



	Choose your Benefit Frequency			
Benefit Frequency	12 Month Plan		24 Month Plan	
	* Benefit limited to once in a 12 Month Period		* Benefit limited to once in a 24 Month Period	
COVERAGE	In-Network Benefit	Out-of-Network Benefit Allowance	In-Network Benefit	Out-of-Network Benefit Allowance
EXAMINATION	Covered 100% after \$20 copay	Up to \$10	Covered 100% after \$20 copay	Up to \$10
LENSES	Covered 100% after \$20 copay	Single \$ 4 Bi-Focal \$ 16 Tri-Focal \$ 26 Lenticular \$ 52	Covered 100% after \$20 copay	Single \$ 4 Bi-Focal \$ 16 Tri-Focal \$ 26 Lenticular \$ 52
PROGRESSIVE LENSES	\$30 Copay – Standard \$80 Copay – Premium \$20 Allowance All others	Up to \$20	\$30 Copay – Standard \$80 Copay – Premium \$20 Allowance All others	Up to \$20
FRAME	\$300 Retail Allowance (20% discount off balance)	Up to \$100	\$300 Retail Allowance (20% discount off balance)	Up to \$100
CONTACT LENSES (In Lieu of Frames and/or Lenses)	\$150 Retail Allowance (15% discount off balance on Conventional or 10% discount off balance on Disposable)	Up to \$110	\$175 Retail Allowance (15% discount off balance on Conventional or 10% discount off balance on Disposable)	Up to \$125
CONTACT LENS FITTING FEES				
Everyday Wear Fitting Fee	Covered 100% after \$20 copay	Up to \$10	Covered 100% after \$20 copay	Up to \$10
Extended Wear Fitting Fee	Covered 100% after \$20 copay	Up to \$10	Covered 100% after \$20 copay	Up to \$10
Specialty Wear Fitting Fee	Covered 100% after \$40 copay	Up to \$10	Covered 100% after \$40 copay	Up to \$10
COVERAGE TIER LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	MONTHLY PREMIUM	2-YEAR PREMIUM
SINGLE	\$12.00	\$144.00	\$8.00	\$192.00
TWO PARTY	\$24.00	\$288.00	\$16.00	\$384.00
FAMILY	\$35.00	\$420.00	\$23.00	\$552.00

▲ Benefits above are for claims incurred on or after 1/1/2023. This is only a summary of benefits. Limitations and Exclusions may apply. To receive the most benefit under the plan, use a full-service, in-network, participating provider. To find an in-network provider in your area, visit NVA's website at www.e-nva.com click on 'Find Provider' and enter the HWF vision group number which is **01031211**. You can also inquire about participating National Vision Administrators providers by calling NVA at (800) 672-7723. Dependent children covered to age 26 or to any age with certified disability.

FIXED PRICING ON LENS OPTIONS (Subject to change)			
LENS OPTION	FIXED FEE	LENS OPTION	FIXED FEE
UV Coatings	\$12.00	Transitions SV (Standard)	\$65.00
Anti-Reflective Coatings (Standard)	\$40.00	Transitions BI (Standard)	\$70.00
Polycarbonate SV	\$25.00	Transitions TRI (Standard)	\$70.00
Polycarbonate BI	\$30.00	Scratch Resistant Coating (Standard)	\$10.00
Polycarbonate TRI	\$30.00	Polarized	\$75.00
Glass Photogrey SV	\$20.00	High Index	\$55.00
Glass Photogrey BI	\$30.00	Blended Bifocals (Segment)	\$30.00
Glass Photogrey TRI	\$30.00	Fashion Gradient Tint	\$12.00
Solid Tints	\$10.00		

Note: Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above.

DISCOUNTED SERVICES INCLUDE	
MAIL ORDER CONTACT LENS PROGRAM	Contact Fill 1-866-234-1393 - Provide code: PSEA
LASIK SURGERY	Extensive discounts at Participating LASIK providers

NVA EyeEssential Plan	
<p>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. The EyeEssential Discount Plan includes significant discounts on materials through participating NVA network providers. Benefit frequencies are unlimited. Please note, these discounts do not apply at select retail locations including Walmart/Sam's Club everyday low prices and Cole Corporate locations.</p>	
SERVICE OR MATERIAL	MEMBER COST
Comprehensive Vision Examination (Including Dilation as professionally indicated)	Balance after \$10 discount
LENSES	STANDARD GLASS OR PLASTIC
SINGLE VISION	\$35.00
BIFOCAL	\$55.00
TRIFOCAL	\$70.00
LENTICULAR	\$70.00
LENS OPTIONS	
UV COATING	\$12.00
TINT (SOLID & GRADIENT)	\$12.00
SCRATCH RESISTANT COATING (STANDARD)	\$15.00
POLYCARBONATE (STANDARD)	\$35.00
ANTI-REFLECTIVE COATING (STANDARD)	\$45.00
POLARIZED	\$75.00
TRANSITIONS (STANDARD)	\$65.00 (Single Vision)
	\$70.00 (Bifocal & Trifocal)
PROGRESSIVE	\$50.00 (Plus Bifocal/Trifocal fee)
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
DISPOSABLE	10% Off Retail
FITTING AND FOLLOW UP	10% Off Retail



THIS IS ONLY A SUMMARY, LIMITATIONS AND EXCLUSIONS MAY APPLY

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