



# NORTHWEST BENEFIT NETWORK VISION CARE PLAN FOR THE RIVERVIEW SCHOOL DISTRICT

To be eligible for vision you must be a .396+ FTE employee.

The Northwest Benefit Network (NBN) self-funded vision Plan features a panel of eye care professionals who provide vision care for employees and their dependents covered under this Plan. Going to a panel provider assures that you will receive quality, professional eye care and eyewear at a controlled cost.

## NBN Vision Benefits When You Go to a Panel Provider

When eligible participants elect to use the services of a panel provider of NBN Vision Plan, the following benefits will be provided:

1. **Vision Examination** – A complete analysis of the eyes and related structure to determine the presence of vision problems will be covered in full.
1. **2. Lenses** – The Plan provides high quality lenses necessary to improve your visual acuity. Basic prescription lenses will be covered in full; however, some cosmetic features are not covered by the Plan. Please refer to the Limitations section for a list of covered and non-covered lens options.
3. **Frames** - The Plan offers a selection of frames that will be covered in full; however, if you select a frame which costs more than the amount allowed by your Plan, there will be an additional charge.
4. **Contact Lenses** – The Plan covers both elective and medically necessary contacts. When patients choose elective contact lenses, NBN will make an allowance of \$175.00 toward the cost of the exam, lenses, and fitting in lieu of all other benefits for that year. To receive this allowance, the patient must select a provider from the NBN Vision Plan list and be eligible for both the examination and lenses (glasses) at the time services for contact lenses begin. The \$175.00 elective contacts benefit allowance can be used only once per benefit period. Once any claim for contact lenses has been paid by the plan in a benefit period, any additional contact lenses that are purchased by the same patient during the benefit period will NOT be covered in the benefit period. To maximize your plan benefits, you should avoid multiple purchases of small quantities of contact lenses in the same benefit period.

To be eligible for your contact lens benefit you must be eligible for **both** your exam and lens (glasses) benefits at the time you begin contact lens benefit services (Exam/Fitting/Contacts)

The Plan also covers the full cost of medically necessary contact lenses (subnormal vision aid) only after cataract surgery.

5. **Co-Payment** – The Plan requires payment of a \$10 co-payment when lenses or frames are ordered.

## Procedure to Obtain Vision Care

1. When you or your eligible dependent need vision care, you should obtain an NBN vision claim form from the District or the NBN Administrative Office before services are provided.
2. You should complete the top portion of the NBN Vision claim form. The signature of the employee must be on the claim form.
3. You should then make an appointment with any one of the participating NBN Vision Panel providers (a list of Panel Providers may be obtained from the District, the NBN Administrative Office or online [www.nwadmin.com](http://www.nwadmin.com)). When making an appointment with an NBN panel provider, please be sure to explain that you have coverage under the Northwest Benefit Network Vision Care Plan. **You must bring your NBN claim form to the provider on your first visit or the provider may charge full retail fees.**
4. After your services are completed, the participating provider will complete the NBN vision claim form and return it directly to the NBN claims office. Pay the provider the co-payment if you ordered glasses and pay for any services or eyewear you ordered that are not covered under your Plan. NBN will pay the panel provider directly for professional services and eyewear covered under this Plan.
5. For reimbursement of non-panel, licensed provider charges, send an itemized statement and completed NBN claim form to the NBN claims office. You will be paid directly in accordance with your non-panel schedule of benefits.

## Eligible Dependents

Eligible dependents are your legal spouse or domestic partner and children up to age 26.

A LIST OF NBN VISION NETWORK PROVIDERS CAN BE FOUND ONLINE AT [WWW.NWADMIN.COM](http://WWW.NWADMIN.COM)

## NBN Vision Benefits When You Go to a Non-Panel Provider

When you use the services of a licensed non-panel provider, you will be reimbursed for covered services up to the maximum shown in the following schedule:

1. **Vision examination** .....\$35.00
2. **Lenses and Frames** (only if needed)
  - Single vision prescription (per pair) .....\$30.00
  - Bifocal prescription (per pair) .....\$40.00
  - Trifocal prescription (per pair) .....\$45.00
  - Progressive prescription (per pair).....\$40.00
  - Lenticular (per pair).....\$95.00
  - Contacts (per pair, including exam;  
in lieu of all other benefits for  
the year).....\$90.00
  - Contacts as subnormal vision aid  
(per pair, including exam) .....\$200.00
  - Frames .....\$30.00

**Important:** Selecting a provider from the NBN list assures that you will receive the full benefits of your Plan with direct payment to the provider by NBN and a guarantee of quality and cost control. If you seek the services of a provider who is not an NBN panel participant, you should pay the provider's full fee. You will be reimbursed by NBN in accordance with the above reimbursement schedule. In most cases, the non-panel schedule will not be sufficient to pay the full cost of examination and glasses and you will likely incur out-of-pocket expense. Claims must be submitted within 365 days from date of service.

### Frequency of Benefits\*

**Vision Exam:** Once every 365 consecutive days

**Lenses for Glasses:** Once every 365 consecutive days

**Frames:** Once every 730 consecutive days

**Contacts (in lieu of all other services):** Once every 365 consecutive days

**\* PLEASE NOTE:** Your benefits are tracked from service date to service date; there is no "grace period."

### Exclusions:

1. The replacement of lenses or frames furnished under this Plan which have been lost, damaged or broken, except at the normal intervals when services are otherwise eligible.
2. Plano (nonprescription) lenses.
3. Special procedures, such as orthoptics, visual training, other subnormal vision aids, aniseikonia or similar procedures.
4. Medical or surgical treatment of the eyes.
5. Services or materials provided as a result of any Worker's Compensation Law, or similar legislation, or obtained through or required by any government agency or program whether Federal, State or any subdivision of thereof. If the compensation does not defray the incurred expenses COB provisions will apply.
6. Eye examinations required by your employer as a condition of employment, or required by a government body.
7. Charges incurred when not eligible.
8. Warranties, maintenance services, care kits, etc.
9. Your Plan has a \$10 co-payment on glasses.
10. Contact lenses and glasses in the same benefit period. The plan covers an exam, lenses, and frames OR an allowance towards a contacts exam and contact lenses. The glasses benefit and contacts benefit cannot be combined during a benefit period.
11. Multiple contact lens claims in the same benefit period. The contact lens benefit may only be used once per 365-day benefit period; it cannot be used throughout the year on an "as-needed" basis. When using the contact lens benefit, plan participants are encouraged to obtain enough lenses to last until the next benefit period begins.

### Limitations:

This Plan is designed to cover visual needs rather than cosmetic extras. When you use the services of a network provider, some extra features are covered; e.g., oversize lenses, solid tints, sun tints, glass Photochromatic lenses, color coating, scratch coating, UV tints, polarized lenses, anti-reflective coating, mirror coating (glass only), and some progressive addition lenses. Some items that are not covered include high-index lenses, polycarbonate lenses, plastic Photochromatic lenses (e.g., Transitions), and frames that cost more than the Plan allowance. High-index lenses that are 'necessary' under the terms of the Plan are covered.

Services and/or materials that are not covered by the Plan may be arranged between you and the provider, at your expense. The cost of the non-covered materials and any fee for non-covered items are your responsibility.

If you have questions about your vision coverage, please call 1-800-732-1123 and the NBN vision staff will be glad to help you.

This information summary is intended to describe in general terms the main features of the Plan and does not constitute a contract. The specific terms and conditions governing the coverage are set forth in the contract and are the basis on which all claims are paid.

**IMPORTANT NOTICE:** To get the maximum benefits allowed by your vision plan, select a doctor or eye care clinic from the list of NBN panel providers.

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