

**PENNSYLVANIA STATE EDUCATION ASSOCIATION HEALTH & WELFARE FUND**

**APPLICATION OF PARTICIPATING EMPLOYER AND AGREEMENT BETWEEN  
THE PARTICIPATING EMPLOYER AND THE PSEA HEALTH & WELFARE FUND**

<b>Name of Employer</b> Warren County School District	<b>Address</b> 6820 Market Street Russell, PA 16345	<b>Group Number</b> <b>Administration: TBD</b> <b>Professional Personnel: 0035-0322</b>
<b>Telephone</b> 814-723-6900	<b>District Contact</b> <b>Name:</b> Gary Weber <b>Title:</b> Director of Admin Support Services	<b>Program</b> Vision (benefit levels per attached) <b>Minimum Size of Group</b> Voluntary Employee Purchase
<b>Effective Date</b> 10/01/23	<b>Renewal Date</b> 10/01/25	
<b>Expiration Date</b> 09/30/25	<b>Term of Agreement</b> 24 Months	<b>Employees to be Enrolled by Classification</b> <b>Administration:</b> <input checked="" type="checkbox"/> <b>Professional Personnel:</b> <input checked="" type="checkbox"/> <b>School Service Personnel:</b> <input type="checkbox"/> <b>Other:</b> <input type="checkbox"/>
<b>Monthly Contribution</b>  Single \$6.03 Family \$14.69	<b>Approximate Number of Employees Eligible for Coverage</b>  372	
<b>Contribution</b> Payable monthly. Payment will be made according to the ACH Addendum attached to this agreement.		<b>Coverage Employee/Dependent</b>

THE UNDERSIGNED EMPLOYER, engaged in the field of public education in the Commonwealth of Pennsylvania, hereby applies to the trustees of the PENNSYLVANIA STATE EDUCATION ASSOCIATION HEALTH & WELFARE FUND (the Fund) to be a participating employer in the Plan (the Plan) to provide for the term of this agreement the above - described benefit program to its eligible employees. The undersigned agrees that, upon acceptance of this application by the trustees, this agreement shall remain in effect until the renewal date unless terminated sooner by: (A) mutual consent of the parties; or (B) termination of the above - described program by the trustees, and it shall be bound by the Plan and all its amendments thereto.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Employer Name:** Warren County School District  
**Signature by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**ACCEPTANCE**

THE TRUSTEES of the Pennsylvania State Education Association Health & Welfare Fund (the Fund) do hereby accept the application of the above - named employer and, in consideration of said employer's agreement to make the above-specified monthly contributions to the Fund, does hereby agree to pay or provide the benefits of the above - referenced Program in accordance with the terms, provisions, conditions, and limitations of the Plan and the Fund.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**PENNSYLVANIA STATE EDUCATION ASSOCIATION  
HEALTH & WELFARE FUND**

**By:** \_\_\_\_\_ **Manager**

# **PSEA HEALTH AND WELFARE FUND VISION PROGRAM FOR WARREN COUNTY SCHOOL DISTRICT**

This program is designed to provide eye care benefit savings to Pennsylvania School Districts and to their employees. The vision care benefit will include the services of ophthalmologists, optometrists, and opticians.

To maximize your vision benefits, it is best to use a **full service** in-network provider. To find a participating NVA provider, visit NVA's website at ([www.e-nva.com](http://www.e-nva.com)), click on 'Find Provider' and select "PSEA Health & Welfare Fund" under the 'Select Group/Sponsor' drop down menu and enter your zip code.

## **Benefits Under This Program Are Available to:**

The Employee, spouse or domestic partner, and the unmarried child(ren) from date of birth up to age 23, who is/are:

A blood descendant of the first degree, or

A legally adopted child (including a child living with the adopting parents during the probationary period), or

A child who is financially dependent on the Employee for one-half or more of his support provided the employee is related to the child by blood, marriage, domestic partnership, or is the child's legal guardian.

Unmarried children over age 23 may also be eligible:

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

## **COVERED BENEFITS**

### **Vision Examination**

Examination of the eyes to determine the need for correction of visual acuity to include but not limited to case history, testing for visual acuity, external examination of the eye, binocular measure, ophthalmoscopic examination, medication of dilating the pupils desensitizing the eyes for tonometry, if needed, summary and findings, and prescribing corrective lenses as needed.

### **Tonometry**

Test performed to aid in detection of Glaucoma.

### **Lenses**

Ophthalmic corrective lenses, either glass or plastic, ground or molded, as prescribed by an Ophthalmologist or Optometrist to be fitted into a frame. Lenses must meet the Z80.1 or Z80.2 standards of the American Standards Institute and meet or exceed FDA standards for impact resistance lenses.

### **Frames**

Standard eyeglass frames into which two lenses are fitted.

### **Contact Lenses**

An ophthalmic corrective lens, plastic or glass, ground or molded, hard or soft, as prescribed by an Ophthalmologist or Optometrist to be fitted directly to the patient's eye. Contact Lenses are those which your doctor certifies as to their medical necessity. Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame, but can be improved to 20/70 or better by the use of contact lenses. Elective contact lenses are those which the patient elects to utilize and are not medically required.

## National Vision Administrators (NVA) Network

	<b>Warren County School District</b>	
<b>Vision Benefit Coverage</b>	<b>In-Network</b>	<b>Out-of-Network Reimbursement</b>
<b>Vision Examination</b>	Once every 24 Months, Under 19 years every 12 months	
	Covered in Full After \$10 Copay	Up to \$20
<b>Material Frequency</b>	Eyeglasses OR Contacts every 24 months	
<b>Frames</b>	Up to \$300 retail allowance (plus 20% off the amount over the allowance)	Up to \$100 Retail Allowance
<b>Lenses</b>	Once every 24 Months, Under 19 years every 12 months	
- Single (pair)		Up to \$24
- Bifocal (pair)	Covered in Full After \$20 Copay	Up to \$36
- Trifocal (pair)		Up to \$46
- Lenticular (pair)		Up to \$72
<b>Oversized Lenses</b>	Covered in Full	Not Covered
<b>Progressive Lenses</b>	Standard– \$50 Copay Premium –\$100 Copay All Other Progressives- Discounts Apply	
- Standard		Not Covered
- Premium		
- All Other		
<b>Contact Lenses &amp; Fittings</b>	Every 24 months in lieu of frames and/or eyeglass lenses Under 19 years every 12 months	
Elective Contact Lenses Allowance	Up to \$175 Retail Allowance	Up to \$130
Fitting Fees for Daily Wear Lenses	Covered in Full After \$20 Copay	Not Covered
Fitting Fees for Extended Wear Lenses	Covered in Full After \$30 Copay	Not Covered
Fitting Fees for Specialty Lenses	Covered in Full After \$50 Copay	Not Covered
Medically Required Contact Lenses (Includes Exam), Once Every 24 Months	Up to \$250	

**COVERAGE INCLUDES IN-NETWORK DISCOUNTS OF THE FOLLOWING LENS OPTIONS**

**FIXED PRICING ON LENS OPTIONS**

<b>Lens Option</b>	<b>Fixed Fee</b>	<b>Lens Option</b>	<b>Fixed Fee</b>
Polycarbonate SV	\$25	UV Coatings	\$12
Polycarbonate BI	\$30	Anti-Reflective Coatings – Tier 1	\$40
Polycarbonate TRI	\$30	Anti-Reflective Coatings – Tier 2	\$50
Transitions SV (Standard)	\$65	Anti-Reflective Coatings – Tier 3	\$65
Transitions BI (Standard)	\$70	Anti-Reflective Coatings – Tier 4	\$80
Transitions TRI (Standard)	\$70	Anti-Reflective Coatings – Tier 5	20% discount
Glass Photogrey SV	\$20	Polarized	\$75
Glass Photogrey BI	\$30	High Index	\$55
Glass Photogrey TRI	\$30	Blue Light Blocker (Standard)	\$40
Blended Bifocals (Segment)	\$30	Blue Light Blocker (Premium)	\$60
Solid Tints	\$10	Blue Light Blocker (Ultra)	\$150
Fashion Gradient Tint	\$12	Progressive Lens (Standard)	\$50
Scratch-Resistant Coating (Standard)	\$10	Progressive Lens (Premium)	\$100

Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations. 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.

**Added-Value Services Included**

**Mail Order Contact Lens Replacement Program**

Contact Fill 1-866-234-1393 (Provide code: PSEA)

**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.

**Retinal Screening**

Up to \$39 fixed pricing on a routine retinal screening

**EYEESENTIAL® Discount Plan**

**After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESENTIAL® Plan discount on additional purchases during the plan period.**

**NVA introduces the EYEESENTIAL® Discount Plan** – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.

<b>Service or Material</b>	<b>Member Cost</b>
<b>Comprehensive Vision Examination (Including dilation as professionally indicated)</b>	Balance after \$10 Discount
<b>Lenses</b>	<b>Standard Glass or Plastic</b>
Single Vision	\$35.00
Bifocal	\$55.00
Trifocal	\$70.00
Lenticular	\$70.00
<b>Lens Options</b>	
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

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam’s Club locations due to Walmart/Sam’s Club Everyday Low Prices and Cole corporate locations. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

**Exclusions (Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits)**

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits:

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 fixed rate insured person ceases to be covered under this policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the fixed rate insured 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.

## **LIMITATIONS**

The following items shall be provided at the regular plan allowances with any extra charge billed to the eligible participant:

- Fashion color or coated lenses (limited to the allowance for clear lenses)
- Photochromic lenses, gray or brown, light or dark (limited to the allowance for clear lenses)
- Progressive or no-line multifocal lenses (limited to the allowance for lined multifocal lenses)
- Sunglasses requiring a prescription (limited to the allowance for clear lenses)
- Industrial safety lenses requiring a prescription (limited to the allowance for clear lenses)
- Safety frames with side shields (limited to the allowance for frames)

## **EXCLUSIONS**

No payment will be made for the following services and materials:

Medical or surgical treatment of the eyes.

Drugs or other medication.

Any lenses which do not require a prescription, such as nonprescription sunglasses.

Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames.

Services or materials covered by Worker's Compensation laws.

Vision services or materials provided by federal, state, or local government.

Examinations or materials not listed as a covered service.

Parts or repair of frames.

## **OPEN ENROLLMENT POLICY & PROCEDURE**

1. Enrollment Commitment. Any employee who elects the voluntary vision coverage during the district's annual open enrollment period or through a qualifying event must maintain vision coverage for a period of at least 24 months.
2. Qualifying Event Change in coverage election. Should a qualifying event (as defined under COBRA) occur, for purposes of enrollment or cancellation, the employee must request the change no later than 30 days after the qualifying event. Examples of qualifying events include change in marital status, change in dependent status, loss of job.

## **COBRA**

The Pennsylvania State Education Association Health & Welfare Fund (“Fund”) and Warren County School District (“Employer”) enter into this Agreement in order for certain of the Employer’s employees to receive dental and/or vision benefits provided by the Fund. The Fund provides no other benefits for these employees at this time. Given the limited benefits provided by the Fund, the parties wish to have the administration of all benefits provided under the Consolidated Omnibus Budget Reconciliation Act of 1986 (“COBRA”), including the benefits provided by the Employer as well as the dental and/or vision benefits provided by the Fund, undertaken by the Employer or the Employer’s designee.

The parties acknowledge that the Fund, under Section 606(a) of the Employee Retirement Income Security Act (“Act”), has responsibility to provide certain notices to Employer’s employees. The Employer agrees to assume all responsibility for the notice requirements set forth in this Section and applicable regulations, as they may be hereafter amended. The required notices include, but may not be limited to:

The initial General Notice of Continuation Coverage;

A Notice of Right to Elect Continuation of Coverage to Qualified Beneficiaries;

A Notice of Unavailability of Continuation Coverage; and

A Notice of Early Termination of Continuation Coverage.

The parties further acknowledge that the Employer may delegate these responsibilities to a third party administrator (“TPA”) of its choosing, provided that the TPA has an established record of competence in COBRA administration. Moreover, the Employer shall ensure that the TPA is contractually bound to provide the Fund with simultaneous notice of all COBRA notices issued to all Fund Participants who are employees of the Employer. In addition, the Employer agrees to indemnify the Fund for costs and fees incurred by the Fund on account of any failure to provide the notices required by applicable federal law, regardless of whether the failure is on the part of the Employer or the Employer’s designee. Should the Employer or its designee be unable to fulfill the duties described in this section, the Fund may assume these responsibilities upon appropriate notice to the Employer.

## **BILLING**

The Fund will invoice the district, via email notification to the primary and secondary district contact, for monthly premiums owed following the month of coverage. The invoice is due upon receipt. If the premium owed is not received from the district by the fifteenth (15th) day of the month following receipt of the invoice, all outstanding amounts will be subject to a late fee of 1.5% of the total amount outstanding. Late fees shall continue to be charged until the full amount of the invoice is paid to the Fund.

For a period of one year from the date of contract cancellation, PSEA Health and Welfare Fund will pay claims incurred before the date of contract cancellation. For purposes of this paragraph, the term "date of contract cancellation" means the earliest of (1) the date established by mutual consent of the parties; (2) the date on which the vision program is terminated.