



www.shelterpoint.com | 800.365.4999

ShelterPoint Life,  formerly First Rehab Life



## Vision Insurance

### Vision Claims Guide

If you choose to take advantage of the in-network savings, you can locate NVA Vision network providers on their website: [www.e-nva.com](http://www.e-nva.com)

#### 1. How do I submit a claim?

##### In-network benefits:

**No claim forms are needed** if you choose an NVA network provider! Simply provide the vision provider's office with the member ID number and/or name and date of birth of any covered dependent needing services. The vision provider's office will verify your eligibility for services. **NVA providers do not require ID cards.** However, if you would like an ID card, please register on the NVA web portal at: [www.e-nva.com](http://www.e-nva.com) After registering, ID cards will be available for print.

##### Out-of-network benefits:

You have the freedom to choose any licensed eye care provider. If a non-participating provider is chosen, you will be responsible for 100% of the cost at the time of service and may then submit a claim for reimbursement either **online at [www.e-nva.com](http://www.e-nva.com)** or by mail to our dedicated Vision Claim Administrator:



**NVA**  
**Attn: ShelterPoint**  
**P.O. Box 2187**  
**Clifton, NJ 07015**

#### 2. How can I check the status of my claim?

- Visit the member portal at: [www.e-nva.com](http://www.e-nva.com)
- Call the dedicated toll-free member services telephone number: **877-241-7124**

**Optional NVA Provider Network Enhancements**

<b>Policyholder: XGNY1031 - Syosset Teachers Association</b>		
<b>Examination</b>	<b>Once every 12 months<sup>1</sup></b>	Covered 100%
<b>Lenses</b>	<b>Once every 12 months<sup>1</sup></b>	
	Single vision	Covered 100%
	Bifocal vision	Covered 100%
	Intermediate vision	Covered 100% after \$30 copay
	Trifocal	Covered 100%
	Lenticular	Covered 100%
<b>Lens Options</b>	<b>Once every 12 months<sup>1</sup></b>	
	Scratch resistant coating	Covered 100% after \$10 copay <sup>2</sup>
	Fashion/gradient tint	Covered 100%
	Solid tint	Covered 100%
	Glass photogrey single vision lens	Covered 100% after \$15 copay <sup>2</sup>
	Glass photogrey bifocal and trifocal lens	Covered 100% after \$20 copay <sup>2</sup>
	Ultraviolet (UV) coating	Covered 100% after \$12 copay <sup>2</sup>
	Standard anti-reflective (AR) coating	Covered 100% after \$35 copay <sup>2</sup>
	Premium anti-reflective (AR) coating	Covered 100% after \$48 copay <sup>2</sup>
	Ultra anti-reflective (AR) coating	Covered 100% after \$60 copay <sup>2</sup>
	Oversized	Covered 100%
	Blended segment	Covered 100% after \$20 copay <sup>2</sup>
	Standard plastic photosensitive (Transitions) lenses	Covered 100% after \$65 copay <sup>2</sup>
	High index	Covered 100% after \$55 copay <sup>2</sup>
	Polarized lenses	Covered 100% after \$75 copay <sup>2</sup>
	Polycarbonate lenses	Covered 100% after \$20 copay <sup>2</sup>
	Standard progressive lenses	Covered 100% after \$50 copay <sup>2</sup>
	Premium progressive lenses	Covered 100% after \$85 copay <sup>2</sup>
<b>Frames</b>	<b>Once every 12 months<sup>1</sup></b>	
	Frame allowance	\$100 retail allowance <sup>6</sup> (20% overage discount)
<b>Contacts</b>	<b>Once every 12 months<sup>1</sup></b>	
<i>In lieu of eyeglasses</i>	Maximum allowance for conventional lenses	\$100 retail allowance <sup>4</sup> (15% overage discount)
	Maximum allowance for disposable lenses	\$100 retail allowance <sup>4</sup> (10% overage discount)
	Medically necessary contact lenses <sup>5</sup>	Covered 100%
	Evaluation, fitting, and follow-up care - standard lenses	Covered 100% after: \$20 copay (daily wear lenses) <sup>7</sup>
	Evaluation, fitting, and follow-up care - specialty lenses	Covered 100% after: \$30 copay (ext. wear lenses) <sup>7</sup>
	Evaluation, fitting, and follow-up care - specialty lenses	Covered 100% after \$50 copay <sup>7</sup>
<b>Indemnity Reimbursements</b>		
	<b>Once every 12 months<sup>1</sup></b>	
	Complete Pair of Eyeglasses (including eye examination) with frame and single vision lenses	Up to \$90
	Complete Pair of Eyeglasses (including eye examination) with frame and bifocal vision lenses	Up to \$110
	Complete Pair of Eyeglasses (including eye examination) with frame and trifocal vision lenses	Up to \$120
	Contact lenses, including examination and fitting	Up to \$125
	Contact lenses examination and fitting	Up to \$65
	Tint where medically indicated	up to \$7.50
	Subnormal vision care (where acuity cannot be corrected to a 20/70 standard by use of corrective lenses)	80%/\$375 <sup>8</sup>
	Unusually heavy or postoperative lenses	Up to \$75
<b>Examination</b>	<b>Once every 12 months<sup>1</sup></b>	Up to \$28
<b>Lenses</b>	<b>Once every 12 months<sup>1</sup></b>	
	Single vision	Up to \$26
	Bifocal vision	Up to \$40
	Intermediate vision	Up to \$40
	Trifocal	Up to \$52
	Lenticular	Up to \$52
<b>Frames</b>	<b>Once every 12 months<sup>1</sup></b>	Up to \$27
<b>Contacts</b>	<b>Once every 12 months<sup>1</sup></b>	Up to \$60
<i>In lieu of eyeglasses</i>	Maximum allowance for lenses	Up to \$60

<sup>1</sup>Benefit year is based on member's last date of service.

<sup>2</sup>Actual discounted amounts may vary.

<sup>3</sup>Prior authorization required. Polycarbonate lenses are covered in full for: Dependent children to age 26, monocular patient, and patients with prescription +/- 6.00 diopters or greater. All others (Polycarbonate SV discounted to \$25 & Polycarbonate Bi/Trif discounted to \$30)

<sup>4</sup>Does not apply at Contact Fill or Cole corporate locations (if applicable) and where prohibited by law. Prohibited by some manufacturers.

<sup>5</sup>Prior authorization required.

<sup>6</sup>Does not apply for certain proprietary frame brands and where prohibited by law.

<sup>7</sup>Only covered if member chooses contact lenses.

<sup>8</sup>80% of the eligible expenses incurred up to a maximum of \$375 per covered person in each policy year.