



Summary of Vision Care Benefits

**NECA Local Union No. 313**

**IBEW Health & Welfare Fund**

National Vision Administrators, L.L.C. (NVA) has been contracted by your group to offer a comprehensive vision care plan to you and your family. Founded in 1979, NVA manages vision benefit services to over 5.5 million covered lives nationally.

**How Your Program Works**

- When scheduling your comprehensive eye examination, please notify the NVA participating provider of your choice that your coverage is administered by NVA.
- The provider will contact NVA to verify eligibility.
- At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is provided by NVA, a vision claim form is not needed at an NVA participating provider.
- The provider will inform you of your status prior to rendering services.
- Be sure to inform the provider of your medical history and any medications you may be taking.

To verify benefit eligibility prior to calling or visiting your eye care professional, visit our website at [www.e-nva.com](http://www.e-nva.com) or contact NVA's customer service department.

**Eligibility:** Eligible members and dependents are entitled to receive a vision examination and 1 pair of spectacle lenses or contacts once every calendar year and frames once every two calendar years.

**Customer Service:** To verify eligibility, locate a participating provider and receive answers to all your vision care questions call NVA: 1-800-672-7723 (TDD: 973-574-2599).

- NVA's IVR system is available 24 hours a day, 7 days a week. This automated system allows you to check eligibility, claims status and locate providers.
- The Customer Service Department can be reached:  
Monday – Friday 8am – 6pm (ET)  
Saturdays 8:30am – 5:00pm (ET)

PO Box 2187  
Clifton, NJ 07015  
[www.e-nva.com](http://www.e-nva.com)  
800-672-7723

**SCHEDULE OF VISION BENEFITS**

	Participating Provider	Non-Participating Provider
Calendar Year Co-pay	None	None
<b>Examination</b> Once Every Calendar Year	Covered 100%	(Reimbursed Amounts) Up to \$30
<b>Lenses</b> Once Every Calendar Year Single Vision Bifocal Trifocal Lenticular	Standard Glass or Plastic Covered 100%	Up to \$30 Up to \$35 Up to \$45 Up to \$45
<b>Frames</b> Ⓛ Once Every 2 Calendar Years	Up to \$70 Retail Allowance	Up to \$35
<b>Contact Lenses</b> Once Every Calendar Year	(In lieu of Lenses/Frame)	(In lieu of Lenses/Frame)
<b>Elective Contact Lenses</b> Ⓜ	Up to \$150 Retail	Up to \$100
<b>Medically Necessary</b> Ⓜ	Up to \$300 Retail	Up to \$220

Ⓛ Member is responsible for the wholesale difference plus 20%.

Ⓜ Providers will charge U&C fee less 25%.

Ⓜ Pre-approval from NVA necessary

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.

- \$12 Solid Tint
- \$12 Fashion / Gradient Tint
- \$10 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating
- \$40 Standard Anti-Reflective
- \$30 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \$75 Polarized
- \$50 Progressive Lenses Standard
- \$70 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard
- \$30 Polycarbonate (Single Vision)
- \$30 Polycarbonate (Multi-Focal)
- \$30 Blended Segment
- \$55 High Index

Lens Options not listed above will be priced by NVA providers at their wholesale price plus 25%.

### **Benefits at Participating Providers:**

Highlights of the vision care benefit provided are:

- Extensive national provider network
- Enhanced in-network benefits:
  - 100% covered Vision Examination
  - 100% covered standard eyeglass lenses
  - Frame Allowance covers many fashionable frames in full
  - Allowance toward Contact Lenses
- No claim forms. Our Participating Providers file your claims with NVA directly. If you obtain services from a Non-Participating provider, submit your itemized receipt directly to NVA to receive your reimbursement.

**Examinations:** The comprehensive examination includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, and tonometry (glaucoma test). Comprehensive eye examinations can aid in the early detection of ocular diseases and other serious medical conditions, diabetes and cardiovascular disease for example.

**Lenses:** NVA provides coverage in full for standard eyeglass lenses, glass or plastic, any size. Lens Options not listed on the fixed pricing list will be priced by NVA providers at their *wholesale* price plus 25%.

**Frames:** Select any frame from the plan participating providers inventory, any amount in excess of plan frame allowance is the cardholder's responsibility. Frame choices may vary from office to office.

**Contact Lenses:** Elective contact lenses are covered in lieu of all other materials benefits (unless otherwise specified in policy). 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 for: Post Cataract Surgery, Correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia, 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. For reimbursement according to your plan, you can download a claim form from our website to submit along with a copy of the itemized receipt along with a letter containing your name, member's identification number or a photocopy of your identification card to NVA at the following address: NVA, P.O. Box 2187, Clifton, NJ 07015.

**Additional Discounts:** 20% off additional purchases of lenses and frames (excluding any contact lenses) at time of service.

Remember, obtaining vision care services from a non-participating provider will result in greater out-of-pocket expense.

**Exclusions / Limitations:** No payment is made for Medical or surgical treatments / drugs or 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.

Participating Providers are not contractually obligated to offer sale prices in addition to insurance coverage.

Regardless of medical or optical necessity, proposed vision benefits are not available more frequently than specified in the policy.

**Laser Eye Surgery:** If you are nearsighted, farsighted or affected by astigmatism, and are interested in Laser Eye Surgery, NVA offers a network of providers and significant discounts off usual and customary charges. The benefit is easy to use and there are:

- No claims forms to fill out
- No deductibles to meet
- No waiting period for coverage
- No need for reimbursements

Laser surgery providers can be located online at [www.e-nva.com](http://www.e-nva.com).

**Contact Fill:** NVA also provides you with the convenience and savings of Contact Fill, our mail order contact lens replacement program, online at [www.contactfill.com](http://www.contactfill.com) or by calling (866) 234-1393. Contact Fill is a mail order contact lens replacement program providing contact lens wearers with significant savings packaged with the convenience of home delivery. Plan discounts (i.e.: 25% discount off, etc.) do not apply to contact lenses purchased through Contact Fill due to the already low prices.

**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 provider by name, zip code, or City/State
- Nominate a provider to join the NVA network
- Verify eligibility for you or a dependent
- View benefit program and specific details
- Review claims
- Print ID cards (if your program allows)

If you are not a registered subscriber, you can find providers online by selecting "Information for Subscribers" under the 'Subscribers' heading. Click on the "Find A Provider" link, choose the NVA Vision Plan from the drop down box and enter the zip code or City/State to begin your search.

# INDIVIDUAL APPLICATION/CHANGE FORM

FOR VISION COVERAGE  
(Please Print or Type)

EMPLOYER (GROUP) NAME NECA Local Union No. 313 IBEW Health & Welfare Fund			GROUP NO. 1233 0000	
EMPLOYEE LAST NAME	FIRST	MI	DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CONTRACT TYPE REQUESTED <input type="checkbox"/> Single <input type="checkbox"/> Employee + 1 (Limited) <input type="checkbox"/> Employee + 2 (Limited) <input type="checkbox"/> Family		
EFFECTIVE DATE OF COVERAGE OR CHANGE		DATE OF HIRE		

**COMPLETE THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE**

**PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES**

THIS CHANGE IS FOR:  EMPLOYEE  SPOUSE  DEPENDENT(S)

TYPE OF CHANGE:  NEW ENROLLMENT  CHANGE OF ADDRESS  NAME CHANGE  REINSTATEMENT

ISSUE CARD  CANCEL COVERAGE  NAME CHANGE, FORMERLY \_\_\_\_\_

LAST NAME	FIRST NAME	INITIAL	M / F	DATE OF BIRTH	STUDENT (Y/N)
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I HEREBY APPLY FOR ENROLLMENT FOR VISION COVERAGE.

EMPLOYEE SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_