

CLAIM INSTRUCTIONS

EMPLOYEE:

- Use this form to obtain reimbursement for services.
- Complete the employee section of the form.
- Sign and date the form after checking for completeness.
- Attach copy of itemized receipts.
- Submit the form to:

NATIONAL VISION ADMINISTRATORS
P.O. BOX 2187
CLIFTON, NEW JERSEY 07015
TOLL FREE 800-672-7723

If you have any questions, please contact NVA at 800-672-7723.

CLAIM FOR VISION CARE EXPENSE FOR NON-PARTICIPATING PROVIDERS



NATIONAL VISION ADMINISTRATORS
P.O. BOX 2187 / CLIFTON, NEW JERSEY 07015
800-672-7723

TO BE COMPLETED BY EMPLOYEE (Print)					
LAST NAME		FIRST	CARD MEMBER		
STREET ADDRESS		FIRST NAME	DATE OF BIRTH	GENDER	STATUS
CITY		STATE	ZIP CODE	SPONSOR NAME	MARITAL STATUS
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD
				<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	<input type="checkbox"/> MARRIED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> WIDOWED
I HEREBY CERTIFY THAT THE PATIENT INFORMATION ENTERED ON THIS FORM IS CORRECT, THAT THE PATIENT NAMED IS ELIGIBLE FOR THE BENEFITS AND THAT I HAVE RECEIVED THE SERVICES DESCRIBED. I ALSO CERTIFY THAT THE SERVICES AND MATERIALS RECEIVED ARE NOT FOR AN ON THE JOB INJURY OR COVERED UNDER ANOTHER VISION PROGRAM. I FURTHER AUTHORIZE THE RELEASE OF ALL INFORMATION ON THIS FORM TO NVA, UNDERWRITER, SPONSOR, POLICY HOLDER AND THE EMPLOYER.					
EMPLOYEE'S SIGNATURE _____			DATE _____		
IS CLAIM CONNECTED IN ANY WAY WITH: 1) PATIENT'S OCCUPATION, ACCIDENT OR EYE SURGERY (OTHER THAN CATARACT SURGERY)? <input type="checkbox"/> YES <input type="checkbox"/> NO 2) SAFETY GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO 3) CATARACT SURGERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANY QUESTION ANSWERED YES, GIVE DETAILS AND DATES IN THE SPACE PROVIDED.					
IS PATIENT COVERED UNDER ANY OTHER GROUP VISION PLAN FOR THE SERVICE(S) PRESENTED BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWERED YES, GIVE INSURANCE COMPANY NAME, ADDRESS AND POLICY NUMBER IN THE SPACE PROVIDED.					

TO BE COMPLETED BY EXAMINING OPHTHALMOLOGIST OR OPTOMETRIST (Print)			
EXAMINER NAME	<input type="checkbox"/> MD <input type="checkbox"/> OD	TAX ID#	PATIENT NAME
STREET ADDRESS		CAN VISUAL ACUITY BE RESTORED TO AT LEAST 20/70 IN THE BETTER EYE WITH CONVENTIONAL EYEGLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE	ZIP CODE	DOES PATIENT HAVE EYEGLASSES PRIOR TO YOUR EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
I HEREBY CERTIFY THAT I HAVE RENDERED THE SERVICES INDICATED HEREON.		DOES PATIENT REQUIRE A PRESCRIPTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHANGES:	SERVICE CHARGE
SIGNATURE _____ DATE _____		AXIS _____ SPHERE/CYLINDER _____	\$ _____
I HAVE PRESCRIBED: <input type="checkbox"/> SINGLE VISION <input type="checkbox"/> BIFOCAL <input type="checkbox"/> TRIFOVAL <input type="checkbox"/> APHAKIC CONTACTS: <input type="checkbox"/> HARD <input type="checkbox"/> SOFT <input type="checkbox"/> COSMETIC <input type="checkbox"/> MEDICALLY REQUIRED			

TO BE COMPLETED BY DISPENSER (Print)					
DISPENSER NAME		TAX ID#	PATIENT NAME		DATE OF SERVICE
STREET ADDRESS			Rx	SPHERE	CYLINDER
CITY		STATE	ZIP CODE	AXIS	PRISM
				ADD	
I HEREBY CERTIFY THAT I HAVE RENDERED THE SERVICES AND SUPPLIED THE MATERIAL INDICATED HEREON.		MATERIALS SUPPLIED		CHARGES	NVA USE
SIGNATURE _____ DATE _____		<input type="checkbox"/> SINGLE VISION <input type="checkbox"/> BIFOCAL <input type="checkbox"/> TRIFOVAL <input type="checkbox"/> APHAKIC <input type="checkbox"/> CONTACTS <input type="checkbox"/> HARD <input type="checkbox"/> SOFT <input type="checkbox"/> TINT # _____ COLOR _____ <input type="checkbox"/> OTHER _____			
L E N S E S	U.S. MANUFACTURER NAME, FABRICATING LAB MODEL OR STYLE				
	TRADE NAME	WIDTH	<input type="checkbox"/> PAIR <input type="checkbox"/> ONE <input type="checkbox"/> GLASS <input type="checkbox"/> PLASTIC		
F R A M E S	MANUFACTURER NAME		SIZE	MODEL OR STYLE	
	FRAME NUMBER	<input type="checkbox"/> PLASTIC <input type="checkbox"/> METAL <input type="checkbox"/> COMBINATION	<input type="checkbox"/> NEW <input type="checkbox"/> PATIENT'S	FRAME	
				TOTAL CHARGE	



Hamilton Community Schools

Summary of Vision Care Benefits

National Vision Administrators, L.L.C. (NVA) has been contracted by your group to offer a comprehensive vision care plan to you and your eligible family members. Founded in January of 1979, NVA manages vision benefit services for approximately seven million lives nationwide. Group Effective 10/01/2011

How Your Vision Care Program Works

- 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.
- When scheduling your appointment, please notify the NVA participating provider of your choice that your vision coverage is administered by NVA.
- The provider will contact NVA to verify eligibility.
- At the time of your appointment, simply present your NVA identification card to the provider or indicate clearly that your benefit is administered by NVA. A vision claim form is not required at an NVA participating provider.
- The provider will inform you of your eligibility status prior to rendering services.
- Be sure to inform the provider of your medical history and any prescription or over-the-counter 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 contact NVA's Customer Service Department toll-free at 1.800.672.7723.

Eligibility: Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses once every plan year.

Customer Service: To verify eligibility, locate a participating provider and receive answers to all your vision care related inquiries, please call NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD: 973.574.2599).

- NVA's Interactive Voice Response (IVR) system is available twenty-four (24) hours per day, seven (7) days per week. The IVR allows you to locate a participating provider in your area, check eligibility as well as the status of your claim(s).
- An NVA Customer Service Representative can be contacted twenty-four (24) hours per day, seven (7) days per week.

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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Schedule of Vision Benefits

Co-payment	Participating Provider	Non-Participating Provider
None		
Examination Once Every Plan Year	Covered 100%	Reimbursed Amount Up to \$35 (OD) Up to \$45 (MD)
Lenses Once Every Plan Year Single Vision Bifocal Trifocal Lenticular Standard Transitions Photochromatic Oversized Rimless Mounting Color Tints / Color Coats Single Vision Bifocal Trifocal Lenticular Polarized Single Vision Bifocal Trifocal Lenticular	Standard Glass or Plastic Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	Up to \$38 Up to \$60 Up to \$72 Up to \$108 N/A N/A N/A N/A Up to \$4 Up to \$10 Up to \$12 Up to \$10 Up to \$18 Up to \$30 Up to \$38 Up to \$30
Frame Once Every Plan Year	Retail Allowance Up to \$130 (20% discount off balance)*	Up to \$55
Contact Lenses Once Every Plan Year Elective Contact Lenses	In lieu of Lenses & Frame Up to \$135 Retail® (15% discount (Conventional)/ or 10% discount (Disposable) off balance)** Covered 100%	In lieu of Lenses & Frame Up to \$115 Up to \$200
Medically Necessary***		

*Does not apply to Wal-Mart / Sam's Club locations

**Does not apply to Wal-Mart / Sam's Club or Contact Fill locations

***Pre-approval from NVA required

①Additional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

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:

- \$50 Progressive Lenses Standard
- \$12 Ultraviolet Coating
- \$40 Standard Anti-Reflective
- \$30 Blended Bifocal (Segment)
- \$55 High Index

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices Wal-Mart / Sam's Club will not provide the lens options at the fees listed in the fixed option pricing list. Wal-Mart / Sam's Club stores accept NVA for materials. Doctors affiliated with Wal-Mart / Sam's Club are not Wal-Mart / Sam's Club employees; therefore, participation for exams varies.



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



COUNCIL 18
ASSURE
UNITED FUTURE

Benefits at Participating Providers:

Highlights of your vision care benefit:

The option of receiving services in- or out-of-network

Extensive national provider network

Enhanced in-network benefits:

- 100% covered Vision examination (after copay if applicable)
- 100% covered standard spectacle lenses (after copay if applicable)
- Frame allowance covers countless fashionable frames in full
- Allowance towards the cost of contact lenses and fitting fees
- No claim forms; providers will submit claims directly to NVA.

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation. Comprehensive eye examinations can aid in the early detection of ocular diseases and other serious medical conditions, diabetes and cardiovascular disease for example.

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.

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 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.

Discounts: In addition to your funded benefit you are eligible to access the EyeEssentialSM Plan discount on additional purchases during the plan period.

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. To obtain direct reimbursement according to your plan design, you can print a claim form from www.e-nva.com. Please complete this form and submit along with an original or copy of the itemized receipt. If you cannot print the claim form 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's Clifton, NJ office. **Remember,** obtaining vision care services from a non-participating provider will result in greater out-of-pocket expense.

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.

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.

Valuable Member Benefits

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.

All providers are contracted to extend members discounts on standard prices or promotional prices, ensuring the member will pay less than the public.

- 15% off standard prices - or - 5% off promotional pricing

All-Inclusive Discount

- All in network providers extend the discount on the entire cost of the procedure, maximizing member savings.

Additional Member Value – Members are entitled to these additional benefits available exclusively at select providers (over 70 locations nationwide).

- Special "set prices" ranging from \$695 to \$1,895 per eye on select technologies.
- Free initial consultation and comprehensive LASIK exam
- Advanced laser technologies including Wavefront and IntraLase (All-Laser LASIK)
- Attractive financing options available

The process is simple:

- Find a provider (Call 1-877-295-8599 or visit www.e-nva.com)
- Schedule a pre-operative exam to determine if laser vision correction is right for you
- Schedule a treatment
- Pay discounted member price directly to the provider

Contact Fill: NVA provides you with the convenience and savings of Contact Fill, our mail order contact lens replacement service. You may access Contact Fill's services online at www.contactfill.com or by calling them toll-free at 866.234.1393. Contact Fill provides contact lens wearers with significant savings packaged with the convenience of home delivery. Plan discounts applicable at participating retail locations do not apply to purchases made through Contact Fill due to the already low prices.

Please enter NVAFSNEW for free shipping and handling on your first order. Expires 09-30-15

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 details
- Review claims
- Print ID cards (when allowable)
- Nominate a non-participating provider to join the NVA network

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 5174400001 or the group number on the identification card you will be receiving prior to your effective date and enter in your search parameters. It's that easy!



Hamilton Community Schools

EyeEssentialsm Plan

Participating Provider	Non-Participating Provider
<p>Please Note: After you have exhausted your funded benefit, you are eligible to access the NVA EyeEssentialsm Plan. The EyeEssentialsm Plan is an In-Network Benefit Only. Benefit Frequencies are unlimited.</p>	
<p>Examination:</p> <p>Contact Lens Evaluation/Fitting:</p> <p>Lenses: Single Vision Bifocal Trifocal Lenticular</p> <p>Frame:</p> <p>Contact Lenses[Ⓞ]: Conventional Disposable</p>	<p>Member Cost Retail less \$10</p> <p>Retail less 10%</p> <p>Glass or Plastic \$35.00 \$55.00 \$70.00</p> <p>Retail less 35%</p> <p>Retail less 15% Retail less 10%</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>

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

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:

- \$12 Solid / Gradient Tint
 - \$50 Progressive Lenses Standard
 - \$75 Polarized
 - \$65 Transitions Single Vision Standard
 - \$15 Standard Scratch-Resistant Coating
 - \$70 Transitions Multi-Focal Standard
 - \$12 Ultraviolet Coating
 - \$35 Polycarbonate (Single Vision)
 - \$45 Standard Anti-Reflective
 - \$35 Polycarbonate (Multi-Focal)
- Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.**

Wal-Mart / Sam's Club Stores: Due to their everyday low prices Wal-Mart / Sam's Club stores participate in the Eye Essentials program but do not accept the discount prices above. Doctors affiliated with Wal-Mart / Sam's Club are not Wal-Mart / Sam's Club employees; therefore, participation for exams varies.

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