

# Hazleton Area School District Vision Summary

	Administered by the PSEA Health & Welfare Fund -National Vision Administrators (NVA) Network-	
Vision Benefit Coverage	In-Network	Out-of-Network Reimbursement
Vision Examination	Once Every 12 Months Covered in Full	Up to \$32
Frame Frequency	Once Every 24 Months	
Frames Allowance	All Frames - <b>Up to \$300 Retail Allowance</b> (plus 20% off the amount over the allowance)	Up to <b>\$75</b> Retail Allowance
<b>Lenses</b> - Single (pair) - Bifocal (pair) - Trifocal (pair) - Lenticular (pair)	Once Every 12 Months  Covered in Full After \$20 Copay	Up to \$25 Up to \$36 Up to \$46 Up to \$72
Polycarbonate Lenses	<b>Covered In Full</b> <i>(For All Participants under age 19)</i>	Up to \$30
Oversize Lenses	<b>Covered In Full</b>	Not Covered
Progressive Lenses	Standard – \$50 Copay Premium – \$100 Copay All Other Progressives- Discounts Apply	Not Covered
Contact Lenses & Fittings	Once Every 12 months <b>In lieu of eyeglass lenses</b>	
Elective Lenses Allowance	<b>All Contacts - \$150 Retail Allowance</b>	\$125 Allowance
Fitting Fees for Daily Wear Lenses	Covered in Full	Not Covered
Fitting Fees for Extended Wear Lenses	Covered in Full	Not Covered
Fitting Fees for Specialty Lenses	Covered in Full	Not Covered
Medically Required Contacts <i>(requires prior approval)</i>	Covered in Full	Up to \$225
Dependent Removal Age	To age 26 Regardless of Student Status	

## COVERAGE INCLUDES IN-NETWORK DISCOUNTS OF THE FOLLOWING LENS OPTIONS

### FIXED PRICING ON LENS OPTIONS

Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV	\$25	UV Coatings	\$12
Polycarbonate BI	\$30	Anti-Reflective Coatings – Tier 1	\$40
Polycarbonate TRI	\$30	Anti-Reflective Coatings – Tier 2	\$50
Transitions SV (Standard)	\$65	Anti-Reflective Coatings – Tier 3	\$65
Transitions BI (Standard)	\$70	Anti-Reflective Coatings – Tier 4	\$80
Transitions TRI (Standard)	\$70	Anti-Reflective Coatings – Tier 5	20% discount
Glass Photogrey SV	\$20	Polarized	\$75
Glass Photogrey BI	\$30	High Index	\$55
Glass Photogrey TRI	\$30	Blue Light Blocker (Standard)	\$40
Blended Bifocals (Segment)	\$30	Blue Light Blocker (Premium)	\$60
Solid Tints	\$10	Blue Light Blocker (Ultra)	\$150
Fashion Gradient Tint	\$12	Scratch-Resistant Coating (Standard)	\$10

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

Contact Fill 1-866-234-1393 (Provide code: PSEA)

#### 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.

#### Retinal Screening

Up to \$39 fixed pricing on a routine retinal screening

## **LIMITATIONS**

The following items shall be provided at the regular plan allowances with any extra charge billed to the eligible participant:

- Fashion color or coated lenses (limited to the allowance for clear lenses)
- Photochromic lenses, gray or brown, light or dark (limited to the allowance for clear lenses)
- Progressive or no-line multifocal lenses (limited to the allowance for lined multifocal lenses)
- Sunglasses requiring a prescription (limited to the allowance for clear lenses)
- Industrial safety lenses requiring a prescription (limited to the allowance for clear lenses)
- Safety frames with side shields (limited to the allowance for frames)

## **EXCLUSIONS**

No payment will be made for the following services and materials:

Medical or surgical treatment of the eyes.

Drugs or other medication.

Any lenses which do not require a prescription, such as nonprescription sunglasses.

Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames.

Services or materials covered by Worker's Compensation laws.

Vision services or materials provided by federal, state, or local government.

Examinations or materials not listed as a covered service.

Parts or repair of frames.