PSEA HEALTH AND WELFARE FUND
VISION PROGRAM
FOR HAZLETON AREA SCHOOL DISTRICT

This program is designed to provide eye care benefit savings to Pennsylvania School Districts and to their employees. The vision care benefit will include the services of ophthalmologists, optometrists, and opticians. The services and materials provided by a participating provider under the plan will provide maximum value to the subscriber or eligible dependents.

Benefits Under This Program Are Available to:

The Employee, spouse or domestic partner, and child(ren) from date of birth to age 26 (regardless of student status) who is/are:

A blood descendant of the first degree, or

A legally adopted child (including a child living with the adopting parents during the probationary period), or

A child who is financially dependent on the Employee for support provided the employee is related to the child by blood, marriage, domestic partnership, or is the child's legal guardian.

Unmarried children over age 26 may also be eligible:

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

COVERED BENEFITS

Vision Examination

Examination of the eyes to determine the need for correction of visual acuity to include but not limited to case history, testing for visual acuity, external examination of the eye, binocular measure, ophthalmoscopic examination, medication of dilating the pupils desensitizing the eyes for tonometry, if needed, summary and findings, and prescribing corrective lenses as needed.

Tonometry

Test performed to aid in detection of Glaucoma.

Lenses

Ophthalmic corrective lenses, either glass or plastic, ground or molded, as prescribed by an Ophthalmologist or Optometrist to be fitted into a frame. Lenses must meet the Z80.1 or Z80.2 standards of the American Standards Institute and meet or exceed FDA standards for impact resistance lenses.

Frames

Standard eyeglass frames into which two lenses are fitted.

Contact Lenses

An ophthalmic corrective lens, plastic or glass, ground or molded, hard or soft, as prescribed by an Ophthalmologist or Optometrist to be fitted directly to the patient's eye. Contact Lenses are those which your doctor certifies as to their medical necessity. Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame, but can be improved to 20/70 or better by the use of contact lenses. Elective contact lenses are those which the patient elects to utilize and are not medically required.

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 - **Up to $300 Retail Allowance** (plus 20% off the amount over the allowance)	Up to **$75** Retail Allowance
Lenses - 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	**Covered In Full** ***(For All Participants under age 19)***	Up to $30
Oversize Lenses	**Covered In Full**	Not Covered
Progressive Lenses	Standard – $50 Copay Premium – $100 Copay All Other Progressives-Discounts Apply	Not Covered
Contact Lenses & Fittings	Once Every 12 months **In lieu of eyeglass lenses**	
Elective Lenses Allowance	**All Contacts - $150 Retail Allowance**	$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 *(requires prior approval)*	Covered in Full	Up to $225
Dependent Removal Age	To age 26 Regardless of Student Status	

Coverage Incudes 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.

COBRA ADMINISTRATION

The Pennsylvania State Education Association Health & Welfare Fund ("Fund") and the Hazleton Area School District ("Employer") enter into this Agreement in order for certain of the Employer's employees to receive dental and/or vision benefits provided by the Fund. The Fund provides no other benefits for these employees at this time. Given the limited benefits provided by the Fund, the parties wish to have the administration of all benefits provided under the Consolidated Omnibus Budget Reconciliation Act of 1986 ("COBRA"), including the benefits provided by the Employer as well as the vision benefits provided by the Fund, undertaken by the Employer or the Employer's designee.

The parties acknowledge that the Fund, under Section 606(a) of the Employee Retirement Income Security Act ("Act"), has responsibility to provide certain notices to Employer's employees. The Employer agrees to assume all responsibility for the notice requirements set forth in this Section and applicable regulations, as they may be hereafter amended. The required notices include, but may not be limited to:

The initial General Notice of Continuation Coverage;

A Notice of Right to Elect Continuation of Coverage to Qualified Beneficiaries;

A Notice of Unavailability of Continuation Coverage; and

A Notice of Early Termination of Continuation Coverage.

The parties further acknowledge that the Employer may delegate these responsibilities to a third-party administrator ("TPA") of its choosing, provided that the TPA has an established record of competence in COBRA administration. Moreover, the Employer shall ensure that the TPA is contractually bound to provide the Fund with simultaneous notice of all COBRA notices issued to all Fund Participants who are employees of the Employer. In addition, the Employer agrees to indemnify the Fund for costs and fees incurred by the Fund on account of any failure to provide the notices required by applicable federal law, regardless of whether the failure is on the part of the Employer or the Employer's designee. Should the Employer or its designee be unable to fulfill the duties described in this section, the Fund may assume these responsibilities upon appropriate notice to the Employer.

BILLING

The district will pay a one-time “Reserve” equal to one month of premium during the first week of January 2026. This allows the Fund to bill the district in the month following the month of coverage. The reserve is not applied to invoices but is kept as an account credit and can be applied to the final month’s premium in the event of contract termination with any unused portion being paid back to the district.

The Fund will invoice the district monthly via email notification for premium owed based upon the monthly employee census and monthly premium rate. The invoiced amount is due upon receipt via a pushed monthly ACH. Late fees will apply to unpaid balances starting on the 15th day of the month following receipt of the invoice. For example, an unpaid invoice received on July 5 will start incurring late fees on August 15. The late fee will be the greater of 1.5% of the unpaid balance or $100. Each monthly late fee will be added to the unpaid balance.

The late fees described above are cumulative and shall continue to accrue monthly until the total outstanding balance is paid in full.

For a period of one year from the date of contract cancellation, PSEA Health and Welfare Fund will pay claims incurred before the date of contract cancellation. For purposes of this paragraph, the term "date of contract cancellation" means the earliest of (1) the date established by mutual consent of the parties; (2) the date on which the vision program is terminated.

ELIGIBILITY AND ENROLLMENT

The district is responsible for establishing and applying rules for enrollment eligibility for vision benefits. The Fund shall not have responsibility for making enrollment eligibility determinations and shall be entitled to rely on the eligibility information provided to it by the district.

The district will process on-going enrollment changes either through NVA’s online enrollment system or by sending enrollment files directly to NVA.