

# PA STATE ASSOC. OF TOWNSHIP SUPERVISORS (PSATS) TRUSTEES INS FUND

## NVA Vision Schedule of Benefits: Fixed Rate (Effective 01/01/2025)

| Benefits  | Frequency            | In-Network  | Out-of-Network |
|---|----------------------|---|----------------|
| <b>Eye Examination</b>  |                      |   |                |
| Routine Examination   | Once every 12 months | Covered 100%                                      | Up to \$32     |
| <b>Contact Lens Fit/Follow-up<sup>1</sup></b>   |                      |   |                |
| Standard Daily Wear   | Once every 12 months | Covered 100%                                      | Up to \$20     |
| Standard Extended Wear  | Once every 12 months | Covered 100%                                      | Up to \$30     |
| Specialty Wear  | Once every 12 months | Covered 100% after \$20 copay                     | Up to \$30     |
| <b>Lenses (Standard Glass or Plastic)</b>   |                      |   |                |
| Single Vision   | Once every 12 months | Covered 100%                                      | Up to \$24     |
| Bifocal   | Once every 12 months | Covered 100%                                      | Up to \$36     |
| Trifocal  | Once every 12 months | Covered 100%                                      | Up to \$46     |
| Lenticular  | Once every 12 months | Covered 100%                                      | Up to \$72     |
| <b>Lens Options</b>   |                      |   |                |
| Polycarbonate (under age 19)  | Once every 12 months | Covered 100%                                      | Not covered    |
| <b>Frames</b>   |                      |   |                |
| Retail Frame Allowance  | Once every 12 months | Covered up to \$100                               | Up to \$40     |
| 20% Discount on Frame Balance <sup>2</sup>  |                      | Yes   | N/A            |
| <b>Contact Lenses</b>   |                      | <b>In addition to eyeglass lenses &amp; frame</b> |                |
| Elective  | Once every 12 months | Covered up to \$100                               | Up to \$75     |
| 15% discount on Conventional/10% discount on Disposable on remaining balance <sup>3</sup> |                      | Yes   | N/A            |
| Medically Necessary <sup>4</sup>  | Once every 12 months | Covered 100%                                      | Up to \$225    |

<sup>1</sup>Only covered if member chooses contact lenses.

<sup>2</sup>Discount does not apply at Walmart/Sam's Club locations, Lenscrafters or for certain proprietary frame brands or where prohibited by law.

<sup>3</sup>Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), Lenscrafters or Contact Fill or where prohibited by law. Prohibited by some manufacturers.

<sup>4</sup>Prior authorization required from NVA. Included fitting & follow up.

Note: if covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

| <b>Fixed Pricing on Lens Options</b> |              |                               |              |
|--------------------------------------|--------------|-------------------------------|--------------|
| Lens Option                          | Fixed Fee    | Lens Option                   | Fixed Fee    |
| Polycarbonate SV – age 19 & over     | \$25         | Progressives – Tier 1         | \$50         |
| Polycarbonate BI – age 19 & over     | \$30         | Progressives – Tier 2         | \$80         |
| Polycarbonate TRI – age 19 & over    | \$30         | Progressives – Tier 3         | \$100        |
| Transitions SV (Standard)            | \$65         | Progressives – Tier 4         | \$120        |
| Transitions BI (Standard)            | \$70         | Progressives – Tier 5         | \$140        |
| Transitions TRI (Standard)           | \$70         | Progressives – Tier 6         | \$165        |
| Glass Photogrey SV                   | \$20         | Progressives – Tier 7         | \$190        |
| Glass Photogrey BI                   | \$30         | Progressives – Tier 8         | 20% discount |
| Glass Photogrey TRI                  | \$30         | Polarized                     | \$75         |
| Anti-Reflective Coatings – Tier 1    | \$40         | High Index                    | \$55         |
| Anti-Reflective Coatings – Tier 2    | \$50         | Blended Bifocals (Segment)    | \$30         |
| Anti-Reflective Coatings – Tier 3    | \$65         | Solid Tints                   | \$10         |
| Anti-Reflective Coatings – Tier 4    | \$80         | Fashion Gradient Tint         | \$12         |
| Anti-Reflective Coatings – Tier 5    | 20% discount | Blue Light Blocker (Standard) | \$40         |
| Scratch-Resistant Coating (Standard) | \$10         | Blue Light Blocker (Premium)  | \$60         |
| UV Coatings                          | \$12         | Blue Light Blocker (Ultra)    | \$150        |

Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations or Lenscrafters. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

| <b>Added-Value Services Included</b>               |   |
|--|---|
| <b>Mail Order Contact Lens Replacement Program</b> | NVA Mail Order Contact Lens Replacement Program: <a href="http://www.contactfill.com">www.contactfill.com</a> ; 866-234-1393  |
| <b>Lasik Discount</b>                              | Extensive discounts at participating LASIK Providers. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. |
| <b>Retinal Screening</b>                           | Up to \$39 fixed pricing on a routine retinal screening.  |
| <b>Hearing Discount</b>                            | Up to 60% savings at participating provider locations through NationsHearing®   |

**EYEESSENTIAL® Discount Plan**  
**After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL® Plan discount on additional purchases during the plan period.**

**NVA introduces the EYEESSENTIAL® Discount Plan** – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.

| Service or Material  | Member Cost                      |
|--|----------------------------------|
| <b>Comprehensive Vision Examination (Including dilation as professionally indicated)</b> | Balance after \$10 Discount      |
| <b>Lenses</b>  | <b>Standard Glass or Plastic</b> |

|                                      |  |
|--------------------------------------|--|
| Single Vision                        | \$35.00  |
| Bifocal                              | \$55.00  |
| Trifocal                             | \$70.00  |
| Lenticular                           | \$70.00  |
| <b>Lens Options</b>                  |  |
| UV Coating                           | \$12.00  |
| Tint (Solid & Gradient)              | \$12.00  |
| Scratch-Resistant Coating (Standard) | \$15.00  |
| Polycarbonate (Standard)             | \$35.00  |
| Anti-Reflective Coating – Tier 1     | \$45.00  |
| Polarized                            | \$75.00  |
| Transitions (Standard)               | Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00 |
| Progressive – Tier 1 & Tier 2        | \$50.00 + Bifocal/Trifocal Charge                      |
| Other Add-On Services                | 20% off retail   |

**Frames** (Any eligible frame at provider's location) 35% off retail

**Contact Lenses** (Discount does not apply at Contact Fill)

|                       |                      |
|-----------------------|----------------------|
| Conventional          | 15% off retail price |
| Disposable            | 10% off retail price |
| Fitting and Follow Up | 10% off retail price |

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Walmart/Sam's Club Everyday Low Prices. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

**Exclusions (Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits)**

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits:

1. Professional services and/or materials in connection with: Plano (non-prescription) lenses; Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, developmental vision procedures, and any associated supplemental testing
2. Broken, lost or stolen lenses, contact lenses, or frames. NVA network providers may offer additional warranties to cover materials.
3. Services or materials, which are payable under any workers' compensation act, similar law or any public program, other than Medicaid.
4. Services or materials rendered by an ECP other than ophthalmologists, optometrists, or opticians acting within the scope of their licensure.
5. Any additional service required outside basic vision analysis for contact lenses, including but not limited to fitting fees, unless otherwise specified in the Proposed Schedule of Benefits.
6. Services rendered after the date a person ceases to be covered under this policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the person within 31 days from the date of such order.
7. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
8. Medical and/or surgical treatment of the eye, eyes or supporting structures.
9. Two pairs of glasses in lieu of bifocals.