

AFSCME-District Council 47 Health & Welfare Fund

INTRODUCTION

NATIONAL VISION ADMINISTRATORS, L.L.C., is the administrator of your plan and as an innovative leader in the field, has designed the program with your convenience in mind. NVA's staff is composed of qualified professional administrative personnel who are available to assist you if needed.

PROGRAM BENEFITS

VISION EXAMINATION: A complete analysis of eyes and related structures.

LENSES: To correct vision problems - lenses may be plastic or impact resistant glass.

FRAMES: The plan offers a wide selection of frames; however, if you select a frame which costs more than the amount allowed by your plan, there will be an additional charge.

CONTACT LENSES: (Medically Necessary) Will be considered for payment by NVA when an NVA Participating Provider secures prior authorization for the following conditions: a) Following cataract surgery, b) To correct extreme visual acuity problems that cannot be corrected to 20 / 70 with spectacle lenses, c) Anisometropia, d) Keratoconus. Maximum Allowance is \$100.00. (In lieu of all other benefits including vision analysis).

COSMETIC CONTACT LENSES: The plan will contribute an allowance towards the purchase of cosmetic contacts.

(In lieu of all other benefits including vision analysis). Maximum allowance is \$100.00.

HOW YOUR PROGRAM WORKS

PARTICIPATING PROVIDER: When making your appointment with an NVA Participating Provider, please notify them that your coverage is administered by NVA and Sponsored by AFSCME-District Council 47 Health & Welfare Fund, Sponsor # 1048. The provider will telephone NVA to verify your vision care eligibility.

At the time of your first appointment simply present your NVA Vision Care identification card. You do not need to obtain a vision claim form. The provider will inform you of your eligibility status prior to rendering services. To verify benefit eligibility yourself prior to scheduling your eye care appointment, you may wish to contact NVA's Customer Service department at the following toll free number: 800-672-7723.

When the services have been completed, the Provider will have you sign a claim form and he or she will then forward the form to NVA for processing and payment.

NON-PARTICIPATING PROVIDER: If you select a non-participating eye care provider you will be responsible for one hundred percent (100%) of the cost at the time of service. Remember: obtaining vision care services from a non-participating provider will result in unnecessary out-of-pocket expense. The plan will provide for a maximum reimbursement up to \$100.00.

Reimbursement will be made directly to you from NVA. You must simply submit a copy of the itemized receipt along with a note containing your name, Social Security number or a photocopy of your plastic identification card to NVA at the following address:

NATIONAL VISION ADMINISTRATORS, L.L.C.
P.O. BOX 2187
CLIFTON, NEW JERSEY 07015



ELIGIBILITY

All eligibles (member and dependents) are entitled to one vision examination and glasses (lenses and frames) or contact lenses once every calendar year.

WHERE TO GET BENEFITS

NVA has network of participating Ophthalmologists, Optometrists, and Opticians to serve you. A directory of local participating providers will be supplied to each eligible.

EXCLUSIONS

Services and materials not covered under the plan. No payment will be made for: medical or surgical treatments /drugs or medications/non-prescription lenses/examinations or materials not listed as a covered service/replacement of lost, stolen, broken or damaged lenses/contact lenses or frames except at normal intervals when service is otherwise available/services or materials provided by Federal, State, Local Government or Workers' Compensation/Examinations, procedures training or materials not listed/industrial 3 (mm) safety lenses and safety frames with side shields/parts or repair of frames/sunglasses-plain or prescription.

IF ANY ITEM IS SELECTED FROM THE EXCLUSION LIST, YOU WILL BE REQUIRED TO PAY THE TOTAL COST OF THE LENSES.

LIMITATIONS

The items below can be provided under your plan at a discounted rate at a participating provider. However, if you select any of these items, you must pay the difference between your scheduled plan allowance and the cost of the item selected. Photochromatic (gray and brown) light or dark, tinted (other than pink #1 or #2), gradient or fashion colors, progressive or no-line multifocals, a frame costing more than the plan allowance, Coatings: mirror, anti-reflective, super a.r., color, edge, ultra violet, polish edges, smart segment, scratch resistant (lab or manufacturer applied), rimless, polycarbonate, oversize lenses.

ADMINISTRATOR

Your Vision Care Program is being administered by National Vision Administrators, L.L.C. If you have any questions or require information of any kind, please call or write:

**NATIONAL VISION ADMINISTRATORS, L.L.C.
P.O. BOX 2187, CLIFTON, NJ 07015
973-574-2400 or 800-672-7723**

REFRACTIVE SURGERY

In addition to the above benefits, an arrangement has been made for members to receive a discounted rate on Refractive Surgery (Lasik, PRK, Lens implants).

***** Important ***** The member is responsible for all charges relating to Refractive Surgery. Neither AFSCME-District Council 47 Health & Welfare Fund or NVA will provide any reimbursement for Refractive Surgery.

Contact NVA for a brochure which describes the policies and procedures relating to Refractive Surgery in order to obtain the discounted rate.