


PSEA Voluntary Vision Insurance Program

Available to all PSEA Members, their spouse, and their eligible dependents to age 26.

	Choose From the Following Plan Options:			
Benefit Frequency	12 Month Plan <small>* Benefit limited to once in a 12 Month Period</small>		24 Month Plan <small>* Benefit limited to once in a 24 Month Period</small>	
COVERAGE	In-Network Benefit	Out-of-Network Benefit Allowance	In-Network Benefit	Out-of-Network Benefit Allowance
EXAMINATION	Covered 100% after \$10 copay	Up to \$10	Covered 100% after \$10 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
OVERSIZED LENSES	Covered In Full	Not Covered	Covered In Full	Not Covered
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 (Plus 15% discount off balance on Conventional or 10% discount off balance on Disposable)	Up to \$110	\$200 Retail Allowance (Plus 15% discount off balance on Conventional or 10% discount off balance on Disposable)	Up to \$145
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
PREMIUM	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
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

THIS IS ONLY A SUMMARY, LIMITATIONS AND EXCLUSIONS MAY APPLY



PSEA Member must be enrolled for their spouse/dependents to be enrolled. 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**.

FOR MORE INFORMATION REGARDING THE PSEA VOLUNTARY VISION PROGRAM, PLEASE CALL THE PSEA HEALTH & WELFARE FUND AT **800-944-7732 EXT. 7024 OR VISIT **WWW.PSEAHWF.ORG/VOLUNTARY_VISION/****

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FIXED PRICING ON LENS OPTIONS (Subject to change)			
LENS OPTION	FIXED FEE	LENS OPTION	FIXED FEE
Transitions SV (Standard)	\$65.00	Polycarbonate SV	\$25.00
Transitions BI (Standard)	\$70.00	Polycarbonate BI	\$30.00
Transitions TRI (Standard)	\$70.00	Polycarbonate TRI	\$30.00
Glass Photogrey SV	\$20.00	Polarized	\$75.00
Glass Photogrey BI	\$30.00	High Index	\$55.00
Glass Photogrey TRI	\$30.00	Blended Bifocals (Segment)	\$30.00
Anti-Reflective Coatings (Teir 1)	\$40.00	Solid Tints	\$10.00
Anti-Reflective Coatings (Teir 2)	\$50.00	Fashion Gradient Tint	\$12.00
Anti-Reflective Coatings (Teir 3)	\$65.00	Blue Light Blocker (Standard)	\$30.00
Anti-Reflective Coatings (Teir 4)	\$80.00	Blue Light Blocker (Premium)	\$60.00
Anti-Reflective Coatings (Teir 5)	20% Discount	Blue Light Blocker (Ultra)	\$150.00
UV Coatings	\$12.00	Scratch Resistant Coating (Standard)	\$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 www.contactfill.com/psea 1-866-234-1393 (Provide code: PSEA)	
LASIK SURGERY		Extensive discounts at Participating LASIK providers	

NVA EyeEssential Plan

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.

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 / TIER 1)	\$45.00
POLARIZED	\$75.00
TRANSITIONS (STANDARD) - SINGLE VISION	\$65.00
TRANSITIONS (STANDARD) – BIFOCAL & TRIFOCAL	\$70.00
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