

NVA IS THE VISION CARRIER FOR 2024-2025

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers.

Vision plan will be a separate election, with a 50% active employee cost share.

FIND A PROVIDER: To find a National Vision Administrators (NVA) provider in your area, visit the website at e-nva.com.

Vision Insurance Plan Options

| NVA | In-Network | Out-of-Network | |
|---|--|---|--|
| Examination Copay | 100% covered | <u>Reimbursement</u> Up to \$45 | |
| Frequency of Service Exam Lenses Frames Contact lenses in lieu of frames | Every 24 months Every 24 months Every 24 months Every 24 months | | |
| Lenses Single Bifocal Trifocal Lenticular | 100% covered 100% covered 100% covered 100% covered | Reimbursement Up to \$55 Up to \$85 Up to \$105 Up to \$190 | |
| Frames | Covered up to \$100 retail allowance | Reimbursement Up to \$50 | |
| Contact Lenses in lieu of lenses/frame* | Covered up to \$130 retail allowance | Reimbursement \$130 | |
| Medically Necessary Contacts | 100% covered | Reimbursement Up to \$285 | |

*Allowances include the contact lens and fitting fee.

| National Vision Administrators Vision Rates (50% Employee Cost Share) | | | | | |
|--|-----------------|----------------|-------------------|---------|--|
| Employee Only | Employee/Spouse | Employee/Child | Employee/Children | Family | |
| Cost | Cost | Cost | Cost | Cost | |
| Per Pay | Per Pay | Per Pay | Per Pay | Per Pay | |
| \$1.14 | \$1.77 | \$1.77 | \$1.77 | \$2.80 | |