

**SCHEDULE OF BENEFITS**  
**LOUISIANA ASSESSORS ASSOCIATION, Louisiana**

**FIXED RATE INSURED PLAN DESIGN**

BENEFIT	IN-NETWORK: WAL-MART & SAM'S OPTICAL PREFERRED PROVIDERS	IN-NETWORK: OTHER NVA PARTICIPATING PROVIDERS	OUT-OF-NETWORK ALL OTHER PROVIDERS
<b>EXAMINATION</b> Once Every 12 Months	Covered 100% After \$10 Copay	Covered 100% After \$20 Copay	(Reimbursed Amounts) Up to \$25
<b>LENSES</b> Once Every 12 Months Single Vision Bifocal Trifocal	Standard Glass or Plastic Covered 100%  <i>Polycarbonates for Children under Age 19 Covered 100%</i>	Standard Glass or Plastic Covered 100%  <i>Polycarbonates for Children under Age 19 Covered 100%</i>	Single Vision Up to \$25 Bi-focal Up to \$30 Tri-focal Up to \$40
<b>FRAME</b> Once Every 12 Months	Covered up to \$74 Retail Allowance	Covered up to \$120 Retail Allowance	Up to \$70
<b>CONTACT LENSES</b> Once Every 12 Months	(In lieu of Lenses/Frame)	(In lieu of Lenses/Frame)	(In lieu of Lenses/Frame)
ELECTIVE *	Covered up to \$150 Retail Allowance	Covered up to \$150 Retail Allowance	Up to \$120
MEDICALLY NECESSARY**	Covered up to \$150	Covered up to \$150	Up to \$120

\*Fitting & Follow-Up Fees are deducted from the Contact Lens Allowance shown above unless otherwise specified.

\*Prior Authorization required from NVA

NOTE: If covered participants choose extra options they are responsible for the additional cost of the options paid directly to the provider

**MONTHLY RATES**

EMPLOYER PAID	EMPLOYEE ONLY	EMPLOYEE + SPOUSE OR EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
FULL SERVICE	\$7.25	\$13.04	\$19.56

## FIXED PRICING ON LENS OPTIONS

LENS OPTIONS	FIXED FEES	LENS OPTIONS	FIXED FEES
UV Coatings	\$12.00	Transitions SV (Standard)	\$65.00
Anti-Reflective Coatings (Standard)	\$40.00	Transitions BI (Standard)	\$70.00
Polycarbonate SV (age 19 & over)	\$25.00	Transitions TRI (Standard)	\$70.00
Polycarbonate BI (age 19 & up)	\$30.00	Scratch-Resistant Coating (Standard)	\$10.00
Polycarbonate TRI (age 19 & up)	\$30.00	Progressives (Standard)	\$50.00
Glass Photogrey SV	\$20.00	Polarized	\$75.00
Glass Photogrey BI	\$30.00	High Index	\$55.00
Glass Photogrey TRI	\$30.00	Fashion Gradient Tint	\$12.00
Solid Tints	\$10.00	Blended Bifocals (Segment)	\$30.00

Note: 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 Wal-Mart/Sam's Club locations.

## DISCOUNTED SERVICES INCLUDED

<p><b>MAIL ORDER CONTACT LENS REPLACEMENT PROGRAM</b></p>	<p>NVA offers a contact lens mail-order replacement program through its subsidiary, Contact Fill, LLC. Contact Fill offers all major brands of contact lenses including:</p> <ul style="list-style-type: none"> <li>• disposable</li> <li>• toric</li> <li>• cosmetic color-enhancing contacts</li> </ul> <p>This additional benefit provides a significant savings and the added convenience of direct delivery at no cost to the plan.</p> <p>Below are four different options for ordering and reordering lenses:</p> <ul style="list-style-type: none"> <li>◆ <b>PHONE:</b> (866) CFI-1EYE (The average phone order takes less than four minutes to complete.)</li> <li>◆ <b>FAX:</b> (866) 589-6969</li> <li>◆ <b>E-MAIL:</b> <a href="mailto:cservices@contactfill.com">cservices@contactfill.com</a></li> <li>◆ <b>MAIL:</b> Contact Fill, LLC 5040 Ritter Road Mechanicsburg, PA 17055</li> </ul> <p>A valid prescription is required to dispense contact lenses by mail.</p> <p>Contact Fill's licensed optician will verify a participant's prescription with the provider, for phone and e-mail orders. All orders are shipped in unmarked packages via United Parcel Service or U.S. First Class Mail, and are dispensed from our Mechanicsburg, PA location.</p> <p>To learn more, visit our website at <a href="http://www.contactfill.com">www.contactfill.com</a></p>
<p><b>LASIK SURGERY</b></p>	<p>Extensive discounts at participating LASIK Providers</p>
<p><b>ADDITIONAL DISCOUNTS</b></p>	<p>Pricing on additional purchases of lenses and frames or lens options not indicated above, excluding contact lenses, will be retail less 20% courtesy discount payable by patient at time of service.</p>

**EXCLUSIONS**

*Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits*

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits:

1. Professional services and/or materials in connection with:
  - Plano (non-prescription) lenses
  - Aniseikonic Lenses
  - Subnormal visual aids
  - Orthoptics, vision training, developmental vision procedures, and any associated supplemental testing
2. Broken, lost or stolen lenses, contact lenses, or frames. NVA network providers may offer additional warranties to cover materials.
3. Services or materials, which are payable under any workers' compensation act, similar law or any public program, other than Medicaid.
4. Services or materials rendered by a provider other than ophthalmologists, optometrists, or opticians acting within the scope of their licensure.
5. Any additional service required outside basic vision analysis for contact lenses, including but not limited to fitting fees, unless otherwise specified in the Proposed Schedule of Benefits.
6. Services rendered after the date a fixed rate insured person ceases to be covered under this policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the fixed rate insured person within 31 days from the date of such order.
7. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
8. Medical and/or surgical treatment of the eye, eyes or supporting structures.
9. Two pairs of glasses in lieu of bifocals.