

SCHEDULE OF BENEFITS: METRO GOV'T OF NASHVILLE & DAVIDSON CTY - BASIC (EFFECTIVE 1/1/2021)

Copayments (in-network only)	
Examination Copay	\$10
Lenses Copay	\$10
Frame Copay	\$0
Contact Lenses Copay	\$10
Contact Lens Fit/Follow-up Copay (Daily Wear)	\$20
Contact Lens Fit/Follow-up Copay (Extended Wear)	\$30
Contact Lens Fit/Follow-up Copay (Specialty Wear)	\$50

Benefits	Frequency	In-Network	Out-of-Network
Eye Examination			
Routine Examination	Once every 12 months	Covered 100%	Up to \$45
Contact Lens Fit/Followup¹			
Standard Daily Wear	Once every 12 months	Covered 100%	Up to \$20
Standard Extended Wear	Once every 12 months	Covered 100%	Up to \$30
Specialty Wear	Once every 12 months	Covered 100%	Up to \$30
Lenses (Standard Glass or Plastic)			
Single Vision	Once every 24 months	Covered 100%	Up to \$40
Bifocal	Once every 24 months	Covered 100%	Up to \$60
Trifocal	Once every 24 months	Covered 100%	Up to \$80
Lenticular	Once every 24 months	Covered 100%	Up to \$80
Lens Options			
Scratch Resistant Coating (Standard)	Once every 24 months	Covered 100%	Up to \$5
Frames			
Retail Frame Allowance	Once every 24 months	Up to \$130	Up to \$50
20% Discount on Frame Balance ²		Yes	N/A
Contact Lenses			
Elective	Once every 24 months	Up to \$125	Up to \$125
15% discount on Conventional/10% discount on Disposable on remaining balance ³		Yes	N/A
Medically Necessary ⁴	Once every 24 months	Covered 100%	Up to \$210

¹Only covered if member chooses contact lenses.

²Discount does not apply at Walmart/Sam's Club locations or for certain proprietary frame brands or where prohibited by law. Discounts are not insured benefits.

³Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable) or Contact Fill. Prohibited by some manufacturers or where prohibited by law. Discounts are not insured benefits.

⁴Prior authorization required from NVA. Includes Fitting & Follow-up.

Note: if covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

Monthly Rates	
Contribution	Voluntary
Tier	Premium
Employee Only	\$2.95
Employee + 1 or more	\$9.02
Eligible Employees	256
Commission	0%
Rate Guarantee	48 months
The current guaranteed premium rate is subject to modification based upon any change in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Insurer's risk in underwriting this coverage.	
Notes:	Underwritten by Fidelity Security Life Insurance Company, Kansas City MO, Policy No. VC-108, Policy Form No. M-9142.

Participation Requirements

The participation requirements for the proposed plan are a minimum of 10 enrollees. (May vary by State)

Please sign and date below and return this schedule of benefits with your completed Vision Set Up Form to your Sales Director's e-mail. By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contracting the Company (or Administrator) by mail, email, or telephone.

Signature

Approval

Fixed Pricing on Lens Options			
Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV	\$25.00	Progressive (Standard)	\$50.00
Polycarbonate BI	\$30.00	Progressive (Premium)	\$100.00
Polycarbonate TRI	\$30.00	UV Coatings	\$12.00
Transitions SV (Standard)	\$65.00	Polarized	\$75.00
Transitions BI (Standard)	\$70.00	High Index	\$55.00
Transitions TRI (Standard)	\$70.00	Blended Bifocals (Segment)	\$30.00
Glass Photogrey SV	\$20.00	Solid Tints	\$10.00
Glass Photogrey BI	\$30.00	Fashion Gradient Tint	\$12.00
Glass Photogrey TRI	\$30.00	Blue Light Blocker (Standard)	\$40.00
Anti-Reflective Coatings – Tier 1	\$40.00	Blue Light Blocker (Premium)	\$60.00
Anti-Reflective Coatings – Tier 2	\$50.00	Blue Light Blocker (Ultra)	\$150.00
Anti-Reflective Coatings – Tier 3	\$65.00	Progressive Lens – Tier 4	\$120.00
Anti-Reflective Coatings – Tier 4	\$80.00	Progressive Lens – Tier 5	\$140.00
Anti-Reflective Coatings – Tier 5	20% Discount	Progressive Lens Tier – 6	\$165.00
Progressive Lens – Tier 1	\$50.00	Progressive Lens Tier – 7	\$190.00
Progressive Lens – Tier 2	\$80.00	Progressive Lens Tier – 8	20% Discount
Progressive Lens – Tier 3	\$100.00		

Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations. 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.

Added-Value Services Included

Mail Order Contact Lens Replacement Program	See Appendix section for more details about the NVA Mail Order Contact Lens Replacement Program
Lasik Discount	Extensive discounts at participating LASIK Providers. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.
Hearing Discount	Up to 30-60% off retail at participating provider locations through EPIC Hearing

EYEESSENTIAL® Discount 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.

NVA introduces the EYEESSENTIAL® Discount Plan – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.

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)	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00
Progressive (Standard)	\$50.00 + Bifocal/Trifocal Charge
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 price
Disposable	10% off retail price
Fitting and Follow Up	10% off retail price

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Wal-Mart/Sam's Club Everyday Low Prices and Cole corporate locations. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Exclusions (Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits)

The following are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits):

1. Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing
2. Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision materials would next become available.
3. Services or materials provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
4. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
5. Corrective eyewear required by an employer as a condition of employment; and safety eyewear unless specifically covered under plan.

6. Medical and/or surgical treatment of the eye, eyes or supporting structures;
7. Two pair of glasses in lieu of bifocals;
8. Plano (non-prescription) lenses; non-prescription sunglasses