



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 1

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months	Standard Glass or Plastic	
<ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Standard Scratch Coating 	<ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$10
Frame Once Every 24 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$85 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$85 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$85
Fit/Follow-Up*** Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% After \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% After \$50 copay 	<ul style="list-style-type: none"> Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses once every 12 months and a frame once every 24 months or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

*Does not apply to Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands. **Does not apply to Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

Only covered if you choose Contact Lenses. *Pre-approval from NVA required.

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club and LensCrafters locations.

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:

<ul style="list-style-type: none"> \$75 Polarized \$30 Blended Bifocal (Segment) \$40 Blue Light Blocker (Standard) \$60 Blue Light Blocker (Premium) \$150 Blue Light Blocker (Ultra) \$12 Fashion Gradient \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$55 High Index \$12 Ultraviolet Coating 	<ul style="list-style-type: none"> \$25 Polycarbonate (Single Vision) 19 & over \$30 Polycarbonate (Multi-Focal) 19 & over \$39 Retinal Screening \$65 Transitions Single Vision (Standard) \$70 Transitions Multi-Focal (Standard) \$10 Solid Tint \$40 AR Coating – Tier 1 \$50 AR Coating – Tier 2 \$65 AR Coating – Tier 3 \$80 AR Coating – Tier 4 	<ul style="list-style-type: none"> 20% discount AR Coating – Tier 5 \$50 Progressive Tier -1 \$80 Progressive – Tier 2 \$100 Progressive – Tier 3 \$120 Progressive – Tier 4 \$140 Progressive – Tier 5 \$165 Progressive – Tier 6 \$190 Progressive – Tier 7 20% discount Progressive – Tier 8
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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Monthly Rates – Plan 1A Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$3.57	\$7.14	\$12.84

Monthly Rates – Plan 1B Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$3.06	\$6.12	\$11.01



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 2

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Standard Scratch Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$10
Frame Once Every 12 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$130 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months Elective Contact Lenses Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear Medically Necessary****	In lieu of Lenses <ul style="list-style-type: none"> Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% After \$20 copay Covered 100% After \$30 copay Covered 100% After \$50 copay Covered 100% 	In lieu of Lenses <ul style="list-style-type: none"> Up to \$105 Up to \$20 Up to \$30 Up to \$30 Up to \$210

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **4162000401** or the group number on the identification card and enter in your search parameters. It's that easy!

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Only covered if you choose Contact Lenses. *Pre-approval from NVA required.

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club and LensCrafters locations.

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:

<ul style="list-style-type: none"> \$75 Polarized \$30 Blended Bifocal (Segment) \$40 Blue Light Blocker (Standard) \$60 Blue Light Blocker (Premium) \$150 Blue Light Blocker (Ultra) \$12 Fashion Gradient \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$55 High Index \$12 Ultraviolet Coating 	<ul style="list-style-type: none"> \$25 Polycarbonate (Single Vision) 19 & over \$30 Polycarbonate (Multi-Focal) 19 & over \$39 Retinal Screening \$65 Transitions Single Vision (Standard) \$70 Transitions Multi-Focal (Standard) \$10 Solid Tint \$40 AR Coating – Tier 1 \$50 AR Coating – Tier 2 \$65 AR Coating – Tier 3 \$80 AR Coating – Tier 4 	<ul style="list-style-type: none"> 20% discount AR Coating – Tier 5 \$50 Progressive Tier -1 \$80 Progressive – Tier 2 \$100 Progressive – Tier 3 \$120 Progressive – Tier 4 \$140 Progressive – Tier 5 \$165 Progressive – Tier 6 \$190 Progressive – Tier 7 20% discount Progressive – Tier 8
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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Monthly Rates – Plan 2A Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$5.24	\$10.48	\$18.86

Monthly Rates – Plan 2B Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$4.50	\$9.00	\$16.19



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 2E (Enhanced)

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Solid Tints Fashion Gradient Tints Progressive – Tier 1 Progressive – Tier 2 UV Coating AR Coating – Tier 1 Polycarbonates (SV) Polycarbonate (Bi/Tri) Standard Scratch Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$10 Up to \$12 Up to \$50 Up to \$80 Up to \$12 Up to \$40 Up to \$25 Up to \$30 Up to \$10
Frame Once Every 12 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$130 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$105
Fit/Follow-Up***		
Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% After \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% After \$50 copay 	<ul style="list-style-type: none"> Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210

How Your Vision Care Program Works

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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Monthly Rates – Plan 2A Enhanced Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$8.76	\$17.53	\$30.00

Monthly Rates – Plan 2B Enhanced Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$8.02	\$16.05	\$27.33



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 3

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Standard Scratch Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$10
Frame Once Every 24 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$130 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$105
Fit/Follow-Up***		
Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% After \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% After \$50 copay 	<ul style="list-style-type: none"> Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210

How Your Vision Care Program Works

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<ul style="list-style-type: none"> \$75 Polarized \$30 Blended Bifocal (Segment) \$40 Blue Light Blocker (Standard) \$60 Blue Light Blocker (Premium) \$150 Blue Light Blocker (Ultra) \$12 Fashion Gradient \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$55 High Index \$12 Ultraviolet Coating 	<ul style="list-style-type: none"> \$25 Polycarbonate (Single Vision) 19 & over \$30 Polycarbonate (Multi-Focal) 19 & over \$39 Retinal Screening \$65 Transitions Single Vision (Standard) \$70 Transitions Multi-Focal (Standard) \$10 Solid Tint \$40 AR Coating – Tier 1 \$50 AR Coating – Tier 2 \$65 AR Coating – Tier 3 \$80 AR Coating – Tier 4 	<ul style="list-style-type: none"> 20% discount AR Coating – Tier 5 \$50 Progressive Tier -1 \$80 Progressive – Tier 2 \$100 Progressive – Tier 3 \$120 Progressive – Tier 4 \$140 Progressive – Tier 5 \$165 Progressive – Tier 6 \$190 Progressive – Tier 7 20% discount Progressive – Tier 8
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Monthly Rates – Plan 3A Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$4.79	\$9.58	\$17.24

Monthly Rates – Plan 3B Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$4.12	\$8.24	\$14.83



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 4

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Standard Scratch Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$10
Frame Once Every 12 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$200 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months Elective Contact Lenses	In lieu of Lenses <ul style="list-style-type: none"> Up to \$200 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	In lieu of Lenses <ul style="list-style-type: none"> Up to \$105
Fit/Follow-Up*** Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% After \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% After \$50 copay 	<ul style="list-style-type: none"> Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210

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Only covered if you choose Contact Lenses. *Pre-approval from NVA required.

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Monthly Rates – Plan 4A Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$7.48	\$14.97	\$26.94

Monthly Rates – Plan 4B Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$6.43	\$12.86	\$23.16



National Vision Administrators, L.L.C.

Gettysburg Insurance Services Industry Trust - Option 4E (Enhanced)

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Solid Tints Fashion Gradient Tints Progressive – Tier 1 Progressive – Tier 2 UV Coating AR Coating – Tier 1 Polycarbonates (SV) Polycarbonate (Bi/Tri) Standard Scratch Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$10 Up to \$12 Up to \$50 Up to \$80 Up to \$12 Up to \$40 Up to \$25 Up to \$30 Up to \$10
Frame Once Every 12 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$200 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every 12 Months	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$200 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$105
Fit/Follow-Up***		
Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% After \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% After \$50 copay 	<ul style="list-style-type: none"> Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 4162000701 or the group number on the identification card and enter in your search parameters. It's that easy!

This document is intended as a program overview only and is not a certified document of the individual plan parameters.

*Does not apply to Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands. **Does not apply to Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers. ***Only covered if you choose Contact Lenses. ****Pre- approval from NVA required.

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club and LensCrafters locations.

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:

<ul style="list-style-type: none"> \$75 Polarized \$30 Blended Bifocal (Segment) \$40 Blue Light Blocker (Standard) \$60 Blue Light Blocker (Premium) \$150 Blue Light Blocker (Ultra) \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$55 High Index \$39 Retinal Screening 	<ul style="list-style-type: none"> \$25 Polycarbonate (Single Vision) \$30 Polycarbonate (Multi-Focal) \$65 Transitions Single Vision (Standard) \$70 Transitions Multi-Focal (Standard) \$50 AR Coating – Tier 2 \$65 AR Coating – Tier 3 \$80 AR Coating – Tier 4 20% discount AR Coating – Tier 5 	<ul style="list-style-type: none"> \$100 Progressive – Tier 3 \$120 Progressive – Tier 4 \$140 Progressive – Tier 5 \$165 Progressive – Tier 6 \$190 Progressive – Tier 7 20% discount Progressive – Tier 8
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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Monthly Rates – Plan 4A Enhanced Voluntary (0% - 19% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$11.00	\$22.02	\$38.08

Monthly Rates – Plan 4B Enhanced Mixed Contribution (20% - 100% Employer Contribution)			
	Employee Only	Employee + 1	Family
Premium	\$9.95	\$19.91	\$34.30

Get a Better View

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

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 participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or 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. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to 60% savings at participating provider locations through NationsHearing®.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
Eye Examination:	Member Cost: Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U and C) price.

Wal-Mart / Sam's Club and Lenscrafters stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

At NVA, We Work Only for Our Clients.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC 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.

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015
Web: www.e-nva.com • Toll-Free: 1.800.672.7723
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www.e-nva.com



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Copyright© 2024 LCA-Vision, Inc. *Must mention this promotion and be treated by December 31, 2024 to qualify. \$1,000 off for both eyes on standard Wavelight price, \$500 off for one eye. Cannot be combined with any other offers. See details at www.e-nvalasik.com.

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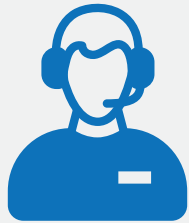
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YOUR DOCTOR & YOUR PRESCRIPTION

In 2004, a Federal Law called the "Fairness To Contact Lens Consumers" Act went into effect. This law mandates that patients be given their prescription as soon as they've been fitted. The law requires sellers to verify prescriptions and gives prescribers a reasonable amount of time, 8 business hours, to respond. It also established that a contact lens prescription will expire within one year or at the time set by State law, whichever is greater.

Contact lenses cannot be sold for less than the manufacturer's minimum price, where applicable.

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FREQUENTLY ASKED QUESTIONS

IS A CONTACT LENS PRESCRIPTION DIFFERENT THAN AN EYEGLASS PRESCRIPTION?

Yes. A typical contact lens prescription will have a number for sphere or power and, if required, numbers for cylinder, axis or add power. It will also specify the lens brand name and include base curve and diameter measurements.

WHAT IS THE DIFFERENCE BETWEEN RIGID GAS PERMEABLE (RGP) LENSES AND SOFT LENSES?

RGP lenses are smaller and made out of a harder, less pliable material than soft lenses. RGP lenses correct astigmatism whereas soft spherical lenses do not.

HOW DO I KNOW IF MY PRESCRIPTION IS STILL VALID?

Most contact lens prescriptions are valid for one or two years(s) from the issue date. An expiration date is usually written on the prescription or it will simply state “expires in one year”. Routine eye exams are to insure optimum eye health, so follow your doctor’s recommendations for periodic re-exams.

MY LENS TYPE IS NOT ON THE LIST OF AVAILABLE LENSES; CAN I STILL PURCHASE THEM FROM CONTACT FILL?

Your lens may be a special order product available through Contact Fill. Just call or email with your lens prescription information and questions. A Customer Service Representative will be glad to assist.

WILL CONTACT FILL CONTACT MY DOCTOR TO VERIFY MY PRESCRIPTION?

All prescriptions are verified and the order checked for accuracy before your contact lenses are shipped.

CAN I USE THE MONEY IN MY HEALTH CARE ACCOUNT (FSA, HSA, OR HRA) TO PAY FOR MY CONTACT LENSES?

Contact Fill accepts payments from flexible spending accounts (FSA), health reimbursement accounts (HRA), and health savings accounts (HSA) for the purchase of contact lenses.

WHAT IS THE COST TO SHIP MY ORDER?

The standard cost for shipping your contact lenses from Contact Fill is \$7.95 per order. However, first-time buyers will receive free standard shipping on orders placed by June 30, 2024. Use the promotion code **SHIP24** to receive this special offer.

DOES CONTACT FILL ACCEPT INSURANCE?

Contact Fill accepts National Vision Administrators (NVA) plans for payment or member reimbursement. For all other insurance purposes, an invoice is provided with every order. If you require a more specialized invoice to submit to your insurance carrier, please ask a Customer Service Representative for assistance.

ORDERING YOUR CONTACT LENSES THROUGH CONTACT FILL IS...



EASY



FAST



RELIABLE

Check out our discounted pricing by contact lens type and popular brands at www.contactfill.com. Below are examples of some contact lens types and popular contact lenses you’ll find on our website.

CONTACT LENS TYPES

TORIC & ASTIGMATISM	MULTIFOCAL & BIFOCAL	COLOR & ENHANCING
DAILY DISPOSABLE	1-2 WEEK DISPOSABLE	MONTHLY DISPOSABLE
CONVENTIONAL (VIAL)	RIGID GAS PERMEABLE (RGP)	

POPULAR CONTACT LENSES

ACUVUE 1-DAY MOIST	ACUVUE OASYS	ACUVUE VITA
AIR OPTIX	AVAIRA	BIOFINITY
BIOTRUE ONEDAY	CLARITI DAILIES	DAILIES COMFORT PLUS
DAILIES TOTAL 1	FRESHLOOK	INFUSE ONE DAY
MYDAY	OASYS 1-DAY	PRECISION1
PROCLEAR	PUREVISION	ULTRA

WHERE TO ORDER

- www.contactfill.com
- Call 866.234.1393

QUESTIONS

Contact customer service at 866.234.1393 or cservices@contactfill.com

100%

Satisfaction

GUARANTEE

ON ALL PURCHASES

