

Current Rate

NVA	Previous Rates		24	26	18
	Monthly				
	Single	\$2.75	\$0.25	\$0.23	\$0.33
	Single +1	\$5.51	\$0.50	\$0.46	\$0.66
	Family	\$9.96	\$0.90	\$0.83	\$1.20

Renewals

NVA	With Lenscrafters				
	Monthly				
	Single	\$3.19	\$0.29	\$0.27	\$0.38
	Single +1	\$6.39	\$0.58	\$0.53	\$0.77
	Family	\$11.55	\$1.04	\$0.96	\$1.39

Without Lenscrafter

Monthly				
Single	\$3.10	\$0.28	\$0.26	\$0.37
Single +1	\$6.20	\$0.56	\$0.52	\$0.74
Family	\$11.22	\$1.01	\$0.93	\$1.35

VSP

Monthly				
Single	\$5.00	\$0.45	\$0.42	\$0.60
Single +1	\$9.98	\$0.90	\$0.83	\$1.20
Family	\$16.08	\$1.45	\$1.34	\$1.93

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, Print ID cards (when applicable), 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 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 NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P. O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
Eye Examination:	Member Cost: Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

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.

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015
 Web: www.e-nva.com • Toll-Free: 1.800.672.7723
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This document is intended as a program overview only and is not a certified document of the individual plan parameters.



www.e-nva.com



National Vision Administrators, L.L.C.

Your NVA Vision Benefit Summary

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Wal-Mart Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$40
Lenses Once Every Calendar Year <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$60 Up to \$70 Up to \$100 Up to \$100
Frame Once Every Two Calendar Years	 Retail Allowance <ul style="list-style-type: none"> Up to \$60 (20% discount off balance)* 	EDLP Price Point <ul style="list-style-type: none"> Up to \$20 	<ul style="list-style-type: none"> Up to \$60
Contact Lenses Once Every Calendar Year	In lieu of Lenses	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$100 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% 	<ul style="list-style-type: none"> Up to \$70 Retail Allowance 	<ul style="list-style-type: none"> Up to \$100
Medically Necessary***	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$175
Contact Lens Evaluation/Fitting****	<ul style="list-style-type: none"> Covered 100% After \$20 copay Daily Wear/ \$30 copay Extended Wear 	<ul style="list-style-type: none"> Covered 100% After \$20 copay Daily Wear/ \$30 copay Extended Wear 	<ul style="list-style-type: none"> Daily Wear: \$20 Extended Wear: \$30

Youngstown State University

Effective 01/01/2015

Group Number# 4130

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses once every calendar year and a frame once every two calendar years or contact lenses and contact lens evaluation/fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or 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 visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

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 41300000551 or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply for certain proprietary brands.

Does not apply to Contact Fill (NVA Mail Order). *Pre-approval from NVA required.

****Only covered if you choose Contact Lenses.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

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"> \$10 Solid Tint \$12 Fashion / Gradient Tint \$10 Standard Scratch-Resistant Coating \$12 Ultraviolet Coating \$40 Standard Anti-Reflective \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$75 Polarized | <ul style="list-style-type: none"> \$50 Progressive Lenses Standard* \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$25 Polycarbonate (Single Vision) \$30 Polycarbonate (Multi-Focal) \$30 Blended Bifocal (Segment) \$55 High Index \$100 Progressive Lenses Premium* |
|---|---|

*Fixed Pricing not available on certain brands

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

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



www.e-nva.com

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Vision Services RFP #UN22-220

Attachment C Revised - Member Out of Pocket Exhibit

Instructions

1. This file contains two additional worksheets. Please populate the cells in Yellow each worksheet.
2. Be sure to confirm the plan design under which the member out-of-pocket exhibit is being populated. Two (2) sample plan designs have been provided. Given that some plans within the IUC-PG participating Universities are Self-Funded, the IUC-PG expects the current plan designs to be matched as best as possible. It is expected that you mirror
3. If you are proposing multiple networks, platforms, please copy and add tabs to this workbook and clearly label the platform/network in cell B5 on each worksheet. Please only produce the exhibit assuming the two (2) sample plan designs provided.

VSP Choice Plan®

Rate Details

IUC-PG rates are based on 1,192 eligible employees, are guaranteed for five years, and are valid until 7/1/2022. Coverage offered: Contributory, 61-85% employer funded. Rates are net of commission and include any applicable taxes and health assessment fees known as of the date of the proposal. **Rates Illustrated are based on the plan design details provided.*

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco® Optical.

Costco® Optical allowance of \$70 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than \pm .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

VSP Choice Plan®



**Additional
Pairs of
Glasses**

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

**Elective
Contact
Lenses**

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$20**.
- Prescription contact lens materials are covered in full up to the retail allowance of **\$100** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

**Essential
Medical
Eye Care**

- Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
- \$20 exam copay

Low Vision

- Pre-approved low vision supplemental testing covered every two years
- 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years

**VSP Laser
VisionCareSM
Program**

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member.

**Out-of-Network
Schedule**



We offer a generous reimbursement schedule for services from other providers

Exam	\$45
Lenses:	
Single vision / bifocal / trifocal	\$30 / \$50 / \$65
Frame	\$70
Elective contact lenses (in lieu of lenses and frame)	\$85

Monthly Rates: Fully Insured—Risk Rates	
Exam/Lens/Frame Frequency	12/12/24
Exam/Lens/Frame Copay	\$0
Employee Only	\$5.66
Employee + One	\$11.33
Employee + Child(ren)	\$19.36

VSP Choice Plan®

Created for Youngstown State University



The VSP Choice Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at Lasik**Plus**, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS.](https://www.vsp.com/offers)

BENEFITS THROUGH A VSP NETWORK PROVIDER

Exam Services

- Comprehensive WellVision Exam® covered in full*
- Routine retinal screening covered after a no more than \$39 copay

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 30%

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

Frame



- Frames covered in full* up to the retail allowance of **\$100**.
- Members who select a featured frame brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike and more, will receive an extra \$20 toward their frame allowance.
Featured frame brands subject to change.
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market