legislation states you must notify the UPMC member in writing and the notification must include:				
<ol style="list-style-type: none"> 1. You are utilizing a Non-Participating laboratory for the fabrication of their eyeglasses 2. There is a Participating laboratory available 3. Their financial obligations may be different (ex: Warranties and remakes) 				



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All Materials dispensed including covered and non-covered must be included when you submit a claim. Use the standard CPT code with the appropriate modifier				
Lens Options	Member Buy Up Pricing Par and Non-Par Lab	Par Lab additional dispensing fee	Non-Par Lab Payment in Full	Non-Covered Modifier required for EDI and paper claims
Progressives (add to bifocal base)				
Progressives - Tier 4	\$125.00	\$20.00	\$91.00	B4
Progressives - Tier 5	\$145.00	\$20.00	\$107.00	B5
Progressives - Tier 6	\$170.00	\$20.00	\$130.00	B6
Progressives - Tier 7	\$190.00	\$25.00	\$164.00	B7
Materials				
High Index Plastic 1.53-1.60 / Trivex	\$50.00	\$5.00	\$34.00	B1
High Index Plastic 1.66/1.67	\$71.00	\$5.00	\$64.00	B1
High Index Plastic 1.70 and above	\$80.00	\$5.00	\$73.00	B2
Polycarbonate (Adults)	\$30.00	\$5.00	\$15.00	B1
Aspheric				
Aspheric (Plastic/Poly) SV	\$30.00	\$5.00	\$20.00	B1
Aspheric (Plastic/Poly) MF	\$35.00	\$5.00	\$25.00	B1
Anti-Reflective Coating				
Anti-Reflective Coating – Tier 2	\$65.00	\$10.00	\$48.00	B2
Anti-Reflective Coating – Tier 3	\$85.00	\$15.00	\$62.00	B3
Anti-Reflective Coating – Tier 4	\$110.00	\$20.00	\$80.00	B4
Specialty & Digital Single Vision				
Digital SV Tier 1	\$100.00	\$15.00	\$80.00	B1
Digital SV Tier 2	\$145.00	\$15.00	\$100.00	B2
Essilor Computer MF	\$65.00	\$20.00	\$45.00	B1
Photochromics				
Transitions Gen 8	\$75.00	\$10.00	\$55.00	B1
Transitions Gen 8 MF	\$90.00	\$15.00	\$66.00	B2
Transitions XTRActive	\$110.00	\$20.00	\$88.00	B3
Transitions Vantage	\$125.00	\$25.00	\$95.00	B4
Polarized				
Polarized - Tier 1	\$70 .00	\$10.00	\$40.00	B1
Polarized - Tier 2	\$80 .00	\$10.00	\$50.00	B2
Polarized - Tier 3	\$110.00	\$10.00	\$70.00	B3
Polarized - Tier 4	\$125.00	\$15.00	\$85.00	B4



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Polarized - Tier 5	\$150.00	\$20.00	\$100.00	B5
Polarized -Tier 6	\$175.00	\$20.00	\$115.00	B6
Other Lens Treatments and Services				
Over Power (+6.00D or 3.00 Cylinder per Lens	NC	NC	Inc. in Base	NC
Mirror – Solid & Single Gradient	\$60.00	\$15.00	\$45.00	B1
Mirror – Double Gradient	\$70.00	\$15.00	\$42.25	B2
Press on Prism	\$30.00	\$10.00	\$20.00	B1
Add Power over 4.00D	NC	NC	Inc. in Base	Inc. in Base
Double Faceting	\$75.00	\$5.00	\$61.50	V2799 B2
Facetted Lenses (includes Polish)	\$55.00	\$5.00	\$48.50	V2799 B3
Slab Off	\$100.00	\$20.00	\$70.00	B1
Rimless Drill	\$20.00	\$0	\$17.00	V2799 B1
Groove Rimless	NC	NC	Not Covered	
Center Thickness Below 1.5	\$16.50	\$5.00	\$11.50	V2799 B4
Plastic Dyes – Single Gradient	\$10.00	\$2.00	\$7.00	B2
Plastic Dyes – Double /Triple Gradient	\$20.00	\$3.00	\$15.50	B3
UV Protection - Backside (add on to front side UV)	\$15.00	\$2.00	\$7.00	B2
Scratch Resistant w/Optifog Technology	\$55.00	\$15.00	\$45.00	B1
Edge Polish, Roll Edge, Roll & Polish	\$20.00	\$5.00	\$11.50	B1
Edge Coating	\$30.00	\$5.00	\$21.75	B1

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 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 EyeEssential SM 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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