



www.shelterpoint.com | 800.365.4999



Vision Claims Guide

1. How often can I use my benefits?

Since the benefit year is based on your last date of service, you can use your benefits once every 12 months from the last date of service.

- Preventive eye health examination benefits are available once every 12 months.
- Lenses/frames or contact lenses are covered once every 12 months

2. How do I find a participating provider?

Our policy with network option offers you the freedom to visit the Vision Care provider of your choice, but your out-of-pocket expenses may be reduced significantly when choosing an NVA (National Vision Administrators, L.L.C.) network provider.

If you choose to take advantage of the network savings, you can locate NVA Vision network providers on their website: www.e-nva.com

3. How do ShelterPoint Life and NVA work together?

ShelterPoint Life is your insurance carrier, providing you with an insured Vision Care plan. NVA is a network enhancement to your underlying vision coverage from ShelterPoint Life: Participating providers accept a fixed, lower negotiated fee when receiving payment for their services. Your Benefit Plan Administrator can explain your specific benefit levels and fees.

4. How do I submit a claim?

In-network benefits:

No claim forms are needed if you choose an NVA network provider! Simply provide the office with the member ID number and/or name and date of birth of any covered dependent needing services. The provider's office will verify your eligibility for services. **NVA providers do not require ID cards.** However after registering, ID cards will be available for print at: www.e-nva.com

Out-of-network benefits:

You have the freedom to choose any licensed eye care provider. If an out-of-network provider is chosen, you will be responsible for 100% of the cost at the time of service and then submit a claim for reimbursement either **online at www.e-nva.com** or by mail to our dedicated Vision Claim Administrator:

NVA
Attn: ShelterPoint
P.O. Box 2187
Clifton, NJ 07015



5. How can I check the status of my claim?

- Visit the member portal at: www.e-nva.com
- Call the dedicated toll-free member services telephone number: **877-241-7124**

Policy available in and underwritten by: ShelterPoint Life Insurance Company (principal office in Great Neck, NY) in: NY (SPL GV0215 P NY), ShelterPoint Insurance Company (licensed in 48 jurisdictions, not including NY) in: NJ (SPI GV0215 P NJ), PA (SPI GV0215 P PA), UT (SPI GV0215 P UT). For the most updated list of available states, please visit our website (www.shelterpoint.com). This brochure only applies to NY.

ShelterPoint Life Insurance Company Vision Insurance - In-network benefits

Port Jefferson UFSD: GVNY26992		Custom Plan
Examination	Once every 12 months ¹	
		Covered 100%
Lenses	Once every 12 months ¹	
	Single vision	Covered 100%
	Bifocal vision	Covered 100%
	Intermediate vision	Covered 100%
	Trifocal	Covered 100%
	Lenticular	Covered 100%
Lens Options	Once every 12 months ¹	
	Scratch resistant coating	Covered 100% after \$10 copay
	Fashion/gradient tint	Covered 100%
	Solid tint	Covered 100%
	Glass photogrey	Covered 100% after \$15 copay
	Glass photogrey bifocal and trifocal lens	Covered 100% after \$25 copay
	Ultraviolet (UV) coating	Covered 100% after \$10 copay
	Standard anti-reflective (AR) coating	Covered 100% after \$33 copay
	Polarized lenses	Covered 100% after \$60 copay
	Polycarbonate lenses	Covered 100% after \$20 copay ³
	Standard progressive lenses	Covered 100% after \$50 copay
	Premium progressive lenses	Covered 100% after \$85 copay
Frames	Once every 12 months ¹	
	Frame allowance	\$100 retail allowance ⁶ (20% overage discount)
Contacts	Once every 12 months ¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for conventional lenses	\$100 retail allowance ⁴ (15% overage discount)
	Maximum allowance for disposable lenses	\$100 retail allowance ⁴ (10% overage discount)
	Medically necessary contact lenses ⁵	Covered 100%
	Evaluation, fitting, and follow-up care - standard lens	Covered 100% after: \$20 copay (daily wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lens	Covered 100% after: \$30 copay (ext. wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lens	Covered 100% after \$50 copay ⁷
Out-of-network maximum reimbursements		
Examination	Once every 12 months ¹	
		Up to \$11.25
Lenses	Once every 12 months ¹	
	Single vision	Up to \$8.12
	Bifocal vision	Up to \$10.62
	Intermediate vision	Up to \$10.62
	Trifocal	Up to \$30.62
	Lenticular	Up to \$30.62
Frames	Once every 12 months ¹	
	Frame allowance	Up to \$8.13
Contacts	Once every 12 months ¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for lenses	Up to \$63.75

¹Benefit year is based on member's last date of service.

²Actual discounted amounts may vary.

³Prior authorization required. Polycarbonate lenses are covered in full for dependent children to age 26, monocular patient, and patients with prescription +/- 6.00 diopters or greater. All others (Polycarbonate SV discounted to \$25 & Polycarbonate BI/Trif discounted to \$30)

⁴Does not apply at Contact Fill or Cole corporate locations (if applicable) and where prohibited by law. Prohibited by some manufacturers.

⁵Prior authorization required.

⁶Does not apply for certain proprietary frame brands and where prohibited by law.

⁷Only covered if member chooses contact lenses.