# **OAKLAND COMMUNITY COLLEGE**

## SCHEDULE OF BENEFITS: FULLY INSURED - (EFFECTIVE 01/01/2026)

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Benefits	Сорау	In-Network	Out-of-Network	Frequency
Eye Examination				
Routine Examination	\$0	Covered in Full	Up to \$35 (OD) Up to \$ 45 (MD)	Once every 12 months
Diabetic Eye Exam				
Diabetic Exam	\$20	Covered in Ful after Copay	N/A	Once every 12 months
Lenses (Standard Glass or Plastic)				
Single Vision	\$0	Covered in Full	Up to \$38	Once every 12 months
Bifocal	\$0	Covered in Full	Up to \$60	Once every 12 months
Trifocal	\$0	Covered in Full	Up to \$72	Once every 12 months
Lenticular	\$0	Covered in Full	Up to \$108	Once every 12 months
Lens Options				
Color Tints/Coats				
Single Vision	\$0	Covered in Full	Up to \$4	Once every 12 months
Bifocal	\$0	Covered in Full	Up to\$10	Once every 12 month
Trifocal	\$0	Covered in Full	Up to \$12	Once every 12 month
Lenticular	\$0	Covered in Full	Up to \$10	Once every 12 month
Blended Bifocal (Segment)	\$0	Covered in Full	N/A	Once every 12 month
Oversized	\$0	Covered in Full	N/A	Once every 12 month
Glass Photogrey	\$0	Covered in Full	N/A	Once every 12 month
Standard Transitions	\$0	Covered in Full	N/A	Once every 12 month
Rimless Mounting	\$0	Covered in Full	N/A	Once every 12 months
Polarized				
Single Vision	\$0	Covered in Full	Up to \$18	Once every 12 months
Bifocal	\$0	Covered in Full	Up to \$30	Once every 12 month
Trifocal	\$0	Covered in Full	Up to \$38	Once every 12 month
Lenticular	\$0	Covered in Full	Up to \$30	Once every 12 month
Frames				
Frame Allowance <sup>1</sup>	\$0	Up to \$200	Up to \$55	Once every 12 months
Contact Lenses <sup>2</sup>				
Elective Contact Lenses (in lieu of Lenses/Frames) <sup>3</sup>	\$0	Up to \$200	Up to \$125	Once every 12 months
Visually Necessary Contact Lenses <sup>4</sup>	\$0	Covered in Full	Up to \$200	Once every 12 months

### Please Note: Benefit Frequency is based on Calendar Year.

1Frame allowance includes frames up to \$83 Every Day Low Price-price point at Walmart/Sam's Club locations and Costco.

<sup>2</sup>Fitting & Follow-up fees are deducted from the contact lens allowance shown above.

<sup>3</sup>Contact lens allowance includes contact lenses up to \$140 Every Day Low Price-price point at Walmart/Sam's Club locations and Costco

<sup>4</sup>Prior authorization required from NVA. Includes fitting and follow up.

Note: If covered participants choose additional options, they are responsible for the additional cost of the options, paid directly to the provider. Per the State of New Mexico's Department of Insurance regulations, any covered resident of the State of New Mexico must be provided a state-approved plan design which may differ from the plan design selected. Benefits apply to in-store services only at all retail locations, including but not limited to Walmart/Sam's Club, Costco and LensCrafters.

### Policy Form Series NVIGRP2020 et al.

Discounts are not insured benefits. Discount on frames does not apply at Walmart/Sam's Club locations, LensCrafters, Costco, online retailers, for certain proprietary frame brands or where prohibited by law. Prohibited by some manufacturers. Discount on contact lenses does not apply at Walmart/Sam's Club locations, Luxottica locations, Costco, LensCrafters, Contact Fill, online retailers or where prohibited by law. Prohibited by some manufacturers.

Frame Discount (20% discount on frame balance) Yes N/A Contact Lens Discount (15% discount on Conventional / 10% Yes N/A discount on Disposable on remaining balance)

Monthly Rates	
Contributions	Employer Paid
Tier	Premium
Employee Only	\$6.33
Employee + One	\$13.58
Employee + Two or More	\$20.41
Eligible Employees	600
Commission	0%
Rate Guarantee	48 months

Notes: Premium is subject to adjustment in the event of changes in benefits, contributions, or the number of eligible employees, or any future additional tax, fee or assessment imposed by the Federal or State governments with associated administrative costs and expenses.

The participation requirements for the proposed plan are a minimum of 10 enrollees. This quote is based on 600 eligible employees. If there is a 10% difference between the number of eligible enrollees and actual enrollees, NVA reserves the right to re-rate the quote.

## 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.
- 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 an Eyecare 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 person ceases to be covered under this policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the

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.

### ADDITIONAL ADDED-VALUE PROGRAMS & DISCOUNTS

Fixed Pricing on Lens Options			
Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV	\$25	Progressives (Standard)	\$50
Polycarbonate BI	\$30	Progressives (Premium)	\$100
Polycarbonate TRI	\$30	High Index	\$55
Anti-Reflective Coatings (Standard)	\$40	Blue Light Blocker (Standard)	\$40
Scratch-Resistant Coating (Standard)	\$10	Blue Light Blocker (Premium)	\$60
UV Coatings	\$12	Blue Light Blocker (Ultra)	\$150

**Note:** Discounts are not insured benefits. 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. Fees are different at LensCrafters and at online retailers. 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., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

### Added-Value Services Included

Mail Order Contact Lens Replacement Program	NVA offers a discounted mail order contact lens replacement program through our affiliate, Contact Fill, L.L.C. This benefit offer members significant savings and the added convenience of direct delivery at no cost to the group. <b>NVA members can use</b> their <b>NVA benefits at www.contactfill.com without the need of a claim form.</b>
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. Services provided by The National LASIK Network and LasikPlus Vision Centers and affiliated physicians are solely their responsibility. NVA makes no representation regarding the quality of services or the credentials of their physician providers.
Retinal Imaging	Member cost of \$39 for a routine retinal scan
Hearing Aids Discounts	Up to 60% savings at participating provider locations through NationsHearing $^{\$}$
NVA EYEESSENTIAL® Plan	

After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL Discount Plan 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.

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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 – Tier 1	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00
Progressive – Tier 1 & Tier 2	\$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

Note: The NVA EYEESSENTIAL® Discounts are available through NVA Network Providers only. Benefit Frequencies are unlimited excluding examination. Some retailers, like Walmart/Sam's Club and Costco, utilize everyday low pricing or fixed pricing and as a result pricing will be different at these locations. Fees are different at LensCrafters and at online retailers. 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., LensCrafters, Walmart, Sam's Club, Visionworks, etc.) are independent providers and may not participate in the NVA program. Before receiving services, members should confirm the doctor's participation in the plan.

