

EyeEssential<sup>sm</sup> Plan

| Participating Provider                                                                                                                                                                                                               |                                        | Non-Participating Provider |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------|
| Please Note: After you have exhausted your funded benefit, you are eligible to access the NVA EyeEssential <sup>sm</sup> Plan. The EyeEssential <sup>sm</sup> Plan is an In-Network Benefit Only. Benefit Frequencies are unlimited. |                                        |                            |
| Examination:                                                                                                                                                                                                                         | <u>Member Cost</u><br>Retail less \$10 | Not Applicable             |
| Contact Lens Evaluation/Fitting:                                                                                                                                                                                                     | Retail less 10%                        | Not Applicable             |
| Lenses:                                                                                                                                                                                                                              | Glass or Plastic                       | Not Applicable             |
| Single Vision                                                                                                                                                                                                                        | \$35.00                                |                            |
| Bifocal                                                                                                                                                                                                                              | \$55.00                                |                            |
| Trifocal                                                                                                                                                                                                                             | \$70.00                                |                            |
| Lenticular                                                                                                                                                                                                                           | \$70.00                                |                            |
| Frame:                                                                                                                                                                                                                               | Retail less 35%                        | Not Applicable             |
| Contact Lenses①:                                                                                                                                                                                                                     |                                        |                            |
| Conventional                                                                                                                                                                                                                         | Retail less 15%                        | Not Applicable             |
| Disposable                                                                                                                                                                                                                           | Retail less 10%                        | Not Applicable             |

①Discount is not applicable to mail order; however, you may get even better pricing through Contact Fill.

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:

- \$12 Solid / Gradient Tint
- \$75 Polarized
- \$15 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating
- \$45 Standard Anti-Reflective
- \$50 Progressive Lenses Standard
- \$65 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard
- \$35 Polycarbonate (Single Vision)
- \$35 Polycarbonate (Multi-Focal)

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

The discounts listed above may not be applicable at the following locations: Wal-Mart, Sam's Club, Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys. Please confirm with your location before receiving services.

National Vision Administrators, L.L.C.

www.e-nva.com  
800-672-7723

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| Examination:                                                                                                                                                                                                                         | <b><u>Member Cost</u></b> |                            |
|                                                                                                                                                                                                                                      | Retail less \$10          | Not Applicable             |
|                                                                                                                                                                                                                                      |                           |                            |
|                                                                                                                                                                                                                                      |                           |                            |
|                                                                                                                                                                                                                                      |                           |                            |
| Contact Lens Evaluation/Fitting:                                                                                                                                                                                                     | Retail less 10%           | Not Applicable             |
|                                                                                                                                                                                                                                      |                           |                            |
| Lenses:                                                                                                                                                                                                                              | <b>Glass or Plastic</b>   | Not Applicable             |
|                                                                                                                                                                                                                                      | Single Vision             |                            |
|                                                                                                                                                                                                                                      | Bifocal                   |                            |
|                                                                                                                                                                                                                                      | Trifocal                  |                            |
|                                                                                                                                                                                                                                      | Lenticular                |                            |
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|                                                                                                                                                                                                                                      |                           |                            |
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