

VISION BENEFITS ... AT A GLANCE

	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%	Up to \$5	100%	Up to \$5
» Standard Progressives	Not covered	Not covered	100%	Up to \$35
» Polycarbonate	Not covered	Not covered	100%	Up to \$10
Frames	Up to \$130 ¹	Up to \$50	Up to \$150 ¹	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
Fit/Follow-up	You pay:	Plan pays:	You pay:	Plan pays:
» Standard Daily Wear	\$20 copay	Up to \$20	\$20 copay	Up to \$20
» Extended Daily Wear	\$30 copay	Up to \$30	\$30 copay	Up to \$30
Covers...	Exams, contact fit every 12 months; lenses, frames and contacts every 24 months		Exams, contact fit, lenses, frames and contacts every 12 months	

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