



National Vision Administrators, L.L.C.

UPMC ELITE NO COPAY Plus Plan Description (7104FP) Effective 01/01/2016 - 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 and contact lenses and contact lens evaluation/fitting once every plan 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 Comprehensive Eye Examination	PATIENT RESPONSIBILITY \$0.00	NVA REIMBURSEMENT 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	\$0.00	\$10.00	\$24.00	
Bifocal (D-28) Vision Glass or Plastic Lenses	\$0.00	\$10.00	\$32.00	
Trifocal Vision Glass or Plastic Lenses	\$0.00	\$10.00	\$40.00	
				Billing Modifiers
Plastic Dyes - Solid	\$0.00	\$2.00	\$7.00	V2745 T1
UV Protection	\$0.00	\$2.00	\$7.00	V2755 T1
Polycarbonate (under age 19)	\$0.00	\$0.00	\$0.00	
Prism over range (over 3D per eye)	\$0.00	\$0.00	\$0.00	
Scratch Resistant – Standard	\$0.00	\$2.00	\$7.50	V2760 T1
Scratch Resistant TD2	\$0.00	\$5.00	\$20.00	V2760 T2
Progressive – Tier 1	\$0.00	\$10.00	\$44.00	V2781 T1
Progressive – Tier 2	\$0.00	\$10.00	\$64.00	V2781 T2
Progressive – Tier 3	\$0.00	\$20.00	\$80.0	V2781 T3
Anti-Reflective Coating – Tier 1	\$0.00	\$5.00	\$27.00	V2750 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	Difference between \$150.00 and the less 15% (Conv.) or 10% (Disp.)	Up to 75% of \$150.00 allowance up to \$112.50		
Medically Necessary Contact Lenses (see below)	\$0.00	100% of U&C		
Contact Lens Fitting and Follow up (Daily Wear)	\$0.00*	Up to \$20.00		
Contact Lens Fitting and Follow up (Extended Wear)	\$0.00*	Up to \$30.00		
Contact Lens Fitting and Follow up (Specialty)	Difference between \$50.00 and the R&C price*	Up to \$50.00		
*Only covered if patient chooses Contact Lenses.				



This document has been printed on recycled paper





National Vision Administrators, L.L.C.

UPMC ELITE NO COPAY Plus Plan Description (7104FP) Effective 01/01/2016 - Revised 01/01/2021

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:

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)

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				



This document has been printed on recycled paper





National Vision Administrators, L.L.C.

UPMC ELITE NO COPAY Plus Plan Description (7104FP) Effective 01/01/2016 - Revised 01/01/2021

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

Effective 01/01/2016 – Revised 1/1/2020

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
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
Add Power over 4.00D	NC	NC	Inc. in Base	Inc. in Base
Prism over range (over 3D per Eye)	NC	NC	Inc. in Base	Inc. in Base
Press on Prism	\$30.00	\$10.00	\$20.00	B1
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. 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.



This document has been printed on recycled paper





National Vision Administrators, L.L.C.

UPMC ELITE NO COPAY Plus Plan Description (7104FP) Effective 01/01/2016 - Revised 01/01/2021

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 Workers Compensation benefits / unless otherwise indicated, Industrial 3mm safety lenses and safety frames with or without side shields / parts or repair of frames



This document has been printed on recycled paper





National Vision Administrators, L.L.C.

UPMC ELITE NO COPAY Plus Plan Description (7104FP) Effective 01/01/2016 - Revised 01/01/2021

Additional Discounts

In addition to the fully funded benefit members are eligible to access the EyeEssentialSM Plan discount on additional purchases during the plan period.

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.

Fee Schedule

Service of Material	Member Cost	Service of 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.			

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.



This document has been printed on recycled paper

