VISION EXPENSES ELIGIBLE FOR SHARING

Member Shareable Expense	Co-Share	In-Network	Frequency
Eye Examination			
Routine Examination	\$10	Shareable in Full after Co-Share	Once every 12 months
Contact Lens Fit/Follow-up ¹			
Standard Daily Wear	\$20	Shareable in Full after Co-Share	Once every 12 months
Standard Extended Wear	\$30	Shareable in Full after Co-Share	Once every 12 months
Specialty Wear	\$50	Shareable in Full after Co-Share	Once every 12 months
Lenses (Standard Glass or Plastic) includes Oversized			
Single Vision	\$25	Shareable in Full after Co-Share	Once every 12 months
Bifocal	\$25	Shareable in Full after Co-Share	Once every 12 months
Trifocal	\$25	Shareable in Full after Co-Share	Once every 12 months
Lenticular	\$25	Shareable in Full after Co-Share	Once every 12 months
Lens Options			
Solid Tints	\$0	Shareable in Full	Once every 12 months
Gradient Tints	\$0	Shareable in Full	Once every 12 months
Scratch-Resistant Coating (Standard)	\$0	Shareable in Full	Once every 12 months
Polycarbonate (SV/MF) - under age 19	\$0	Shareable in Full	Once every 12 months
Frames			
Frame Allowance	\$0	Up to \$130	Once every 24 months
Frame Discount ²	N/A	20% discount on frame balance	N/A
Contact Lenses ³			
Elective Contact Lenses (in lieu of eyeglasses)	\$0	Up to \$130	Once every 12 months
Contact Lens Discount ⁴	N/A	15% discount on Conventional/ 10% discount on Disposable on remaining balance	N/A
Visually Necessary Contact Lenses ⁵	\$0	Shareable in Full	Once every 12 months

Shareable if member chooses only contact lenses.

Discount does not apply for certain propriety frame brands, at online retailers, or where prohibited by law.

If a member chooses a frame, member is not eligible for sharing for contacts for 24 months.

Discount does not apply at Contact Fill, online retailers, or where prohibited by some manufacturers.

Prior authorization required from NVA. Includes fitting and follow up.

Note: If Vision Sharing Program Members choose additional options, the additional options are not eligible for sharing and they are responsible for the additional cost of the options, paid directly to the provider. Shareable Expenses apply to in-store services only at all retail locations.

ADDITIONAL ADDED-VALUE PROGRAMS & DISCOUNTS

Unshareable Fixed Pricing on Lens Options			
Lens Option	Unshareable Fixed Fee	Lens Option	Unshareable Fixed Fee
Polycarbonate SV - age 19 & over	\$25	Progressives - Tier 1	\$50
Polycarbonate BI - age 19 & over	\$30	Progressives - Tier 2	\$80
Polycarbonate TRI - age 19 & over	\$30	Progressives - Tier 3	\$100
Transitions SV (Standard)	\$65	Progressives - Tier 4	\$120
Transitions BI (Standard)	\$70	Progressives - Tier 5	\$140
Transitions TRI (Standard)	\$70	Progressives - Tier 6	\$165
Glass Photogrey SV	\$20	Progressives - Tier 7	\$190
Glass Photogrey BI	\$30	Progressives - Tier 8	20% discount
Glass Photogrey TRI	\$30	Polarized	\$75
Anti-Reflective Coatings - Tier 1	\$40	High Index	\$55
Anti-Reflective Coatings - Tier 2	\$50	Blended Bifocals (Segment)	\$30
Anti-Reflective Coatings - Tier 3	\$65	Blue Light Blocker (Standard)	\$40
Anti-Reflective Coatings - Tier 4	\$80	Blue Light Blocker (Premium)	\$60
Anti-Reflective Coatings - Tier 5	20% discount	Blue Light Blocker (Ultra)	\$150
UV Coatings	\$12		

Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations and Costco. 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., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Added-Value Services Included in Sharing Program	
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. 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 sharing for eligible vision expenses, they are eligible to access NVA's EYEESSENTIAL® Discount Plan on additional purchases during the sharing program period. NVA introduces the EYEESSENTIAL® Discount Plan - a low cost, member-friendly vision discount program which includes significant discounts on materials through participating NVA network providers. Below is the sharing program design.

Service or Material	Unshareable 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. 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 tenscrafters 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., Costco, 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 program.

Ineligible for Sharing (Standard Items Ineligible for Sharing unless otherwise identified in the Proposed Expenses Eligible for Sharing)

The following are not eligible for sharing under the Liberty Vision Sharing Program unless otherwise indicated in the Proposed Expenses Eligible for Sharing:

1. Any expenses incurred from out-of-network providers.

- 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.

 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.

 Services or materials rendered by an Eyecare Provider other than ophthalmologists, optometrists, or opticians acting within the scope of their licensure.

 Any additional service required outside basic vision analysis for contact lenses, including but not limited to fitting fees, unless otherwise specified in the Proposed Expenses
- Eligible for Sharing.
- Services rendered after the date a person ceases to be enrolled in the vision sharing program, except when vision materials ordered before sharing eligibility ended are delivered and the services rendered to the person within 31 days from the date of such order.
- 8. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically shared under the vision sharing program.
 9. Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- 10. Two pairs of glasses in lieu of bifocals