



Client: PENNSYLVANIA COURTS

Group Number: #0146 MD (DRESSWEAR)

Effective Date: 07/01/2002 Revised Date: 01/01/2024

**Authorization** – To validate eligibility and acquire an NVA assigned service authorization number, please visit our web site at www.e-nva.com or call Toll Free at 1-888.NVA.2020.

**Benefit Frequency** - Eligible members/dependents are entitled to one vision exam and any combination of frames, lenses and lens options, and contact lenses and contact lens evaluation/fitting up to the calendar year plan allowance of \$200.

Benefit Structure - Reimbursement CAP – NVA will reimburse the fees below up to the CAP Plan Allowance of \$200. The member's benefit includes an exam reimbursed up to \$40. The CAP is reduced by the amount reimbursed, not to exceed \$200/materials. Provider will charge R&C less 35% for lenses & frames; U&C less 25% for contact lenses and then apply the \$200 plan allowance for materials. Once the \$200 CAP is reached, the member pays the lesser of the providers U&C less 20%, or NVA's fixed price list, on remaining items.

Service & Eyewear (per pair)	Patient Responsibility  All charges that exceed \$200 CAP will be the responsibility of the member	NVA Reimbursement  NVA will reimburse the fees below, not to exceed \$40/exam and \$200/materials  The CAP is reduced by the amount reimbursed, not to exceed \$200/materials.
Comprehensive Eye Examination	\$0	Up to \$40
Frames - Plastic, Metal or Combination  Lenses (glass or plastic lenses) Single vision Bifocal (d-28) vision Trifocal vision Lenticular  Cosmetic (Elective) Contact Lenses (In addition to lenses/frame)  Medically Necessary Contact Lenses (In addition to lenses/Frame)  ** Medically required contact lenses require preauthorization	The CAP covers all charges accumulated throughout the benefit period for:  Frames Eyeglass lenses Lens options Cosmetic Contact lenses Medically Necessary Contact Lenses Contact lens fitting  Provider will charge R&C less 35% for	In accordance with providers contracted fee schedule
Contact Lens Fit/Follow-up Standard Daily Wear Standard Extended Wear Specialty Wear	lenses & frames; U&C less 25% for contact lenses, then apply the \$200 plan allowance.	Up to \$20 Up to \$30 Up to \$50

<sup>\*\*</sup>Medically Necessary Contact Lenses – Medically required contact lenses require pre-authorization. NVA must be supplied with a copy of the patient's medical record or 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.

Lens Options – The lens options listed below are covered under this program and included in the \$200 CAP Plan Allowance, as are those options excluded from the list. Those options excluded from the list are billed based on providers wholesale plus 25%. 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.

Lens Option	Patient Responsibility	Lens Option	Patient Responsibility
Ultra-Violet Coating	\$12	Retinal Screening	\$39
*Progressives -Tier 1	\$50	Blended Bifocal -Segment	\$30
*Progressives -Tier 2	\$80	Scratch Resistant -Standard	\$10
*Progressives -Tier 3	\$100	Solid Tint	\$10
*Progressives -Tier 4	\$120	Polycarbonate-SV	\$25
*Progressives -Tier 5	\$140	Polycarbonate -Bi/Tri	\$30
*Progressives -Tier 6	\$165	Glass Photogrey -SV	\$20
*Progressives -Tier 7	\$190	Glass Photogrey- Bi/Tri	\$30
*Progressives -Tier 8	\$300	Transitions SV	\$65
Polarized	\$75	Transitions -MF	\$70
Anti-Reflective- Tier 1	\$40	High Index	\$55
Anti-Reflective -Tier 2	\$50	**Blue Blocker Lens Standard	\$40
Anti-Reflective -Tier 3	\$65	**Blue Blocker Lens Premium	\$60
Anti-Reflective- Tier 4	\$80	**Blue Blocker Lens Ultra	\$150
Anti-Reflective -Tier 5	80% of U&C	Fashion Gradient Tint	\$12

<sup>\*</sup>Progressives – for a list of approved brands and instructions for reimbursement, view Provider Materials at www.e-nva.com or call 1.888.NVA.2020

**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**

• EyeEssential® Plan: Discounts on additional purchases during the plan period.

## **EyeEssential** ® **Plan Description**

**Fee Schedule** – Patient will be responsible for paying one hundred percent (100%) of the plan approved **EyeEssential** <sup>®</sup> charges as listed below at the time service is rendered.

Service/Material	Member Cost	Service/Material	Member Cost
<b>EXAM</b> (comprehensive vision exam, including tonometry)	\$10 discount	LENS OPTIONS	
LENSES	\$35 \$55 \$70 \$70	Anti-Reflective Coating (Std)	\$45
Single Vision		Polarized	\$75
Bifocal		Polycarbonate (Std)	\$35
Trifocal Lenticular		Progressives (Std)	\$50 + Bi/Tri Lens Charge
FRAMES	35% off retail	Scratch Resistant Coating (Std)	\$15
CONTACT LENSES	15% off retail 10% off retail 10% off retail	Tint (Solid & Gradient)	\$12
Conventional		Transitions (Std) SV	\$65
Disposable Fitting and follow-up		Transitions (Std) BI/TRI	\$70
		Ultra-Violet Coating	\$12
		Other Add-On Services	20% off retail

Please note: NVA EyeEssential <sup>®</sup> discounts are an in-network benefit only. Benefit frequencies are unlimited.

<sup>\*\*</sup>Please submit a CMS-1500 form for reimbursement if this lens option is selected and not part of the AR coating