



National Vision Administrators, L.L.C.

PYRAMID HEALTHCARE, INC. Plan Description Sponsor #4094 - Effective 08/01/2013 - Revised 08/01/2016

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 1.888.NVA.2020

Benefit Frequency

Eligibles are entitled to one vision examination and one pair of spectacle lenses and a frame and contact lenses and contact lens evaluation/fitting once every 12 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	\$10.00	Up to \$38.00 less \$10.00 Co-pay
Single Vision Glass or Plastic Lenses	\$10.00	Up to \$32.00 less \$10.00 Co-pay
Bifocal (D-28) Vision Glass or Plastic Lenses	\$10.00	Up to \$42.00 less \$10.00 Co-pay
Trifocal Vision Glass or Plastic Lenses	\$10.00	Up to \$52.00 less \$10.00 Co-pay
Lenticular Glass or Plastic Lenses	\$10.00	Up to \$80.00 less \$10.00 Co-pay
Polycarbonates (under age 19)	\$0.00	In addition to Lens Allowance: Up to \$20.00
Fashion Gradient Tint (SV)	\$0.00	Up to \$10.00
Solid Tint	\$0.00	Up to \$10.00
Glass Photogrey (SV)	\$0.00	Up to \$15.00
Fashion Gradient Tint (MF)	\$0.00	Up to \$10.00
Glass Photogrey (MF)	\$0.00	Up to \$15.00
Lent Photochromatic	\$0.00	Up to \$15.00
Hand Held Low Vision Aid**		
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
Cosmetic (Elective) Contact Lenses	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	100% of R&C
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)	\$20.00***	Up to \$50.00 less \$20.00 Co-pay
** Low Vision Aids will be considered for coverage provided a certification (Prior Authorization) is received from NVA. Please call for details.		
*** Only covered if patient chooses Contact Lenses.		

Lens Options

Patient pays 100% of the NVA fixed price or provider's R&C, whichever is less. Options excluded from schedule are payable by patient at 100% of R&C less 20%			
LENS OPTION	PATIENT RESPONSIBILITY	LENS OPTION	PATIENT RESPONSIBILITY
Ultra-Violet Coating	\$12.00	Anti-Reflective Coating (Standard)	\$40.00
Scratch Resistant (Standard)	\$10.00	Progressives (Standard)*	\$50.00
Progressives (Premium)*	\$100.00	Polycarbonate (SV) age 19 & over	\$25.00
Polycarbonate (MF) age 19 & over	\$30.00	Transitions (SV)	\$65.00
Transitions (MF)	\$70.00	Blended Bifocal (Segment)	\$30.00
Polarized	\$75.00	High Index	\$55.00
* Progressives - for list of approved brands and instructions for reimbursement, view Provider Materials at 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.

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 EyeEssentialSM 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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