



## NVA VISION PLAN

***Enrollment and changes to your NVA vision plan can only be made during the open enrollment period, which is during the month of December for an effective date of January 1.***

The Labor Association of Wisconsin, Inc. offers a vision plan for all of its members. In cooperation with the TOMAR Company, LAW; Inc. is offer a vision plan through National Vision Administrators. A wide variety of benefits are included in this plan for both family plans and single plans at a very affordable monthly cost, as outlined below.

For more information on the availability of vision care centers and vision professionals in your area, visit the **National Vision Administrators website**. Enter the group number of 43274000001 in the box for the search by zip code feature. Enter your zip code in the next box to find a provider.

To view a list of Wisconsin NVA providers click [Here](#)

Monthly Premium Coupons:

### **LAW Members:**

[Vision Insurance Premium Coupon - Family Plan](#)

[Vision Insurance Premium Coupon - Single Plan](#)

### **Non-Members:**

[Vision Insurance Premium Coupon - Non-Member Family Plan](#)

[Vision Insurance Premium Coupon - Non-Member Single Plan](#)

You can find an Enrollment/Change application form [Here](#)

## ONLINE PAYMENT

Now you can pay your monthly Vision Insurance Premiums on line through PayPal. If you don't have a PayPal Account, you can still make your payment using the credit cards shown.

Under the "Payment Options" below, click on the drop down arrow on the far right inside the box. Choose the "Plan" you want to pay and make a monthly or yearly payment. You can include a message to LAW if needed and press the

Message:

**Pay Now**



Payment Options - Non-Member

Family - Monthly \$25.00 USD ▾

Message:

**Pay Now**



## BENEFIT SUMMARY

### Examinations

*A comprehensive exam is provided including a determination of the refractive state of the eyes, and general evaluation of the complete visual system.*

### Eyeglasses, lenses and contact lenses

- All sizes of standard glass or plastic lenses are covered.
- Solid tints are covered.
- For non-standard (see below) lenses and tints the plan pays contracted amounts and the participant pays any additional cost for the supply upgrade.
- When a participant chooses contact lenses instead of glasses, no other vision supply benefits are available during the benefit service period.

### Frames

- The participating providers carry a selection of frames that are covered in full. An insured may choose frames outside that selection and pay the difference.

*Non-standard lenses include, but are not limited to, blended bifocals, no line or executive bifocals, progressive lenses, photo gray lenses, special lens coatings.*

### How much will it cost?

*The monthly cost of the plan, as of January 1, 2022, available as a single plan and a family plan for both LAW members and Non- Members will be when **paying by check**:*

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To view an in-depth benefits schedule, [click here.](#)

ITEM	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination	Fully Covered	\$30.00
Frames	\$100.00	\$35.00
Single Vision Lenses	Fully Covered	\$25.00
Bifocal Lenses	Fully Covered	\$35.00
Trifocal Lenses	Fully Covered	\$45.00
Lenticular Lenses	Fully Covered	\$80.00
CONTACT LENSES		
Cosmetic	\$100.00	\$80.00
Medically Necessary	Fully covered w/pre-approval	\$100.00

Benefits Service Availability

Examination	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses	Once every 12 months