



DRESSWEAR

Effective Date: 01/01/2009

Revised Date: 04/01/2025

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 888.NVA.2020.

Client:

Benefit Frequency – Eligible members/dependents are entitled to one vision exam and contact lens evaluation and fitting once every 12 months and any combination of one frame, lenses, and lens options, and contact lenses once every 24 months from the last date of service, up to the plan allowance of \$200.

Benefit Structure – Reimbursement CAP - Dresswear Plan – NVA will reimburse the fees below up to the CAP Plan Allowance of \$200. The member's balance is reduced by the amount reimbursed, not to exceed the \$200 CAP/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 Any amount exceeding the \$200 plan allowance will be the responsibility of the patient at the time of services.	NVA Reimbursement The balance is reduced by the amount reimbursed, not to exceed the \$200 allowance for materials.
Comprehensive Eye Examination	\$0	Up to \$38
Lenses (glass or plastic lenses) Single vision Bifocal (d-28) vision Trifocal vision Lenticular	The plan allowance of \$200 will be reduced by NVA's reimbursement amounts or all covered services during the plan year.	Up to \$32 Up to \$42 Up to \$52 Up to \$90
Frames - Plastic, Metal or Combination Wholesale plus 20% up to \$200	The CAP covers all charges accumulated throughout the benefit period for covered	Up to \$200
Cosmetic (Elective) Contact Lenses (In addition to lenses/Frame) U&C less 25% up to \$200 retail allowance	services below: Frames Eyeglass lenses Lens options Cosmetic Contact lenses Medically Necessary RX & Non RX Sunglasses	Up to \$200
Medically Necessary Contact Lenses (In addition to lenses/Frame) ** Medically required contact lenses require pre-authorization		Up to \$200
Contact Lens Fit/Follow-up Standard Daily Wear Standard Extended Wear	\$0 \$0	Up to \$20 Up to \$30

\*\*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 Plan Allowance as are those excluded from the list. Those options excluded from the list are billed at R&C. Once the allowance has been met, pricing is based on the NVA fixed price list or R&C, whichever is lower.

Exclusions – There will be no reimbursement made for: medical and/or surgical treatments, Rx drugs or OTC medications, prescription and

Lens Option	Patient Responsibility	Lens Option	Patient Responsibility	
Ultra-Violet Coating	\$12	Solid Tint	\$10	
Anti-Reflective Coating (Standard)	\$40	Fashion Gradient Tint	\$12	
Scratch Resistant (Standard)	\$10	*Progressives -Standard	\$50	
Polycarbonate (SV)	\$25	*Progressives -Premium	\$100	
Polycarbonate (Bi/Tri)	\$30	Glass Photogrey -SV	\$20	
Transitions- SV	\$65	Glass Photogrey -Bi/Tri	\$30	
Transitions -Bi/Tri	\$70	Blended Bifocal - Segment	\$30	
High Index	\$55	Polarized	\$75	
*Progressives – for a list of approved brands and instructions for reimbursement, view Provider Materials at <u>www.e-nva.com</u> or call 1.888.NVA.2020				

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** <sup>®</sup> **Plan**: Discounts on additional purchases during the plan period.

## EyeEssential <sup>®</sup> 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 Trifocal		Polycarbonate (Std)	\$35
Lenticular		Progressives (Std)	\$50 + Bi/Tri Lens Charge
FRAMES	35% off retail	Scratch Resistant Coating (Std)	\$15
CONTACT LENSES		Tint (Solid & Gradient)	\$12
Conventional Disposable	15% off retail 10% off retail	Transitions (Std) SV	\$65
Fitting and follow-up	10% off retail	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.

**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.