



National Vision Administrators, L.L.C.

MCHCP (PREMIUM PLAN) Plan Description Sponsor #8490 - Effective 01/01/2014 - Revised 01/01/2023

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 1.877.206.5929

Benefit Frequency

Eligibles under age 18 are entitled to two vision examinations and one pair of spectacle lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year.

Eligibles age 18 and above are entitled to one vision examination and one pair of spectacle lenses once every calendar year and a frame once every 2 calendar years or contact lenses and contact lens evaluation/fitting once every calendar year.

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 \$50.00 less \$10.00 Co-pay
Single Vision Glass or Plastic Lenses	\$25.00	Up to \$32.00 less \$25.00 Co-pay
Bifocal (D-28) Vision Glass or Plastic Lenses	\$25.00	Up to \$42.00 less \$25.00 Co-pay
Trifocal Vision Glass or Plastic Lenses	\$25.00	Up to \$52.00 less \$25.00 Co-pay
Lenticular Glass or Plastic Lenses	\$25.00	Up to \$80.00 less \$25.00 Co-pay
Polycarbonates (under age 18)	\$0.00	In addition to Lens Allowance: Up to \$20.00
Progressives - Tier 1	\$50.00	Up to \$50.00 less \$50.00 Co-pay
Anti-Reflective - Tier 1	\$30.00	Up to \$40.00 less \$30.00 Co-pay
Hand Held Low Vision Aid**		
Frame - Plastic, Metal or Combination	Difference between \$175.00 and the U&C price less 20%	40% of \$175.00 retail allowance up to \$70.00
Cosmetic (Elective) Contact Lenses (in lieu of lenses)	Difference between \$175 and the U&C price less 15% (Conv) or 10% (Disp)	Up to 75% of \$175.00 allowance
Contact Lens Fit/Followup		
Standard Daily Wear	\$20.00***	Up to \$20.00 less \$20.00 Co-pay
Standard Extended Wear	\$30.00***	Up to \$30.00 less \$30.00 Co-pay
Specialty Wear	\$50.00***	Up to \$50.00 less \$50.00 Co-pay
Medically Necessary Contact Lenses (in lieu of lenses) (see below)	\$0.00	Up to \$800.00
Medically Necessary Contact Lens Fitting	\$0.00	Up to \$600.00
** 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 & Services

Patient pays the lower of providers U&C less 20%, or the NVA fixed price. Options excluded from the schedule are payable at providers U&C less 20%			
LENS OPTION	PATIENT RESPONSIBILITY	LENS OPTION	PATIENT RESPONSIBILITY
Ultra-Violet Coating	\$12.00	Solid Tint	\$10.00
Fashion Gradient Tint	\$12.00	Scratch Resistant (Standard)	\$10.00
Polycarbonate (SV) age 18 & over	\$25.00	Polycarbonate (MF) age 18 & over	\$30.00
Glass Photogrey (SV)	\$20.00	Glass Photogrey (MF)	\$30.00
Transitions (SV)	\$65.00	Transitions (MF)	\$70.00
Anti-Reflective - Tier 2	\$50.00	Anti-Reflective - Tier 3	\$65.00
Anti-Reflective - Tier 4	\$80.00	Anti-Reflective - Tier 5	80% of U&C
Progressives - Tier 2	\$80.00	Progressives - Tier 3	\$100.00
Progressives - Tier 4	\$120.00	Progressives - Tier 5	\$140.00
Progressives - Tier 6	\$165.00	Progressives - Tier 7	\$190.00
Progressives - Tier 8	80% of U&C	Blended Bifocal (Segment)	\$30.00
Polarized	\$75.00	High Index	\$55.00
Retinal Screening	\$39.00	Blue Blocker Lens Standard	\$40.00
Blue Blocker Lens Premium	\$60.00	Blue Blocker Lens Ultra	\$150.00
* Progressives - for list of approved brands and instructions for reimbursement, view Provider Materials at www.e-nva.com or call 1.877.206.5929			

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 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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