

Marketed by:



Vision Insurance Plans – New York

Administered by NVA Vision Services & Administrators Agency (NVA)

In-Network Benefits

Routine Eye Exam

Frame Allowance

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Conventional, Disposable or Specialty

Medically-Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

Up to \$200

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

Up to \$150

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

Up to \$130

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Additional savings from your NVA provider³

20% off on frame balance⁴

15% off on Conventional contact lenses and 10% off on Disposable contact lenses on remaining balance⁵

\$25 Polycarbonate SV (Age 19 & over)
\$30 Polycarbonate BI/TRI (Age 19 & over)
\$65 Transitions SV (Standard)
\$70 Transitions BI/TRI (Standard)
\$20 Glass Photogrey SV
\$30 Glass Photogrey BI/TRI
\$40 Anti-Reflective Coatings (Standard)
\$10 Anti-Scratch Coating (Standard)
\$12 UV Coatings
\$50 Progressives (Standard)
\$100 Progressives (Premium)
\$75 Polarized
\$55 High Index
\$30 Blended Bifocals (Segment)
\$10 Solid Tints
\$12 Fashion Gradient Tint
\$40 Blue Light Blocker (Standard)
\$60 Blue Light Blocker (Premium)
\$150 Blue Light Blocker (Ultra)
\$39 Retinal Screening

Monthly Rates

Voluntary (0%-19% employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Employer Paid (80% or more employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Option 1

12/12/12 12/12/24

\$9.11 \$8.32

\$18.23 \$16.63

\$29.17 \$26.61

\$33.72 \$30.77

\$6.85 \$6.24

\$13.70 \$12.49

\$21.92 \$19.98

\$25.34 \$23.11

Option 2

12/12/12 12/12/24

\$7.49 \$6.74

\$14.97 \$13.47

\$23.96 \$21.56

\$27.70 \$24.92

\$5.62 \$5.06

\$11.25 \$10.11

\$18.00 \$16.18

\$20.81 \$18.71

Option 3

12/12/12 12/12/24

\$6.81 \$6.05

\$13.61 \$12.11

\$21.78 \$19.37

\$25.18 \$22.40

\$5.11 \$4.54

\$10.22 \$9.09

\$16.36 \$14.54

\$18.91 \$16.81

We'd love to chat!

For more information,
please email us at:

Ancillary@savoyassociates.com

Rates are guaranteed for 48 months. This quote is valid for employer groups with 10-200 eligible employees.

12/12/12: Members are eligible for an eye exam, frames, and lenses or contact lenses (in lieu of frames and lenses) every 12 months.

12/12/24: Members are eligible for an eye exam and lenses or contact lenses (in lieu of lenses) every 12 months, and eyeglass frame every 24 months.

All plans are based on date of service. Rates are valid for the period of February 1, 2024, through January 31, 2025

¹Subject to criteria as defined in the insurance policy. ²Only covered if member chooses contact lenses. ³Discounts are not insured benefits. ⁴Discount does not apply at Walmart/Sam's Club locations, Costco, LensCrafters or for certain proprietary frame brands or where prohibited by law. ⁵Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), Costco, LensCrafters or Contact Fill or where prohibited by law.

Please note: For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. 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 optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

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Vision Insurance Plans – New York

Administered by NVA Vision Services & Administrators Agency (NVA)

ADDITIONAL VALUE-ADDED PROGRAMS³:

Laser Eye Surgery: NVA offers members discounts on laser vision correction services through the National LASIK Network, which includes approximately 550 locations and 70 LasikPlus Vision Centers nationwide. Members receive a free consultation with any in-network provider and up to 15% savings.

Hearing Discount: The NationsHearing® Program offers discounted hearing aids and free annual hearing tests at 8,000+ providers nationwide. Members can take advantage of low pricing and a 60-day, 100% money-back guarantee on all major manufacturers.

ContactFill®: Through our affiliate Contact Fill, L.L.C., members receive significant savings and the additional convenience of direct delivery. Contact Fill allows members to use their NVA benefit at www.contactfill.com – no claim forms required.

NVA EYEESSENTIAL® Discount Plan: Members who have exhausted their insured benefit are eligible to access the EYEESSENTIAL® Plan discounts on additional purchases (such as contact lenses or a second pair of eyeglasses) during the benefit period.

Exclusions / Limitations:

The following are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits):

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. Medical, pathological and/or surgical treatment of the eye, eyes or supporting structures;
3. Any vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. Plano (non-prescription) lenses and/or contact lenses;
5. Non-prescription sunglasses;
6. Two pair of glasses in lieu of bifocals/trifocals;
7. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
8. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Insured benefits underwritten by Fidelity Security Life Insurance Company® of New York, Brewster, NY, Policy No. VCN-4, Policy Form No. MN-10.

Coverage is not available to employer groups located in the following NY counties: Cayuga, Cortland, Delaware, Essex, Fulton, Hamilton, Ontario, Schuyler, and Tompkins.

This document is intended as a program overview only and is not a certified document of the individual plan parameters.

Administered by NVA Vision Services & Administrators Agency (NVA) • PO Box 2187 • Clifton, NJ 07015

www.e-nva.com • Toll-Free: 1.800.672.7723

NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

National Vision Administrators LLC dba NVA Vision Services & Administrators Agency.

Out-of-Network Benefits

	Option 1	Option 2	Option 3
Routine Eye Exam	Up to \$35	Up to \$35	Up to \$35
Frame	Up to \$65	Up to \$50	Up to \$50
Standard Spectacle Lenses			
Single Vision	Up to \$30	Up to \$30	Up to \$30
Bifocal	Up to \$45	Up to \$45	Up to \$45
Trifocal	Up to \$75	Up to \$75	Up to \$75
Lenticular	Up to \$75	Up to \$75	Up to \$75
Lens Options			
Polycarbonate (SV) (under age 19)	Up to \$25	Up to \$25	Up to \$25
Polycarbonate (Bi/Tri) (under 19)	Up to \$30	Up to \$30	Up to \$30
Contact Lenses			
Conventional or Disposable	Up to \$150	Up to \$113	Up to \$98
Medically-Necessary	Up to \$210	Up to \$210	Up to \$210
Contact Lens Fit & Follow up			
Standard daily wear	Up to \$20	Up to \$20	Up to \$20
Standard extended wear	Up to \$30	Up to \$30	Up to \$30
Specialty wear	Up to \$50	Up to \$50	Up to \$50



Vision Plans – Connecticut

Administered by National Vision Administrators, LLC

In-Network Benefits

Routine Eye Exam

Frame Allowance

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Elective
Non-Elective/Visually Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

\$200 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

\$150 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

\$130 allowance

Covered in full

\$20 co-pay

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Additional savings from your NVA provider³

20% off on frame balance⁴
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\$65 Transitions SV (Standard)
\$70 Transitions BI/TRI (Standard)
\$20 Glass Photogrey SV
\$30 Glass Photogrey BI/TRI
\$40 Anti-Reflective Coatings Tier 1
\$50 Anti-Reflective Coatings Tier 2
\$65 Anti-Reflective Coatings Tier 3
\$80 Anti-Reflective Coatings Tier 4
20% off Anti-Reflective Coatings Tier 5
\$10 Anti-Scratch Coating (Standard)
\$12 UV Coatings
\$50 Progressives – Tier 1
\$80 Progressives – Tier 2
\$100 Progressives – Tier 3
\$120 Progressives – Tier 4
\$140 Progressives – Tier 5
\$165 Progressives – Tier 6
\$190 Progressives – Tier 7
20% off Progressives – Tier 8
\$75 Polarized
\$55 High Index
\$30 Blended Bifocals (Segment)
\$10 Solid Tints
\$12 Fashion Gradient Tint
\$40 Blue Light Blocker (Standard)
\$60 Blue Light Blocker (Premium)
\$150 Blue Light Blocker (Ultra)
\$39 Retinal Screening

Rates

Voluntary (0%-19% employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Employer Paid (80% or more employer contribution)

Employee Only

Employee + Spouse

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Option 1

12/12/12 12/12/24

\$9.11 \$8.32

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\$29.17 \$26.61

\$33.72 \$30.77

\$6.85 \$6.24

\$13.70 \$12.49

\$21.92 \$19.98

\$25.34 \$23.11

Option 2

12/12/12 12/12/24

\$7.49 \$6.74

\$14.97 \$13.47

\$23.96 \$21.56

\$27.70 \$24.92

\$5.62 \$5.06

\$11.25 \$10.11

\$18.00 \$16.18

\$20.81 \$18.71

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12/12/12 12/12/24

\$6.81 \$6.05

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\$10.22 \$9.09

\$16.36 \$14.54

\$18.91 \$16.81

We'd love to chat!

For more information,
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Rates are guaranteed for 48 months. This quote is valid for employer groups with 51-200 eligible employees.

12/12/12: Members are eligible for an eye exam, frames, and lenses or contact lenses (in lieu of frames and lenses) every 12 months.

12/12/24: Members are eligible for an eye exam and lenses or contact lenses (in lieu of lenses) every 12 months, and eyeglass frame every 24 months.

All plans are based on date of service. Rates are valid for the period of February 1, 2024, through January 31, 2025

¹Prior authorization required from NVA, includes fitting & follow up.²Only covered if member chooses contact lenses.³Discounts are not insured benefits.⁴Discount does not apply at Walmart/Sam's Club locations, Costco, LensCrafters or for certain proprietary frame brands or where prohibited by law.⁵Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), Costco, LensCrafters or Contact Fill or where prohibited by law.

Please note: For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. 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 optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.





Vision Plans – Connecticut

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ADDITIONAL VALUE-ADDED PROGRAMS:

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Hearing Discount: The NationsHearing® Program offers discounted hearing aids and free annual hearing tests at 8,000+ providers nationwide. Members can take advantage of low pricing and a 60-day, 100% money-back guarantee on all major manufacturers.

ContactFill®: Through our affiliate Contact Fill, L.L.C., members receive significant savings and the additional convenience of direct delivery – at no cost to the group. Contact Fill allows members to use their NVA benefit at www.contactfill.com – no claim forms required.

NVA EYEESSENTIAL® Discount Plan: Members who have exhausted their funded benefit are eligible to access the EYEESSENTIAL® Plan discounts on additional purchases (such as contact lenses or a second pair of eyeglasses) during the benefit period.

Exclusions / Limitations:

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits and may vary by carrier. Please review your Benefit Certificate for full details.

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 an ECP 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.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 2020, et al. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

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Out-of-Network Benefits

Routine Eye Exam

Option 1

Option 2

Option 3

Up to \$35

Up to \$35

Up to \$35

Frame

Up to \$50

Up to \$50

Up to \$50

Standard Spectacle Lenses

Single Vision

Up to \$30

Up to \$30

Up to \$30

Bifocal

Up to \$45

Up to \$45

Up to \$45

Trifocal

Up to \$75

Up to \$75

Up to \$75

Lenticular

Up to \$75

Up to \$75

Up to \$75

Lens Options

Polycarbonate (SV) (under age 19)

Up to \$25

Up to \$25

Up to \$25

Polycarbonate (MF) (under 19)

Up to \$30

Up to \$30

Up to \$30

Contact Lenses

Elective

Up to \$150

Up to \$113

Up to \$98

Medically Necessary

Up to \$210

Up to \$210

Up to \$210

Contact Lens Fit & Follow up

Standard daily wear

Up to \$20

Up to \$20

Up to \$20

Standard extended wear

Up to \$30

Up to \$30

Up to \$30

Specialty wear

Up to \$50

Up to \$50

Up to \$50



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Vision Plans – New-Jersey

Administered by National Vision Administrators, LLC

In-Network Benefits

Routine Eye Exam

Frame Benefit Amount

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Elective
Non-Elective/Visually Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

Up to \$200

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

Up to \$150

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

Up to \$130

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Additional savings from your NVA provider³

20% off on frame balance⁴
15% off on Conventional contact lenses and 10% off on Disposable contact lenses on remaining balance⁵
\$25 Polycarbonate SV (Age 19 & over)
\$30 Polycarbonate BI/TRI (Age 19 & over)
\$65 Transitions SV (Standard)
\$70 Transitions BI/TRI (Standard)
\$20 Glass Photogrey SV
\$30 Glass Photogrey BI/TRI
\$40 Anti-Reflective Coatings Tier 1
\$50 Anti-Reflective Coatings Tier 2
\$65 Anti-Reflective Coatings Tier 3
\$80 Anti-Reflective Coatings Tier 4
20% off Anti-Reflective Coatings Tier 5
\$10 Anti-Scratch Coating (Standard)
\$12 UV Coatings
\$50 Progressives – Tier 1
\$80 Progressives – Tier 2
\$100 Progressives – Tier 3
\$120 Progressives – Tier 4
\$140 Progressives – Tier 5
\$165 Progressives – Tier 6
\$190 Progressives – Tier 7
20% off Progressives – Tier 8
\$75 Polarized
\$55 High Index
\$30 Blended Bifocals (Segment)
\$10 Solid Tints
\$12 Fashion Gradient Tint
\$40 Blue Light Blocker (Standard)
\$60 Blue Light Blocker (Premium)
\$150 Blue Light Blocker (Ultra)
\$39 Retinal Screening

Rates

Voluntary (0%-19% employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Employer Paid (80% or more employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Option 1

12/12/12 12/12/24

\$9.11 \$8.32

\$18.23 \$16.63

\$29.17 \$26.61

\$33.72 \$30.77

\$6.85 \$6.24

\$13.70 \$12.49

\$21.92 \$19.98

\$25.34 \$23.11

Option 2

12/12/12 12/12/24

\$7.49 \$6.74

\$14.97 \$13.47

\$23.96 \$21.56

\$27.70 \$24.92

\$5.62 \$5.06

\$11.25 \$10.11

\$18.00 \$16.18

\$20.81 \$18.71

Option 3

12/12/12 12/12/24

\$6.81 \$6.05

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Vision Plans – New-Jersey

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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 an ECP 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.

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Out-of-Network Benefits

Option 1

Option 2

Option 3

Routine Eye Exam

Up to \$35

Up to \$35

Up to \$35

Frame

Up to \$50

Up to \$50

Up to \$50

Standard Spectacle Lenses

Single Vision

Up to \$30

Up to \$30

Up to \$30

Bifocal

Up to \$45

Up to \$45

Up to \$45

Trifocal

Up to \$75

Up to \$75

Up to \$75

Lenticular

Up to \$75

Up to \$75

Up to \$75

Lens Options

Polycarbonate (SV) (under age 19)

Up to \$25

Up to \$25

Up to \$25

Polycarbonate (MF) (under 19)

Up to \$30

Up to \$30

Up to \$30

Contact Lenses

Elective

Up to \$150

Up to \$113

Up to \$98

Medically Necessary

Up to \$210

Up to \$210

Up to \$210

Contact Lens Fit & Follow up

Standard daily wear

Up to \$20

Up to \$20

Up to \$20

Standard extended wear

Up to \$30

Up to \$30

Up to \$30

Specialty wear

Up to \$50

Up to \$50

Up to \$50



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Vision Plans – Pennsylvania

Administered by National Vision Administrators, LLC

In-Network Benefits

Routine Eye Exam

Frame Allowance

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Elective
Non-Elective/Visually Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

\$200 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

\$150 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

\$130 allowance

Covered in full

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Additional savings from your NVA provider³

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\$25 Polycarbonate SV (Age 19 & over)

\$30 Polycarbonate BI/TRI (Age 19 & over)

\$65 Transitions SV (Standard)

\$70 Transitions BI/TRI (Standard)

\$20 Glass Photogrey SV

\$30 Glass Photogrey BI/TRI

\$40 Anti-Reflective Coatings Tier 1

\$50 Anti-Reflective Coatings Tier 2

\$65 Anti-Reflective Coatings Tier 3

\$80 Anti-Reflective Coatings Tier 4

20% off Anti-Reflective Coatings Tier 5

\$10 Anti-Scratch Coating (Standard)

\$12 UV Coatings

\$50 Progressives – Tier 1

\$80 Progressives – Tier 2

\$100 Progressives – Tier 3

\$120 Progressives – Tier 4

\$140 Progressives – Tier 5

\$165 Progressives – Tier 6

\$190 Progressives – Tier 7

20% off Progressives – Tier 8

\$75 Polarized

\$55 High Index

\$30 Blended Bifocals (Segment)

\$10 Solid Tints

\$12 Fashion Gradient Tint

\$40 Blue Light Blocker (Standard)

\$60 Blue Light Blocker (Premium)

\$150 Blue Light Blocker (Ultra)

\$39 Retinal Screening

Rates

Voluntary (0%-19% employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Employer Paid (80% or more employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Option 1

12/12/12 12/12/24

\$9.11 \$8.32

\$18.23 \$16.63

\$29.17 \$26.61

\$33.72 \$30.77

Option 2

12/12/12 12/12/24

\$7.49 \$6.74

\$14.97 \$13.47

\$23.96 \$21.56

\$27.70 \$24.92

Option 3

12/12/12 12/12/24

\$6.81 \$6.05

\$13.61 \$12.11

\$21.78 \$19.37

\$25.18 \$22.40

\$6.85 \$6.24

\$13.70 \$12.49

\$21.92 \$19.98

\$25.34 \$23.11

\$5.62 \$5.06

\$11.25 \$10.11

\$18.00 \$16.18

\$20.81 \$18.71

\$5.11 \$4.54

\$10.22 \$9.09

\$16.36 \$14.54

\$18.91 \$16.81

We'd love to chat!

For more information,
please email us at:

Ancillary@savoyassociates.com

Rates are guaranteed for 48 months. This quote is valid for employer groups with 10-200 eligible employees.

12/12/12: Members are eligible for an eye exam, frames, and lenses or contact lenses (in lieu of frames and lenses) every 12 months.

12/12/24: Members are eligible for an eye exam and lenses or contact lenses (in lieu of lenses) every 12 months, and eyeglass frame every 24 months.

All plans are based on date of service. Rates are valid for the period of February 1, 2024, through January 31, 2025

¹Prior authorization required from NVA, includes fitting & follow up.²Only covered if member chooses contact lenses.³Discounts are not insured benefits.⁴Discount does not apply at Walmart/Sam's Club locations, Costco, LensCrafters or for certain proprietary frame brands or where prohibited by law.⁵Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), Costco, LensCrafters or Contact Fill or where prohibited by law.

Please note: For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. 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 optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.





Vision Plans – Pennsylvania

Administered by National Vision Administrators, LLC

ADDITIONAL VALUE-ADDED PROGRAMS:

Laser Eye Surgery: NVA offers members discounts on laser vision correction services through the National LASIK Network, which includes approximately 550 locations and 70 LasikPlus Vision Centers nationwide. Members receive a free consultation with any in-network provider and up to 15% savings.

Hearing Discount: The NationsHearing® Program offers discounted hearing aids and free annual hearing tests at 8,000+ providers nationwide. Members can take advantage of low pricing and a 60-day, 100% money-back guarantee on all major manufacturers.

ContactFill®: Through our affiliate Contact Fill, L.L.C., members receive significant savings and the additional convenience of direct delivery – at no cost to the group. Contact Fill allows members to use their NVA benefit at www.contactfill.com – no claim forms required.

NVA EYEESSENTIAL® Discount Plan: Members who have exhausted their funded benefit are eligible to access the EYEESSENTIAL® Plan discounts on additional purchases (such as contact lenses or a second pair of eyeglasses) during the benefit period.

Exclusions / Limitations:

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits and may vary by carrier. Please review your Benefit Certificate for full details.

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 an ECP 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.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 2020, et al. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

Not available in the following PA counties: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

This document is intended as a program overview only and is not a certified document of the individual plan parameters.

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NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

Out-of-Network Benefits

	Option 1	Option 2	Option 3
Routine Eye Exam	Up to \$35	Up to \$35	Up to \$35
Frame	Up to \$50	Up to \$50	Up to \$50
Standard Spectacle Lenses			
Single Vision	Up to \$30	Up to \$30	Up to \$30
Bifocal	Up to \$45	Up to \$45	Up to \$45
Trifocal	Up to \$75	Up to \$75	Up to \$75
Lenticular	Up to \$75	Up to \$75	Up to \$75
Lens Options			
Polycarbonate (SV) (under age 19)	Up to \$25	Up to \$25	Up to \$25
Polycarbonate (MF) (under 19)	Up to \$30	Up to \$30	Up to \$30
Contact Lenses			
Elective	Up to \$150	Up to \$113	Up to \$98
Medically Necessary	Up to \$210	Up to \$210	Up to \$210
Contact Lens Fit & Follow up			
Standard daily wear	Up to \$20	Up to \$20	Up to \$20
Standard extended wear	Up to \$30	Up to \$30	Up to \$30
Specialty wear	Up to \$50	Up to \$50	Up to \$50



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Vision Insurance Plans - Delaware

Administered by NVA Vision Services & Administrators Agency (NVA)

In-Network Benefits

Routine Eye Exam

Frame Allowance

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Conventional, Disposable or Specialty

Medically-Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

Up to \$200

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

Up to \$150

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

Up to \$130

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Additional savings from your NVA provider³

20% off on frame balance⁴

15% off on Conventional contact lenses and 10% off on Disposable contact lenses on remaining balance⁵

\$25 Polycarbonate SV (Age 19 & over)
\$30 Polycarbonate BI/TRI (Age 19 & over)
\$65 Transitions SV (Standard)
\$70 Transitions BI/TRI (Standard)
\$20 Glass Photogrey SV
\$30 Glass Photogrey BI/TRI
\$40 Anti-Reflective Coatings Tier 1
\$50 Anti-Reflective Coatings Tier 2
\$65 Anti-Reflective Coatings Tier 3
\$80 Anti-Reflective Coatings Tier 4
20% off Anti-Reflective Coatings Tier 5
\$10 Anti-Scratch Coating (Standard)
\$12 UV Coatings
\$50 Progressives - Tier 1
\$80 Progressives - Tier 2
\$100 Progressives - Tier 3
\$120 Progressives - Tier 4
\$140 Progressives - Tier 5
\$165 Progressives - Tier 6
\$190 Progressives - Tier 7
20% off Progressives - Tier 8
\$75 Polarized
\$55 High Index
\$30 Blended Bifocals (Segment)
\$10 Solid Tints
\$12 Fashion Gradient Tint
\$40 Blue Light Blocker (Standard)
\$60 Blue Light Blocker (Premium)
\$150 Blue Light Blocker (Ultra)
\$39 Retinal Screening

Monthly Rates

Voluntary (0%-19% employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Employer Paid (80% or more employer contribution)

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Option 1

12/12/12 12/12/24

\$9.11 \$8.32

\$18.23 \$16.63

\$29.17 \$26.61

\$33.72 \$30.77

\$6.85 \$6.24

\$13.70 \$12.49

\$21.92 \$19.98

\$25.34 \$23.11

Option 2

12/12/12 12/12/24

\$7.49 \$6.74

\$14.97 \$13.47

\$23.96 \$21.56

\$27.70 \$24.92

\$5.62 \$5.06

\$11.25 \$10.11

\$18.00 \$16.18

\$20.81 \$18.71

Option 3

12/12/12 12/12/24

\$6.81 \$6.05

\$13.61 \$12.11

\$21.78 \$19.37

\$25.18 \$22.40

\$5.11 \$4.54

\$10.22 \$9.09

\$16.36 \$14.54

\$18.91 \$16.81

We'd love to chat!

For more information,
please email us at:

Ancillary@savoyassociates.com

Rates are guaranteed for 48 months. This quote is valid for employer groups with 51-200 eligible employees.

12/12/12: Members are eligible for an eye exam, frames, and lenses or contact lenses (in lieu of frames and lenses) every 12 months.

12/12/24: Members are eligible for an eye exam and lenses or contact lenses (in lieu of lenses) every 12 months, and eyeglass frame every 24 months.

All plans are based on date of service. Rates are valid for the period of February 1, 2024, through January 31, 2025

¹Subject to criteria as defined in the insurance policy. ²Only covered if member chooses contact lenses. ³Discounts are not insured benefits. ⁴Discount does not apply at Walmart/Sam's Club locations, Costco, LensCrafters or for certain proprietary frame brands or where prohibited by law. ⁵Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable), Costco, LensCrafters or Contact Fill or where prohibited by law.

Please note: For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. 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 optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.





Vision Insurance Plans – Delaware

Administered by NVA Vision Services & Administrators Agency (NVA)

ADDITIONAL VALUE-ADDED PROGRAMS³:

Laser Eye Surgery: NVA offers members discounts on laser vision correction services through the National LASIK Network, which includes approximately 550 locations and 70 LasikPlus Vision Centers nationwide. Members receive a free consultation with any in-network provider and up to 15% savings.

Hearing Discount: The NationsHearing® Program offers discounted hearing aids and free annual hearing tests at 8,000+ providers nationwide. Members can take advantage of low pricing and a 60-day, 100% money-back guarantee on all major manufacturers.

ContactFill®: Through our affiliate Contact Fill, L.L.C., members receive significant savings and the additional convenience of direct delivery. Contact Fill allows members to use their NVA benefit at www.contactfill.com – no claim forms required.

NVA EYEESSENTIAL® Discount Plan: Members who have exhausted their insured benefit are eligible to access the EYEESSENTIAL® Plan discounts on additional purchases (such as contact lenses or a second pair of eyeglasses) during the benefit period.

Exclusions / Limitations:

The following are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits):

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes or supporting structures;
3. Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. Services payable under any Workers' Compensation law, any Occupational Disease law, any similar legislation, or any governmental agency or program, whether federal, state or a subdivision thereof;
5. Plano (non-prescription) lenses and/or contact lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals/trifocals;
8. Services or materials provided by any other group benefit plan providing vision care;
9. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
10. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Insured benefits are underwritten by Fidelity Security Life Insurance Company®, Kansas City MO, Policy No. VC-108, Policy Form No. M-9188

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Out-of-Network Benefits

Option 1

Option 2

Option 3

Routine Eye Exam

Up to \$35

Up to \$35

Up to \$35

Frame

Up to \$65

Up to \$50

Up to \$50

Standard Spectacle Lenses

Single Vision

Up to \$30

Up to \$30

Up to \$30

Bifocal

Up to \$45

Up to \$45

Up to \$45

Trifocal

Up to \$75

Up to \$75

Up to \$75

Lenticular

Up to \$75

Up to \$75

Up to \$75

Lens Options

Polycarbonate (SV)
(under age 19)

Up to \$25

Up to \$25

Up to \$25

Polycarbonate (Bi/Tri)
(under 19)

Up to \$30

Up to \$30

Up to \$30

Contact Lenses

Conventional or Disposable

Up to \$150

Up to \$113

Up to \$98

Medically Necessary

Up to \$210

Up to \$210

Up to \$210

Contact Lens Fit & Follow up

Standard daily wear

Up to \$20

Up to \$20

Up to \$20

Standard extended wear

Up to \$30

Up to \$30

Up to \$30

Specialty wear

Up to \$50

Up to \$50

Up to \$50



Vision Plans – Florida

Administered by National Vision Administrators, LLC

In-Network Benefits

Routine Eye Exam

Frame Allowance

Standard Lenses

Single Vision
Bifocal
Trifocal
Lenticular

Lens Options

Polycarbonate (Single Vision, Bifocal or Trifocal) (Age 19 & under)

Contact Lenses

Elective
Non-Elective/Visually Necessary¹

Contact Lens Fit & Follow up²

Standard daily wear
Standard extended wear
Specialty wear

Option 1

\$10 co-pay

Up to \$200

\$25 co-pay

Covered in full

\$200 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 2

\$10 co-pay

Up to \$155

\$25 co-pay

Covered in full

\$150 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Option 3

\$10 co-pay

Up to \$130

\$25 co-pay

Covered in full

\$130 allowance

Covered in full

\$20 co-pay

\$30 co-pay

\$50 co-pay

Additional savings from your NVA provider³

20% off on frame balance⁴

15% off on Conventional contact lenses and 10% off on Disposable contact lenses on remaining balance⁵

\$25 Polycarbonate SV (Age 19 & over)

\$30 Polycarbonate BI/TRI (Age 19 & over)

\$65 Transitions SV (Standard)

\$70 Transitions BI/TRI (Standard)

\$20 Glass Photogrey SV

\$30 Glass Photogrey BI/TRI

\$40 Anti-Reflective Coatings Tier 1

\$50 Anti-Reflective Coatings Tier 2

\$65 Anti-Reflective Coatings Tier 3

\$80 Anti-Reflective Coatings Tier 4

20% off Anti-Reflective Coatings Tier 5

\$10 Anti-Scratch Coating (Standard)

\$12 UV Coatings

\$50 Progressives – Tier 1

\$80 Progressives – Tier 2

\$100 Progressives – Tier 3

\$120 Progressives – Tier 4

\$140 Progressives – Tier 5

\$165 Progressives – Tier 6

\$190 Progressives – Tier 7

20% off Progressives – Tier 8

\$75 Polarized

\$55 High Index

\$30 Blended Bifocals (Segment)

\$10 Solid Tints

\$12 Fashion Gradient Tint

\$40 Blue Light Blocker (Standard)

\$60 Blue Light Blocker (Premium)

\$150 Blue Light Blocker (Ultra)

\$39 Retinal Screening

Rates

Voluntary (0%-19% employer contribution)

Employee Only

\$9.11 \$8.32

Employee + Spouse

\$18.23 \$16.63

Employee + Child(ren)

\$29.17 \$26.61

Employee + Family

\$33.72 \$30.77

Employer Paid (80% or more employer contribution)

Employee Only

\$6.85 \$6.24

Employee + Spouse

\$13.70 \$12.49

Employee + Child(ren)

\$21.92 \$19.98

Employee + Family

\$25.34 \$23.11

Option 1

12/12/12 12/12/24

Option 2

12/12/12 12/12/24

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12/12/12 12/12/24

Rates are guaranteed for 48 months. This quote is valid for employer groups with 51-200 eligible employees.

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We'd love to chat!

For more information,
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Ancillary@savoyassociates.com





Vision Plans – Florida

Administered by National Vision Administrators, LLC

ADDITIONAL VALUE-ADDED PROGRAMS:

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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 an ECP 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.
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9. Two pairs of glasses in lieu of bifocals.

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Out-of-Network Benefits

Option 1

Option 2

Option 3

Routine Eye Exam

Up to \$35

Up to \$35

Up to \$35

Frame

Up to \$50

Up to \$50

Up to \$50

Standard Spectacle Lenses

Single Vision

Up to \$30

Up to \$30

Up to \$30

Bifocal

Up to \$45

Up to \$45

Up to \$45

Trifocal

Up to \$75

Up to \$75

Up to \$75

Lenticular

Up to \$75

Up to \$75

Up to \$75

Lens Options

Polycarbonate (SV) (under age 19)

Up to \$25

Up to \$25

Up to \$25

Polycarbonate (MF) (under 19)

Up to \$30

Up to \$30

Up to \$30

Contact Lenses

Elective

Up to \$150

Up to \$113

Up to \$98

Medically Necessary

Up to \$210

Up to \$210

Up to \$210

Contact Lens Fit & Follow up

Standard daily wear

Up to \$20

Up to \$20

Up to \$20

Standard extended wear

Up to \$30

Up to \$30

Up to \$30

Specialty wear

Up to \$50

Up to \$50

Up to \$50



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