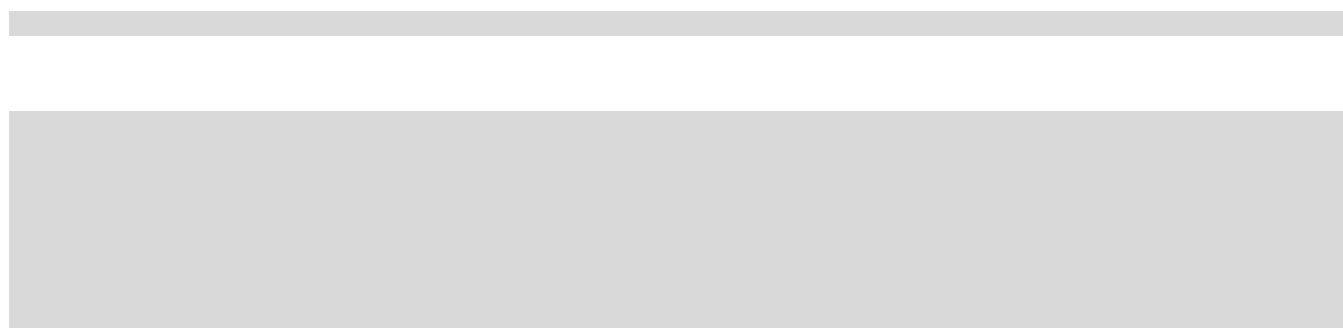


SCHEDULE OF BENEFITS: HAMILTON COMMUNITY SCHOOLS (EFFECTIVE 1/1/2023)

Copayments (in-network only)			
Examination Copay			\$0
Lenses Copay			\$0
Frame Copay			\$0
Contact Lenses Copay			\$0
Benefits	Frequency	In-Network	Out-of-Network
Eye Examination			
Routine Examination	Once every 12 months	Covered 100%	Up to \$35 (OD)/\$45 (MD)
Lenses (Standard Glass or Plastic)			
Single Vision	Once every 12 months	Covered 100%	Up to \$38
Bifocal	Once every 12 months	Covered 100%	Up to \$60
Trifocal	Once every 12 months	Covered 100%	Up to \$72
Lenticular	Once every 12 months	Covered 100%	Up to \$108
Lens Options			
Fashion Gradient /Solid Tints (Single Vision)	Once every 12 months	Covered 100%	Up to \$5
Fashion Gradient/Solid Tints (Bi-focal)	Once every 12 months	Covered 100%	Up to \$10
Fashion Gradient/Solid Tints (Tri-focal)	Once every 12 months	Covered 100%	Up to \$12
Fashion Gradient/Solid Tints (Lenticular)	Once every 12 months	Covered 100%	Up to \$10
Glass Photogrey	Once every 12 months	Covered 100%	Up to \$8
Transitions (Standard)	Once every 12 months	Covered 100%	Up to \$33
Rimless Mounting	Once every 12 months	Covered 100%	Up to \$4
Oversized	Once every 12 months	Covered 100%	Up to \$2
Polarized (Single Vision)	Once every 12 months	Covered 100%	Up to \$18
Polarized (Bi-focal)	Once every 12 months	Covered 100%	Up to \$30
Polarized (Tri-focal)	Once every 12 months	Covered 100%	Up to \$38
Polarized (Lenticular)	Once every 12 months	Covered 100%	Up to \$30
Frames			
Retail Frame Allowance	Once every 12 months	Up to \$165	Up to \$55
20% Discount on Frame Balance ¹		Yes	N/A
Contact Lenses			
		In lieu of eyeglasses	
Elective ²	Once every 12 months	Up to \$135	Up to \$115
15% discount on Conventional/10% discount on Disposable on remaining balance ³		Yes	N/A
Medically Necessary ⁴	Once every 12 months	Covered 100%	Up to \$200
¹ Discount does not apply at Walmart/Sam's Club locations, or for certain proprietary frame brands or where prohibited by law. Discounts are not insured benefits.			
² Fitting & follow-up fees are deducted from the contact lens allowance shown above unless otherwise specified.			
³ Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), or Contact Fill. Prohibited by some manufacturers or where prohibited by law. Discounts are not insured benefits.			
⁴ Prior authorization required from NVA. Includes Fitting & Follow-up.			
Note: if covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.			



Participation Requirements

The participation requirements for the proposed plan are a minimum of 10 enrollees. (May vary by State)

Fixed Pricing on Lens Options

Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV	\$25.00	Progressive (Standard)	\$50.00
Polycarbonate BI	\$30.00	Progressive (Premium)	\$100.00
Polycarbonate TRI	\$30.00	Scratch-Resistant Coating (Standard)	\$10.00
Anti-Reflective Coating (Standard)	\$40.00	UV Coatings	\$12.00
High Index	\$55.00	Blended Bifocals (Segment)	\$30.00

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. Some optometrists affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Added-Value Services Included

Mail Order Contact Lens Replacement Program See **Appendix** section for more details about the NVA Mail Order Contact Lens Replacement Program

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.

Hearing Discount Up to 60% savings at participating provider locations through NationsHearing®

EYEESSENTIAL® Discount Plan

After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL® Plan discount on additional purchases during the plan period.

NVA introduces the EYEESSENTIAL® Discount Plan – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.

Service or Material	Member Cost
Comprehensive Vision Examination (Including dilation as professionally indicated)	Balance after \$10 Discount
Lenses	Standard Glass or Plastic
Single Vision	\$35.00
Bifocal	\$55.00
Trifocal	\$70.00
Lenticular	\$70.00
Lens Options	
UV Coating	\$12.00
Tint (Solid & Gradient)	\$12.00
Scratch-Resistant Coating (Standard)	\$15.00
Polycarbonate (Standard)	\$35.00
Anti-Reflective Coating (Standard)	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00
Progressive (Standard)	\$50.00 + Bifocal/Trifocal Charge
Other Add-On Services	20% off retail
Frames (Any eligible frame at provider's location)	35% off retail
Contact Lenses (Discount does not apply at Contact Fill)	
Conventional	15% off retail price
Disposable	10% off retail price
Fitting and Follow Up	10% off retail price

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Walmart/Sam's Club Everyday Low Prices. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrists affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Exclusions (Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits)

The following are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits):

1. Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing
2. Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision materials would next become available.
3. Services or materials provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
4. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
5. Corrective eyewear required by an employer as a condition of employment; and safety eyewear unless specifically covered under plan.
6. Medical and/or surgical treatment of the eye, eyes or supporting structures;
7. Two pair of glasses in lieu of bifocals;
8. Plano (non-prescription) lenses; non-prescription sunglasses