NVA MEMBER WEB PORTAL





Vision Benefits. Smarter.*

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www.e-nva.com

Welcome to the NVA Member Portal... Let's get started!

View My Benefits

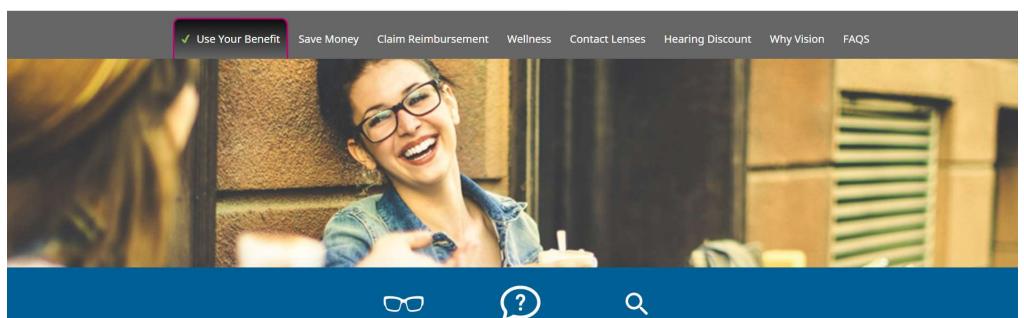
Start by pulling up the NVA website at www.e-nva.com to securely register and view specific benefit information.

Already registered? Just enter your username and password to jump right into the Member Portal and begin viewing your benefits.



To login or to begin registering your NVA account, click on "Login/Register".





Ouestions

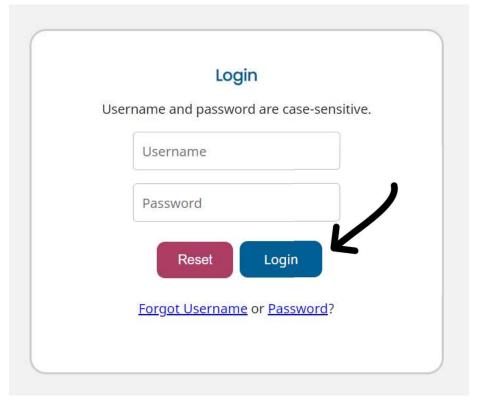
Find a Provider

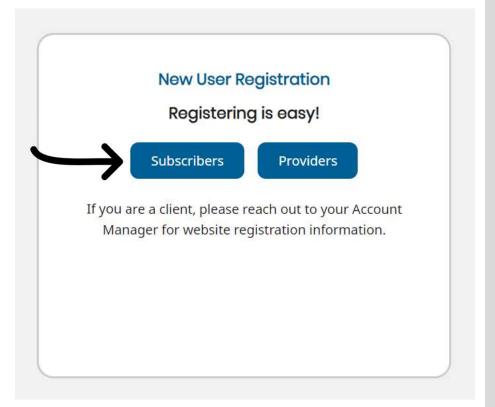
Register or Login

Login by entering your username and password, then click "Login".

or

Begin registering your account by clicking on "Subscribers".





Welcome Subscribers...



SUBSCRIBERS PLAN SPONSORS HEALTH PLANS BENEFIT ADVISORS PROVIDERS LASIK









Welcome Subscribers

Registration is easy! After you create an account you have access to:

- View your benefit information
- · Check your claim status
- Find an eye doctor in your network
- Save money by using the NVA Smart Buyer[®] and more!

You must be an NVA cardholder to register.

Ready to view benefit information, check claim status, find a network eye doctor, and find money saving NVA Smart Buyer® tips?

Scroll down the page to begin the 4-step registration.



Step 1: Subscribers Registration

Fill in all requested fields, including Cardmember #, Last Name, First Initial, DOB, Zip Code, Email (and email confirmation).

Then click on "Submit".

| Cardmember #: (or may be your Social Security #) Last Name: First Initial: Date of Birth: mm/dd/yyy Zipcode: ##### | All fields are requ | ired to be completed by the main cardholder. |
|--|---------------------|--|
| Last Name: First Initial: Date of Birth: mm/dd/yyy Zipcode: ##### | | |
| First Initial: Date of Birth: mm/dd/yyy Zipcode: ##### | | ,, |
| Date of Birth: mm/dd/yyy Zipcode: ##### | Last Name: | |
| mm/dd/yyy Zipcode: ##### | First Initial: | |
| Zipcode: ##### | Date of Birth: | |
| ##### | mm/dd/yyy | |
| una Americani de la | Zipcode: | |
| Your Email: | ##### | |
| | Your Email: | |
| ab@xyz.com | ab@xyz.com | |
| enfirm Email: | Confirm Email: | |

Complete & Submit Registration Page Click on "Continue Registration" in **Email From NVA** Confirm All Information is Correct Create Username and Password to Complete Registration

Step 2: Subscribers Registration

After clicking "Submit" on the Registration Page, an e-mail will be sent to your registered e-mail address. Check your inbox and follow the instructions to continue your registration.

Subscribers Registration - Confirmation Email

A continue registration e-mail has been sent to jdoe@memphis.com. Please click on the link provided within the e-mail to continue the registration process on NVA's website. Once you've returned to the website you will need to verify your information is correct and create a username and password to activate your account.

You must complete the registration process within 14 days, otherwise the link within the e-mail will expire and you will need to start the process again.

I did not receive a continue registration e-mail and would like it resent to me.

Resend Confirmation

Complete & Submit Registration Page Click on "Continue Registration" in Email From NVA Confirm All Information is Correct Create Username and Password to Complete Registration

Step 2: Subscribers Registration Email





From: www@e-nva.com
Subject: Registration at
www.e-nva.com



Subscriber Registration Confirmation

Click the "Continue Registration" link provided in your email to continue to Step 3 of the registration process (where you will confirm your information).

Dear User.

Please click on the "Continue Registration" Link provided within the e-mail below to continue the registration process on NVA's website. Once you've returned to the website you will need to verify your information is correct and create a username and password to activate your account.

You must complete the registration process within 14 days, otherwise the link within the e-mail will expire and you will need to start the process again.

Continue Registration

National Vision Administrators (NVA)

Step 3: Subscribers Registration

The "Continue
Registration" link
from your email will
bring you to the
following page on
the NVA website.

Once you have verified your information is correct, click on the "Confirm" button to continue to the last step of the registration process (where you will create your username and password).

Subscribers Registration - Confirm Personal Information

Welcome back! To continue the registration process, please confirm your personal information listed below is correct.

Personal Information

| E-mail | jdoe@memphis.com |
|----------------|------------------|
| Zip Code | 38111 |
| State | TN |
| City | Memphis |
| Street Address | 321 CAPE KENNEDY |
| Subscriber ID | XXXXXX969 |
| Name | JOHN DOE |

Select the confirm button to verify the information listed above is correct and to continue the registration process.

If the information is not correct, please call Customer Service at 672-7723.

Select the twitel button to terminate the registration process.

Cancel

Confirm

Complete & Submit Registration Page

Click on "Continue Registration" in Email From NVA

Confirm All Information is Correct

Create Username and Password to Complete Registration

Subscriber Registration – Final Step

Create your NVA
Member Web
Portal username
and password
according to the
specified criteria.

Select a Password
Reminder question
and answer as
added security in
case you need to
reset your
password.

Click "<u>Submit</u>" to finalize your registration.

Subscribers Registration - Create Username and Password All fields are required. If you are unable to complete the registration process, please contact Customer Service at 800-672-7723. Username: Username Password: (Must contain at least eight (8) characters and contain at least one (1) numeric character.) Password Confirm Password: Please select a Password Reminder from the drop down menu and enter an answer. This information will be used to reset your password should you forget it. Password Reminder: What is your mother's maid > Answer:

Submit

Complete & Submit Registration Page Click on "Continue Registration" in **Email From NVA** Confirm All Information is Correct Create Username and Password to

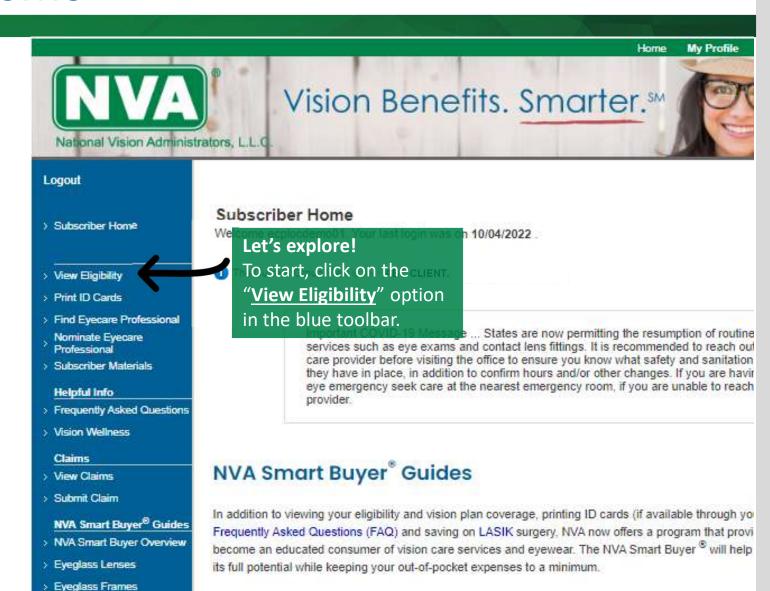
Complete Registration

Subscriber Home

You are now registered!

You will be automatically directed to your Subscriber Home page (shown at right).

From here, you can begin exploring the NVA Member Portal's capabilities via the blue navigation toolbar or via the links located within the text of the subscriber home screen.



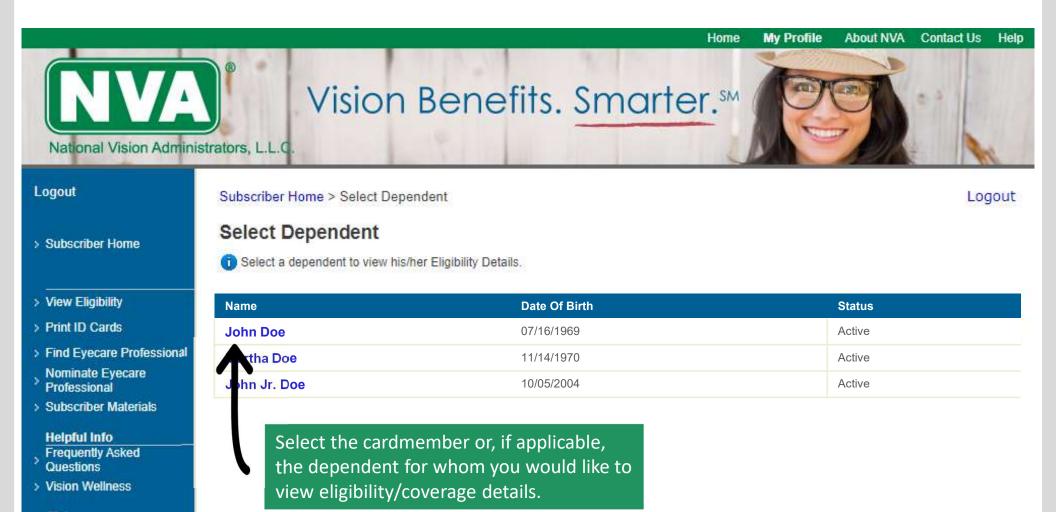
Read more below:

NVA Smart Buyer Overview

> Contact Lenses > How to Read Your Prescription

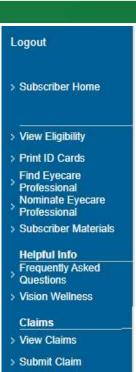
View Eligibility for Cardmember or Dependent

Clicking on the "<u>View Eligibility</u>" link in the navigation toolbar will bring you to the Select Dependent page (shown below). This page will show the cardmember and all applicable dependents enrolled in your NVA vision benefit.



Eligibility Details

You will now see the selected individual's **Eligibility Details where** you can review subscriber info and coverage details under the vision benefit.



NVA Smart Buyer®

Type

 Coatings, Treatments and

Edges Additional Options and **Enhancements** How to Read

Your

Prescription Lens Care Do's and Don'ts

Eyeglass Lens

 Eyeglass Lens Material

> Eyeglass Frames

> Eyeglass Lenses

Guides

Subscriber Home > Select Dependent > Eligibility Details **Eligibility Details Subscriber Details** Name: John Doe Date of Birth: 07/16/1969 Dependent Type: Adult Group Name: ABC CLIENT Group Number: 1234AN Benefit Period Type: Service date to service date Additional Info: Benefits end the month the child reaches 19 years of age. Benefits end the month the student reaches 23 years of age. Plan Coverage Info: Benefit is for glasses or contacts, but not both within the same benefit period. Only one lens type will be covered at the amount listed. The available options may vary based upon the Click on the "+" box before each heading to view coverage details within the selected category. Frequency cription Co-Pay Benefits (In Months) **⊟** □ Examination EXAMINATION 100% \$10.00 The Frame Allowance Is Based On Retail **⊞** □ Frames Pricing.

12 Elig Now

Logout

Eligible Date

Important Notice

Please check the Plan brochure for complete information regarding your Plan details.

<< Back

Print Your Own ID Card

Clicking on the "Print ID Cards" link in the navigation toolbar will allow you print your ID card from your local computer at your convenience.

Next, we will click on the "Print ID Cards" option in the blue toolbar which will bring you to the screen shown at right.



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Logout

> Subscriber Home

- > View Eligibility
- > Print ID Cards
- > Find Eyecare Professional
- Nominate Eyecare Professional
- > Subscriber Materials

Helpful Info

- Frequently Asked
 Ouestions
- Vision Wellness

Subscriber Home > Print ID Card

Print ID Card

To print ID cards, please enable Printing of background images on your browser.

Subscriber Name: John Doe

Subscriber ID: 007161969

Group Description: ABC CLIENT

Sponsor: 1234001

Coverage Type: Single

Click on the "Print ID Card" button to preview and print your card.



Print ID Card

Find an Eyecare Professional (ECP)

> Vision Wellness

Claims

View Claims
 Submit Claim

NVA Smart Buyer® Guides

> NVA Smart Buyer Overview

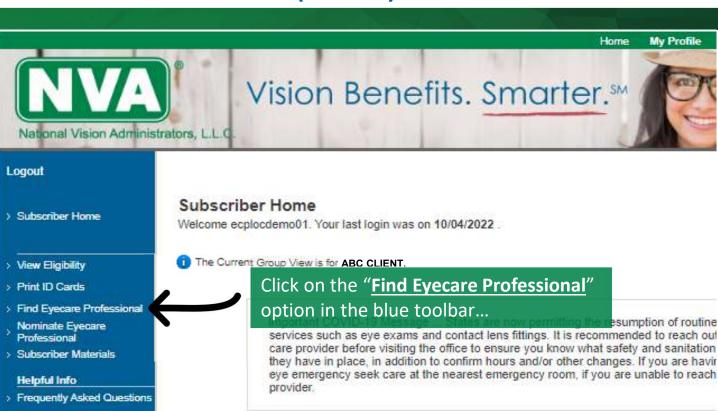
> Eyeglass Lenses

> Eyeglass Frames

> Contact Lenses > How to Read Your Prescription

You can begin your search for an eyecare professional by clicking on "Find Eyecare Professional" in the navigation toolbar.

You will then be directed to our Eyecare Provider search page (shown in the next slide).



NVA Smart Buyer Guides

In addition to viewing your eligibility and vision plan coverage, printing ID cards (if available through yo Frequently Asked Questions (FAQ) and saving on LASIK surgery, NVA now offers a program that provi become an educated consumer of vision care services and eyewear. The NVA Smart Buyer [®] will help its full potential while keeping your out-of-pocket expenses to a minimum.

Read more below:

NVA Smart Buyer Overview

Find an Eyecare Professional – Search Screen

You will have the option of searching for a participating ECP either by Zip Code + Mile Radius OR by State + City (or State + Provider Name).

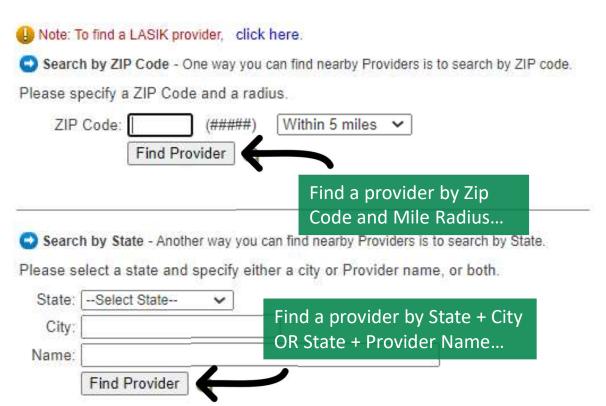
Once you have entered the necessary search criteria, simply click on the "Find Provider" button to view the list of participating ECPs within your search area.



Material

Find Provider

Important COVID-19 Message: Due to the COVID-19 situation and recommendar governments, a number of providers are temporarily closing or restricting their bus growing daily. Because of the fluidity of this situation the provider locator may not be restricted hours. NVA strongly recommends calling your eye care provider between a medical eye emergency seek care at the nearest emergency room, if you



Vision Benefit Maximizer® Provider Search Results

Your provider search results will list the ECPs in your search area plus their location, contact information, service features, and exclusive to NVA's Vision Benefit Maximizer®, the number of frames available to you at \$0 out-of-posket sest under your benefit) at that particular provider.

| Name And Phone | Address © | City | State | Zip 🌣 | Service Level | # Of Frames Available At \$0* | Distance |
|--|------------------------------|---------|-------|-------|------------------------------------|--|----------------------------------|
| MID SOUTH VISION CENTER 901-324-3189 View Doctors | 3314 Poplar Ave. Ste. 1 | Memphis | TN | 38111 | Full Service** | 112 Of 661 Total Frames | < 1 Mile View Map |
| VISIONWORKS 901-683-1689 View Doctors | 4465 Poplar Ave. Ste. 146 | Memphis | TN | 38117 | Eyeglasses And Contacts Only | 1391 Of 4093 Total Frames | 3 Miles View Map |
| LINDA THARP OD 901-722-8598 View Details | 1750 Madison Ste. 270 | Memphis | TN | 38104 | Full Service** | Data Not Supplied | 3 <mark>Miles</mark> View Map |
| #5447 E 901-801-6671 View Doctors | 4300 Summer Ave. Ste.101 | Memphis | TN | 38122 | Full Service** | 280 Of 667 Total Frames | 3 Miles View Map |

Click on "<u>View Doctors</u>" link for more information on any one provider.

Click on "View Map" link for more information on provider's location.

Vision Benefit Maximizer® Provider Search Results

You will now see a detailed view of the selected provider along with a Google Map to help you gauge the eye care professional's location to you.

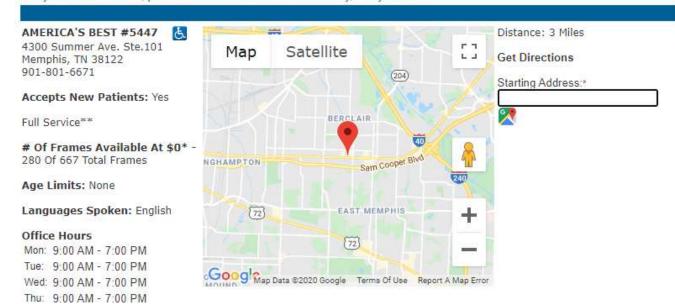
Find information such as address, type of service provided, office hours, doctors located at that practice, and much more.

Vision Benefit Maximizer ® Details

Fri: 9:00 AM - 7:00 PM

Sat: 9:00 AM - 6:00 PM

You can verify an Eyecare Professional's status by calling the Eyecare Professional directly. If you experience a problem contacting an Eyecare Professional, please call 800-672-7723 24 hours a day, 7 days a week.



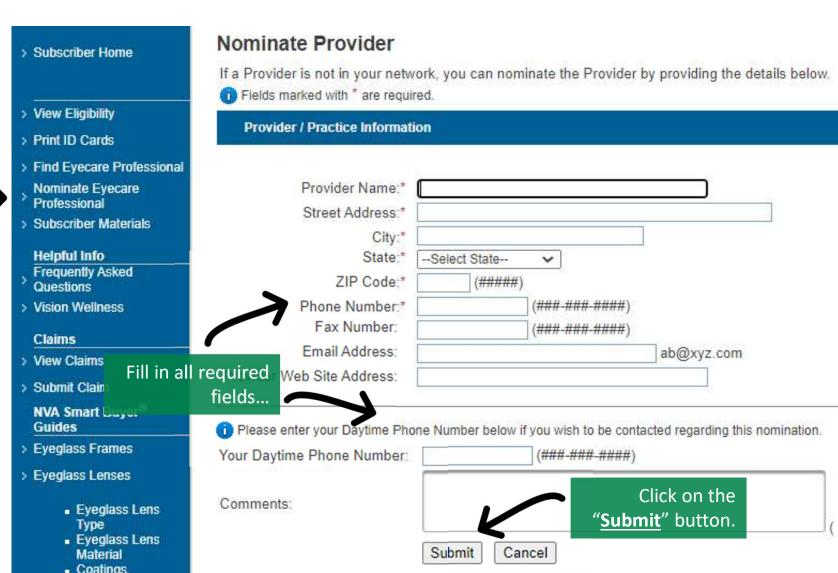
| Doctor | Туре | Languages Spoken | Accepts New Patients |
|--|-------------|------------------|----------------------|
| GARY D. BEAMON OD NPI: 1285902635 State License Number: 3023 Doctor's Gender: M | Optometrist | English | Yes |
| MALLORY P. BODFORD OD NPI: 1932518032 State License Number: 3402 Doctor's Gender: F | Optometrist | English | Yes |
| CHALISE FRANCISCO OD NPI: 1124475793 State License Number: 3278 Doctor's Gender: F | Optometrist | English | Yes |
| LEAH GRAY OD NPI: 1891000410 State License Number: 2884 | Optometrist | English | Yes |

Nominate an Eyecare Professional

If you do not find your preferred provider in NVA's existing network, you may choose to nominate your eyecare professional to join our network.

Start by clicking on the "Nominate Eyecare
Professional" link in the navigation toolbar.

With the information provided, an NVA representative will contact your eyecare professional to discuss the option of joining the NVA provider network.



Access Subscriber Materials



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Click on the "Subscriber

Materials" link to find forms and additional important information (shown at right).



- > Subscriber Home
- > View Eligibility
- > Print ID Cards
- > Find Eyecare Professional
- Nominate Eyecare Professional
- Subscriber Materials

Helpful Info

- Frequently Asked Questions
- Vision Wellness

Claims

- > View Claims
- > Submit Claim

NVA Smart Buyer® Guides

> Eyeglass Frames

Subscriber Home > Subscriber Materials

Subscriber Materials

In order to view Subscriber Materials, click a link below. A new window will then open displayin printed using your browser's Print function.

Authorized Representative Form (opens in new window) (Requires Adobe Reader (opens in new window))

<<Back

*Adobe Reader is required to view PD

Click on an available material's link to view the document.

ee version of Adobe Reader from

In this case, you will view the

"Authorized Representative

Form" (shown on next slide).

Authorized Representative Form

The Authorized Representative Form will open with Adobe Reader in a separate window from the NVA website. Note: This form can be used if you wish to designate another person to access your vision care benefit data.



Authorized Representative Form

| SECTION A: MEMBER INFORMA First Name: | Last Name: | | | | |
|---|---|-----------------------------------|------------------------|--|--|
| Street Address: | City: | | | | |
| E-mail Address: | Daytime Phone Number | | Lip. | | |
| SSN/Identification Number: | Dayeme i none rumo | c | | | |
| SECTION B: PURPOSE OF FORM | (i | | | | |
| dependent's vision health information to th | ion of an Authorized Representative for a Membe e Authorized Representative designated on this fo of for benefits, or payment of claims, will not be co | orm. Completion of this form is e | ntirely voluntary. You | | |
| SECTION C: TYPE OF INFORMAT | ION | | | | |
| I understand that by completing the | is form I am allowing you to use my visio | n health information with | and disclose it to | | |
| 100 | gnated on this form, for the purposes se | | | | |
| □ Inquiries regarding eligibility and | status of claims for benefits for the follo | owing dependent minor co | vered under my | | |
| vision plan , | on or aft | er the effective date of this | s authorization. | | |
| ☐ An appeal or denied claims with | the date(s) of service [specify dates]: | | | | |
| □ Other | | | | | |
| SECTION D: TYPE OF INFORMAT | ION | | | | |
| | ntative is not subject to Federal or applicable Stat and my Authorized Representative may further dis | | | | |
| AUTHORIZED REPRESENTATIVE | 37 | | | | |
| First Name: | Last Name: | mr. | -87 | | |
| Street Address: | City: | State: | Zip: | | |
| E-mail Address: | Daytime Phone Number | Daytime Phone Number: | | | |
| Relationship to Member: | | | | | |
| SECTION E: Expiration and Revo | cation | | | | |
| [H. V. V. M. S. | or end this authorization at any time. I understar | | | | |

Frequently Asked Questions

Under the Helpful Info heading on the navigation toolbar, click on the "Frequently Asked Questions" link to access NVA's responses to some of our members' most asked questions.





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National Vision Administrators, L.L.O

Logout

- > Subscriber Home
- > View Eligibility
- > Print ID Cards
- Find Eyecare Professional
- Nominate Eyecare
 Professional
- Subscriber Materials

Helpful Info

- > Frequently Asked Questions
- > Vision Wellness

Claims

- > View Claims
- > Submit Claim

NVA Smart Buyer[®] Guides Subscriber Home > Frequently Asked Questions

Frequently Asked Questions

CLAIMS

- Q: How do I submit a claim for Out of Network reimbursement?
- Q: I see that my claim has been paid, when will I receive my check?

WEB ACCOUNT AND PASSWORD MAINTENANCE

- Q: How do I change my password?
- Q: How do I change my e-mail address?



Just click on a question to see NVA's response.

ID CARDS

Q: How do I obtain a new ID card?

PERSONAL DATA

- Q: How do I change incorrect personal data (misspelled name, incorrect date of b
- If you do not see your question in this FAQ, please Click Here to submit your question t strive to respond to all inquiries within 3 business days.

Vision Wellness

Next, you can click on the "Vision Wellness" link in the navigation toolbar to stay informed of important information that may help you better protect your and your family's eye health, no matter what their age.







Logout

Subscriber Home

- > View Eligibility
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Claims

- View Claims
- > Submit Claim

NVA Smart Buver® Guides

- > Eyeglass Frames
- > Eyeglass Lenses
 - Eyeglass Lens Type

Subscriber Home > Vision Wellness

Vision Wellness

Your health and the health of your family are better protected under an NVA vision program. NVA has cre oriented set of programs using evidence-based clinical standards to focus in the following areas:

- · Keeping you and your family healthy
- · Early identification of potential health issues even when symptoms are not visible
- Reducing the potential negative effects of already diagnosed health issues

In healthcare one size rarely fits all. Our health needs naturally change over the course of our lives. NVA US Center for Disease Control and Prevention (CDC) (opens in new window) categories to tailor programs specific needs of you and your family.

- Infants/Toddlers
- Children
- Adolescents and Teens
- Young Adults
- Older Adults and Seniors

Keeping you and your family healthy

Infants/Toddlers (Birth to 3 years old)

Babies are not born with fully developed ocular systems. Parents play a big part in the proper development vision. Some proactive steps parents can take to help ensure good eye health include:

- Watch for signs of eye and vision problems
- Schedule regular comprehensive eye examinations
- Proper nutrition

Signs of eye and vision problems (as suggested by The American Optometric Association [AOA] (

View Vision Claims







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Logout

- > Subscriber Home
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- Questions
- > Vision Wellness

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- > View Claims
- > Submit Claim

NVA Smart Buyer® Guides

- > Eyeglass Frames
- > Eyeglass Lenses
 - Eyeglass Lens
 Type

Subscriber Home > Select Dependent

Select Dependent

Click on a dependent to view his/her claims.

| Name | Date Of Birth | Status | |
|--------------|----------------------|--------|--|
| John Doe | 07/16/1969 | Active | |
| Martha Doe | 11/14/1970 | Active | |
| John Jr. Doe | Click on the name of | Active | |
| | the individual for | | |

which you want to

view claims (shown

on next slide).

View Vision Claims



You will now be able to see a list of the selected individual's list of claims, along with date of service, provider name, and the status of the claim(s).

> Subscriber Home

- > View Eligibility
- > Print ID Cards
- > Find Eyecare Professional
- Nominate Eyecare Professional
- > Subscriber Materials

Helpful Info

- Frequently Asked Questions
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Claims

- > View Claims
- > Submit Claim

NVA Smart Buyer[®] Guides

- > Eyeglass Frames
- > Eyeglass Lenses
 - Eyeglass Lens Type
 - Eyeglass Lens

Subscriber Home > Select Dependent > View Claims

View Paid Claims

Click on Claim Number to view the claim details.

Name: John Doe Date of Birth: 07/16/1969

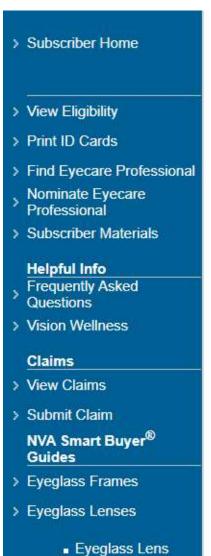
| Claim No. | Date Of Service | Provider Name | Status |
|-----------|-----------------|---------------------------|--------|
| 13778688 | 10/26/2019 | National Vision Inc #2497 | Paid |
| 13778689 | Click on the | Active | Paid |

claim number to view further details into that claim (details shown on next slide).

Claim Details Screen

Clicking on the claim number will direct you to that claim's detail screen (shown below) which shows all available claim details, including date of service, provider name, payment status (i.e., check date), services provided, and

more.



Claim Details

<< Back

Name: John Doe Date of Birth: 07/16/1969

Paid to Provider. Claim Details are listed below.

Claim No: 13778688

Date of Service: 10/26/2019

Provider Name: National Vision Inc #2497

Check Date: 11/15/2019



Submit a Claim

To submit a claim, begin by clicking on the "Submit Claim" link found under the Claims heading in the navigation toolbar to view the list of subscribers and dependents (if applicable).

Logout

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Claims

- > View Claims
- > Submit Claim

NVA Smart Buyer® Guides Subscriber Home > Select Dependent

Select Dependent

Select a dependent to submit a claim for that dependent.

| Name | Date Of Birth |
|--------------|---|
| John Doe | 07/16/1969 |
| Martha Doe | Next, click on the name |
| John Jr. Doe | of the individual for 10/05/2004 |
| << Back | whom you wish to submit a claim. |
| | Note: In order to submit a claim online, you will need to have your receipt(s) saved to your computer in .gif, .jpg, or .jpeg format. |

Online Claim Form

Amount:* \$

Subscriber Home > Select Dependent > Claim Form Logout Claim Form Note: To use online claim submission, you must be able to scan or photograph your receipt(s) and save as file(s) of format gif, jpg, or jpeg. Subscribers can refer inquiries to the Help Desk at 800-672-7723 Fields marked with * are required. **Patient Information** Patient Name: John Doe Date of Birth: 07/16/1969 Sponsor Name: ABC CLIENT Phone Number (Daytime):* (###-###-### Date Of Service:* (mm/dd/yyyy) Examination ☐ Frame Services Received:* Lens ☐ Contact Lens Contact Lens Fitting

You will be brought to an online claim form...begin filling in all of the required fields (marked with an asterisk)...

(cont'd on next slide)

Online Claim Form (cont'd)

| Attach Receipts | | |
|--|---|--|
| | Need He | Ip? Please see our Instructions for Attaching Receipts |
| You are required to attach from can be scanned or photographed | one to three receipts for services rendered. Receipts d. | * Choose File No file chosen |
| Click 'Browse' and select your re | ceipt file name. | |
| Attachments should be image file accepted. | es of type gif, jpg, or jpeg. No other file types will be | Choose File No file chosen |
| The size of each attached file sh | ould be less than 3MB. | Choose File No file chosen |
| | | Attach you |
| Optional | | claim receipt(s |
| Recruit An Eyecare Profession | nal On Your Behalf | and continu |
| If an Eyecare Professional (ECP |) is not in your network, NVA can recruit the ECP on yo | our behalf. Please provide the de ^{tails be} filling in the |
| Eyecare Professional Name | е | remainin |
| Street Address | S: | required fields |
| City | r: | required ficials |
| State | Select State | |
| Next, click on the ZIP Code | (####) | |
| "Submit" button e Number | (###-####) | |
| to submit your Address | ab@xyz.co | om. |
| claim and to view | | |
| and confirmation nefit plan | nat the information entered is correct, that the patient not on the date indicated. I also certify that the services and I authorize release of any information on this form to | and materials received are not covered under |
| next slide). | Submit Cancel | |

Claim Confirmation

After submitting your claim, you will be taken to the Claim Confirmation screen where you can view and print your claim information.

> Subscriber Home

- > View Eligibility
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- > Subscriber Materials

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 Questions
- > Vision Wellness

Claims

- > View Claims
- > Submit Claim

NVA Smart Buyer[®] Guides

- > Eyeglass Frames
- > Eyeglass Lenses
 - Eyeglass Lens
 Type
 - Eyeglass Lens Material
 - Coatings,

Claim Confirmation

The Claim has been submitted successfully. Your confirmation number is # 2947409.

Patient Information

Patient Name: John Doe
Date of Birth: 07/16/1969
Sponsor Name: ABC CLIENT

Phone Number (Daytime): 555-555-5555

Services

Date Of Service: 05/13/2020

Services Received: • Contact Lens

Amount: \$ 55.00

Attach Receipts

Attached Receipts: Ws2_548180_062520052701_9014019645264230187.jpg

By submitting this form I certify that the information a services described were received on the date indicated another group vision benefit plan. I authorize release Holder, and any party required for treatment, payment

Click on "Print Claim Confirmation" link to print confirmation page.

ned is eligible for benefits, and that the I materials received are not covered under /A, the Plan Sponsor/Employer, the Policy

Print Claim Confirmation

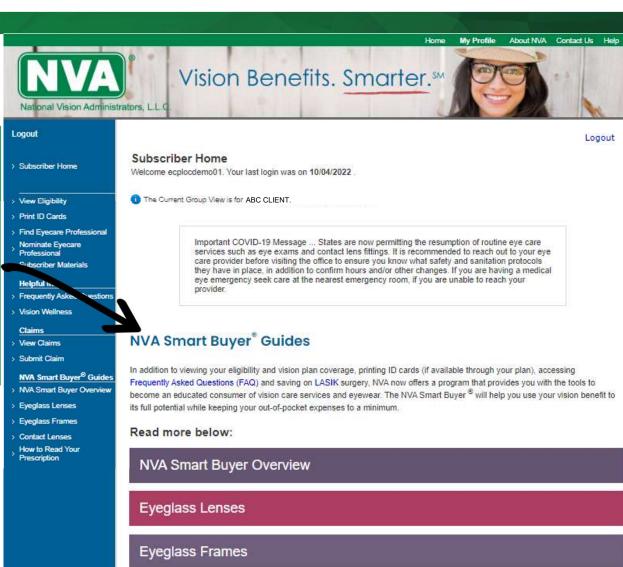


NVA Smart Buyer® Guides

NVA Smart Buyer[®] is a library of helpful information regarding eyewear designed to help you make better-informed decisions regarding your eyewear purchases.

You can navigate through the NVA Smart Buyer[®] Guides from the portal's Home Page or by clicking one of the links at the bottom of the left-hand side menu.



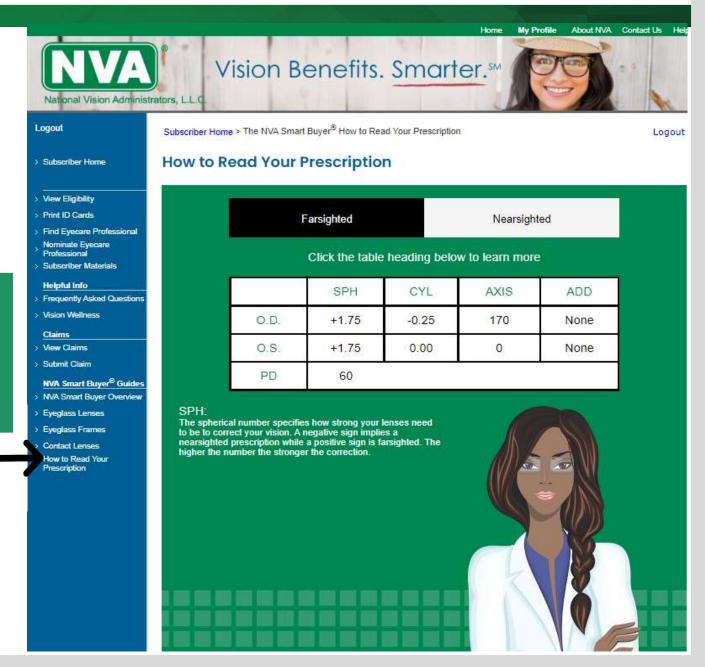


Contact Lenses

How to Read Your Prescription

Smart Buyer's Guide to Vision Prescriptions

The NVA Smart Buyer® Library has a dedicated section to help you understand your vision prescription which you can navigate to from the home page or by clicking the related menu item on the left.



Congratulations!

Your member web registration and website tutorial is complete.

If you have any additional questions, you may contact a service representative directly at:

1.800.672.7723

24/7/365 – any question, any time





Vision Benefits. Smarter.*

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