

**PSEA Health & Welfare Fund
OPTI-VISION Enrollment Card**

(Please Type or Print)

Make check payable to: PSEA Health and Welfare Fund

I would like the ONE YEAR Service for \$18.00 I would like the TWO YEAR Service for \$30.00

Please tell us a little more about yourself

Member Birth Date: ___/___/___

Male Female

PSEA Local Association: _____

Member Name _____ Social Security Number _____

Home Address _____ Phone # _____

LIST YOUR ELIGIBLE DEPENDENTS, including spouse, if applicable, (Full Name). If more space is needed use another enrollment card

LAST	FIRST	MIDDLE	SEX	RELATIONSHIP	DATE OF BIRTH

This is a:

- New Enrollment
- Renewal
- Reinstatement
- Change in Marital Status
- Name Change
- Address Change

I CERTIFY THAT THE STATEMENTS MADE HERE ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Member's Signature _____ Date ___/___/___

Opti-Vision

WHO is eligible?

All members of PSEA, PSEA-Retired and PSEA Affiliates

WHAT do I get?

Vision Services and Products at reduced cost

WHEN can I take advantage of this service?

After you have enrolled and received your Opti-Vision ID card

WHERE can I take advantage of this service?

At any participating Opti-Vision (NVA) Provider

For a list of NVA Participating Providers visit www.e-nva.com

Enter Group/Sponsor #09980350001

WHY is the service available?

To help reduce the cost of vision care

HOW do I take advantage of this service?

Return your completed enrollment card along with your payments.

Enrollment eligibility begins on the first day of the month following receipt of the enrollment card and payment to the PSEA Health and Welfare Fund.

IMPORTANT

The Opti-Vision program is a component of the PSEA Health and Welfare Fund. The following PSEA Health and Welfare Fund documents are an integral part of this Program's operations and are available upon request from the Fund Manager: PSEA Health and Welfare Plan, PSEA Health and Welfare Trust, Opti-Vision Program, and Summary Plan Description. The benefit explanations contained herein are subject to all provisions of these documents. This descriptive brochure does not modify such documents in any way nor shall the subscriber accrue any rights because of any statement in or omission from this brochure. This brochure is for informational use only.



400 North Third Street
PO Box 1724
Harrisburg, PA 17105-1724
(800) 944-7732, ext. 7127



Opti-Vision

Discount Vision Care Program

OPTI-VISION is a Discount Vision Care Program provided by National Vision Administrators (NVA) and PSEA Health & Welfare Fund

The Discount Schedule

Your Health & Welfare Fund is concerned about the cost of vision care. We offer the Opti-Vision Program to help reduce some of this cost.

The Network

Opti-Vision is processed through the National Vision Administrators (NVA) network and the PSEA Health & Welfare Fund. Chances are there is an Opti-Vision care provider in your area.

The Program

You must go to a NVA provider to receive Opti-Vision discounts. Opti-Vision has been designed to be simple and easy to use. Upon completion of the enrollment process, you will receive an ID card. Present your ID card to a participating provider, tell the provider what you need, and they will work with you.

The Opti-Vision program has been designed as a “cash transaction” based discount program. There are no forms to complete. There is no reimbursement process. **You will receive discounts from the participating provider before you pay your bill.**

Eligibility

Only members of PSEA, PSEA-Retired and PSEA affiliates are eligible for this program. The enrollment fee will include discounts to the member, the member’s spouse, and dependents to age 26. You may select a one-year or two-year enrollment period.

Enrollment

To take advantage of this opportunity, complete the attached enrollment card. All sections must be completed to expedite processing. Remember to include your social security number and signature.

Please designate your choice of a one-year or two-year enrollment period. Include a check (payable to: PSEA Health & Welfare Fund) with the amount appropriate to your enrollment period choice.

Administration

NVA and PSEA are “named fiduciaries” of the plan. Both NVA and PSEA reserve the right to amend the plan from time to time or to terminate the plan.

Opti-Vision provides discounts to you and your dependents with an ID card according to the following schedule:

Services

	Your Cost	Typical Savings
Examination	\$27.00	\$60.49
Tonometry	3.00	9.00
Clear Lenses	Your Cost	Typical Savings
Single Glass	\$30.00	\$36.95
Plastic	31.00	46.62
Bifocal Glass	41.00	70.73
Plastic	45.00	90.46
Trifocal Glass	50.00	73.28
Plastic	55.00	52.85

During your enrollment period, there is:

- No limit to the number of visits
- No limit to the number of routine examinations
- No limit to the number of options

Frames — Wholesale cost plus 50% or provider’s UCR fee, whichever is lower

	Your Cost	Typical Savings
Examples:		
USA Workforce 672A	\$35.98	\$23.99
Luxottica BB-BB3005	89.92	59.95
Contact Lenses UCR less 25%		
Low Cost	\$22.50	\$7.50
High Cost	600.00	200.00
Special Lenses UCR less 25%		
Low Cost	\$150.00	\$50.00
High Cost	375.00	125.00

Lens Options

	Average Cost	Typical Savings
Photochromatic	\$132.99	\$88.67
Scratch Resistance	27.00	17.99
Fashion Tints	14.28	9.52
Gradient Tints	14.28	9.52
Progressive	122.71	81.79

You must use an Opti-Vision (NVA) Participating Provider to receive the discounts listed above.

OPTI-VISION is a discount vision care program administered by National Vision Administrators (NVA) and your Health & Welfare Fund. The savings listed are for comparison only. The retail cost of service and materials may vary depending on location and place of service. As a result, your savings may be greater or less than those exhibited.

Examples

	Typical Savings
1	
Examination	\$60.49
Tonometry	9.00
Single Plastic Lenses	46.62
“Focus” Frames	23.99
Scratch Resistance	17.99
	\$158.09
2	
Examination	\$60.49
Tonometry	9.00
Bifocal Plastic Lenses	90.46
LuxotticaBB	59.95
Scratch Resistance	17.99
	\$237.89

3	
Examination*	\$0.00
Tonometry*	0.00
Contact Lenses	200.00
	\$200.00

* The cost of the examination and tonometry are included in the cost of contact lenses

For a list of NVA Participating Providers visit www.e-nva.com
Enter Group/Sponsor #09980350001

Send the enrollment card and check to:

PSEA Health & Welfare Fund
400 North Third Street
PO Box 1724
Harrisburg, PA 17105-1724