



## Your NVA Vision Benefit Summary

## Schedule of Vision Benefits

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
<b>Examination</b> Once Every Calendar Year	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$25</li> </ul>
<b>Lenses</b> Once Every Two Calendar Years <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Progressives – Tier 1</li> <li>Progressives – Tier 2</li> </ul>	Standard Glass or Plastic <ul style="list-style-type: none"> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$24</li> <li>Up to \$38</li> <li>Up to \$56</li> <li>Up to \$64</li> <li>Up to \$18</li> <li>N/A</li> </ul>
<b>Frame</b> Once Every Two Calendar Years	<b>Wholesale Allowance</b> <ul style="list-style-type: none"> <li>Up to \$24*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$24</li> </ul>
<b>Contact Lenses</b> Once Every Calendar Year  <b>Elective Contact Lenses</b>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$100 Retail</li> </ul>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$100</li> </ul>
<b>Fit/Follow-Up**</b> <ul style="list-style-type: none"> <li>Standard Daily Wear</li> <li>Standard Extended Wear</li> <li>Specialty Wear</li> </ul>	<ul style="list-style-type: none"> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>
<b>Medically Necessary***</b>	<ul style="list-style-type: none"> <li>Up to \$160</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$160</li> </ul>

## Philadelphia Federation of Teachers

Effective 07/01/1993

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Group Number# 0130

## How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination once every calendar year and one (1) pair of lenses and a frame once every two calendar years or contact lenses and contact lens evaluation/fitting once every calendar year. The benefit will provide for lenses & frames each calendar year if there is a ½ diopter prescription change. Provider must submit a copy of the old & new prescription with the claim if there is a ½ diopter change.

At the time of your appointment, simply indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please call the fund office at 215-561-2722.

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 **01300010** and enter in your search parameters. It's that easy!

\*Provider will charge the difference between the wholesale cost and the plan allowance plus 20%.

\*\*Only covered if you choose contact lenses.

\*\*\*Pre-approval from NVA required.

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:

<ul style="list-style-type: none"> <li>\$75 Polarized</li> <li>\$30 Blended Bifocal (Segment)</li> <li>\$40 Blue Light Blocker (Standard)</li> <li>\$60 Blue Light Blocker (Premium)</li> <li>\$150 Blue Light Blocker (Ultra)</li> <li>\$12 Fashion Gradient</li> <li>\$20 Glass Photogrey (Single Vision)</li> <li>\$30 Glass Photogrey (Multi-Focal)</li> <li>\$55 High Index</li> <li>\$12 Ultraviolet Coating</li> </ul>	<ul style="list-style-type: none"> <li>\$25 Polycarbonate (Single Vision)</li> <li>\$30 Polycarbonate (Multi-Focal)</li> <li>\$10 Scratch-Resistant Coating (Standard)</li> <li>\$65 Transitions Single Vision (Standard)</li> <li>\$70 Transitions Multi-Focal (Standard)</li> <li>\$10 Solid Tint</li> <li>\$40 AR Coating – Tier 1</li> <li>\$50 AR Coating – Tier 2</li> <li>\$65 AR Coating – Tier 3</li> <li>\$80 AR Coating – Tier 4</li> </ul>	<ul style="list-style-type: none"> <li>20% discount AR Coating – Tier 5</li> <li>\$39 Retinal Screening</li> <li>\$100 Progressive – Tier 3</li> <li>\$120 Progressive – Tier 4</li> <li>\$140 Progressive – Tier 5</li> <li>\$165 Progressive – Tier 6</li> <li>\$190 Progressive – Tier 7</li> <li>20% discount Progressive – Tier 8</li> </ul>
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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's wholesale cost, whichever is less. Options not listed will be priced by NVA providers at their wholesale cost. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Visionworks, etc.) are independent providers and may not participate in the NVA program.

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.



# Get a Better View

**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 detail, Review claims, Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**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. (Visit NVA's website to view the Benefit maximizer Program)

**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 includes fitting and follow up and 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.

**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. You can request a claim form from PFT via the website [pfthw.org](http://pfthw.org). You can email the completed claim form (and include receipts if applicable) to [document@pfthw.org](mailto:document@pfthw.org) or mail the completed claim form to PFT, 1816 Chestnut Street, Philadelphia, PA 19103.

**Hearing Discount:** You will receive up to up to 60% savings at participating provider locations through NationsHearing®.

## At NVA, We Work Only for Our Clients.

**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.

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

