



NATIONAL VISION ADMINISTRATORS, LLC.



HIGHLIGHTS	AMOUNTS COVERED	
	In-Network	Out-of-Network
EXAMINATION		
Every 12 months	100% after \$10 copay	\$ 35
FRAMES*		
Once every 24 months (up to a specified dollar amount); overages at retail less 30%	\$ 82 retail	\$ 60 retail
EYEGLASS LENSES (per pair)*		
Every 12 months		
Single Vision Standard Lenses	100%	\$ 35 retail
Bifocal Standard Lenses	100%	\$ 45 retail
Trifocal Standard Lenses	100%	\$ 55 retail
Aphakic/Lenticular Standard Lenses	100%	\$ 80 retail
CONTACT LENSES*Every 12 months		
(In lieu of Lenses/Frame). Contact Lens Evaluation or Fitting Fee are deducted from the Contact Lens Allowance	Up to \$ 100 retail	Up to \$ 75 retail
Medically necessary (per pair) Prior authorization required.	100%	\$150
LENS OPTIONS		
*Lens Options purchased from a participating NVA provider will be provided to the member at the amounts listed below.		
*Lens Options that are purchased from a Non-Participating will not be discounted and are the full responsibility of the member.		
LENS OPTIONS		
Solid Tint	\$10	No discount
Gradient Tint	\$12	No discount
Scratch Coating	\$10	No discount
Ultraviolet Coating	\$12	No discount
Anti-reflective Coating	\$40	No discount
Glass Photogray (Single Vision)	\$20	No discount
Glass Photogray (Multi-Focal)	\$30	No discount
Progressive Standard Lenses	\$50	No discount
Transitions Single Vision Standard	\$65	No discount
Transitions Multi-Focal Standard	\$70	No discount
Polycarbonate (Single Vision)	\$25	No discount
Polycarbonate (Multi-Focal)	\$30	No discount
Blended Segment	\$30	No discount
Polaroid	\$75	No discount
Glare Resistant	\$35	No discount
High Index	\$55	No discount
ADDITIONAL SUPPLIES		
Additional supplies or options not listed above	Retail less 25%	No discount
LASIK SURGERY		
Surgery must be through participating providers	Retail Discount of 15% - 25%	No discount

Monthly Premiums

Individual:	\$ 4.86
Employee/spouse:	\$ 8.75
Employee/one dependent:	\$ 8.75
Employee/children:	\$12.64
Family:	\$12.64

Rates effective through March 31, 2013.

*Payment will be made for either frames/lenses or contact lenses within a benefit period. Payment will not be made for both.

This is a general description of benefits, limitations and exclusions of the vision plan coverage; the terms and conditions of coverage shall be governed solely by the contract issued to the group. Contact your employer or marketing representative for additional benefit details.

Wal*Mart providers will administer the examination, contact lens evaluation/fitting, and standard eyeglass lens benefits as stated above, however discounts are not available as stated for frames, and additional supplies. Frame allowance may vary.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

Benefits will be administered by National Vision Administrators, LLC. (NVA). Insured Plans will be underwritten by AIG.