



Your NVA Vision Benefit Summary

Baltimore City Public Schools (Plan B)

Effective 01/01/2008

Revised 03/01/2014

Group Number# 50981

How Your Vision Care Program Works

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 24 Months	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$31
Lenses Once Every 24 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Standard Progressives Blended Bifocal Polycarbonates 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% <ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$26 Up to \$34 Up to \$47 Up to \$64 Up to \$40 Up to \$34 Up to \$16
Frame Once Every 24 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$70 	<ul style="list-style-type: none"> Up to \$26
Contact Lenses Once Every 24 Months Elective Contact Lenses	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$45 RetailⓄ 	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$45
Medically Necessary*	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$135

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses once every 24 months from last date of service.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 50981000201 or the group number on the identification card and enter in your search parameters. It's that easy!

*Pre-approval from NVA required.

Ⓞ Additional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- \$10 Solid Tint
- \$12 Fashion / Gradient Tint
- \$10 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating
- \$40 Standard Anti-Reflective
- \$20 Glass Photogrey (Single Vision)
- \$100 Progressive Lenses Premium
- \$65 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard
- \$55 High Index
- \$75 Polarized
- \$30 Glass Photogrey (Multi-Focal)

Options not listed will be priced by NVA providers at their R&C retail price.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Get a Better View



Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:
-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Additional Discounts: There will be a twenty-percent (20%) discount off additional purchases of lenses/frame or contact lenses (excluding any disposable) at the time of service.

At NVA, We Work Only for Our Clients.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 5/07. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

