

2016 VISION

	BASIC PLAN		ENHANCED PLAN	
	In-network	Out-of-network	In-network	Out-of-network
Deductible	\$0		\$0	
Exams	You pay \$10 copay	Plan pays up to \$45	You pay \$10 copay	Plan pays up to \$45
Lenses	You pay:	Plan pays:	You pay:	Plan pays:
- Single vision	\$10 copay	Up to \$40	\$25 copay	Up to \$40
- Bifocals	\$10 copay	Up to \$60	\$25 copay	Up to \$60
- Trifocal	\$10 copay	Up to \$80	\$25 copay	Up to \$80
- Lenticular	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Lens options	Plan pays:		Plan pays:	
- Scratch-resistant coating	100%	Not covered	100%	Not covered
- Standard progressives	Not covered	Not covered	100%	Not covered
- Polycarbonate	Not covered	Not covered	100%	Not covered
Frames	Plan pays up to \$130 ¹	Plan pays up to \$50	Plan pays up to \$150 ¹	Plan pays up to \$50
Contacts (in lieu of frames/lenses)				
- Elective	Plan pays up to \$125 after \$10 copay ¹	Plan pays up to \$125	Plan pays up to \$140 ¹	Plan pays up to \$140
- Medically necessary	Plan pays 100%	Plan pays up to \$210	Plan pays 100%	Plan pays up to \$210
Covers...	One exam every 12 months; lenses, frames and contacts every 24 months		Exams, lenses, frames and contacts every 12 months	

¹ In many cases, NVA offers a discount on amounts exceeding retail allowance; ask your network provider.