

CLO at MSU Voluntary Vision Program

	NVA Network**	Vision Care Direct Network**	Non-network Benefits
Vision Exam	Covered Every 12 Months \$5 Co-Pay	Covered Every 12 Months \$5 Co-Pay	Covered Every 12 Months \$40 N/A
Refractive Surgery Exam			
Lenses	Covered Every 24 Months*	Covered every 24 months*	Covered Every 24 Months
Single Vision	Covered - no copay	Covered - no copay	\$32.00
Bifocal	Covered - no copay	Covered - no copay	\$49.00
Trifocal	Covered - no copay	Covered - no copay	\$62.00
Lenticular	Covered - no copay	Covered - no copay	\$80.00
Progressive	With upgrade charge	With upgrade charge	With upgrade charge
Frame Allowance	Covered Every 24 Months \$100	Covered every 24 months \$100	Covered every 24 months \$45
Contact Lens Allowance	Covered Every 12 Months	Covered every 12 months	Covered Every 12 Months
Elective	\$105	\$105	\$95
Medically Necessary	\$250	\$250	\$175

* 12 mos. if prescription changes .50 diopters or required by doctor.
 ** Non-network benefits are the same for NVA, Vision Care Direct.

3 Tier Premium Rate

	Rates effective 07/01/11:	Rates effective 07/01/11:
Employee	\$7.97	\$11.81
Employee plus one	\$14.73	\$17.63
Employee plus family	\$22.74	\$27.62



For provider listings, please visit the following web-sites:

Vision Care Direct (VCD): www.vcdplans.com
 National Vision Administrators (NVA): www.e-nva.com
GROUP/SPONSOR NUMBER FOR NVA IS 10751080

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