

Who is eligible?

Regular, full-service employees and their eligible dependents may enroll in the VBA vision plan. Dependents include your spouse/lawful domestic partner and dependent children meeting plan eligibility requirements.

What vision optional materials are available at controlled pricing under this plan?

› **Extra Cost:** This plan is designed to cover your visual needs rather than cosmetic options. You may incur out-of-pocket charges when selecting any of the following:

- a) Rimless frames
- b) Frames that exceed the normal plan cost
- c) Premium 3 & 4 Progressive Lenses
- d) Elective contact lenses in excess of the plan allowance
- e) Anti-Reflective coated lenses
- f) Photochromic lenses
- g) Digital Retinal Screenings: Digital retinal screenings scan the eye and can detect underlying health concerns. Copays are capped at \$39 as part of a vision care exam through a VBA in-network provider.

› **Non-Covered Items:** There are no benefits for professional services or materials associated with:

- a) Orthoptics or vision training, subnormal vision aids or non-prescription lenses
- b) Lenses and frames which are lost or broken
- c) Medical or surgical treatment of the eyes
- d) Two pairs of glasses in lieu of bifocals
- e) Services or materials provided as a result of any Workers' Compensation Law or similar legislation
- f) Any eye examination required by an employer as a condition of employment



If you have questions about your vision plan or the filing of your claim, please contact the customer service department at: 1-800-432-4966

400 Lydia Street, Suite 300
Carnegie, PA 15106
www.vbaplans.com



Group Vision Plan

VBA covers comprehensive eye exams so your employees can stay healthy and see clearly. VBA maintains a network of more than 80,000 participating optometrists, ophthalmologists and retail locations nationwide to provide professional vision care to covered members.

What are the benefits?

► **Comprehensive Eye Exams:** A complete analysis of the eyes and related structures to determine the presence of vision problems.

► **Frames & Lenses:** A VBA participating provider will order and verify the accuracy of your finished lenses.

The plan allowance may cover a wide selection of frames; however, if you select frames that exceed the amount of your allowance there will be an additional charge.

Note: Solid or Gradient Tints, Basic Scratch, UV 400, Basic Progressives, Standard Progressives, Premium 1 & 2 Progressives and Polycarbonate Lenses are covered only through VBA participating providers.

► **Contact Lens Benefit:** In lieu of all other benefits, you may opt to obtain Medically Necessary contact lenses or utilize the allowance towards the cost of Elective contact lenses.

► **Medically Necessary:** One pair of contact lenses are covered when certain specific benefit criteria are satisfied after prior approval from VBA. Medically Necessary contact lenses are limited to the following conditions:

- a) Following cataract surgery without intraocular lens
- b) Anisometropia of 4 diopters or more
- c) Keratoconus when the patient is not correctable to 20/70 in either or both eyes using spectacle lenses
- d) Certain extreme visual problems that cannot be corrected with spectacle lenses.

► **Elective:** When Elective contact lenses are selected, your plan will provide an allowance of \$175 toward the purchase of the same.

NOTE: You will not receive any additional monies for contact lenses and/or contact lens exam costs that are over the \$175 allowance.

► **Beyond foundational benefits:** VBA partners with several companies that provide services to better members' overall health and wellness.

Lasik Surgery

All VBA covered subscribers are eligible to receive a discount at TLC or QualSight locations nationwide. For more information, visit vbaplans.com or call one of VBA's customer care representatives at 1-800-432-4966/option 1. Note, the patient will be required to pay the provider in full and submit a reimbursement form to VBA. The Plan will reimburse the patient up to a maximum of \$250.00, once every eight (8) years.

Hearing Health

Receive discounts on hearing aids through HearUSA.

How often are these services available?

► **Comprehensive Eye Exams:** Once every calendar year

► **Frames & Lenses:** Once every calendar year

► **Contact Lenses:**

Elective: Once every calendar year

Medically Necessary: Once every calendar year

How much do I pay?

When you choose to obtain services from a VBA participating provider, this plan covers the vision examination, professional services, lenses and frames.

Note: A \$20 copayment will be charged by the VBA participating provider when lenses and/or frames are ordered (copayment does not apply to the exam or contacts).

How does my vision plan work?

To view a list of VBA participating providers in your area, visit: www.vbaplans.com. Select "Vision, I am a Member" at the top of the page. Then, on the left-hand side, select "Provider Finder." You will then be prompted to search by zip code and distance or by last name and state. When scheduling an appointment with the selected VBA participating provider, please notify the provider that your vision benefits are administered through VBA.

The provider selected will contact VBA to verify eligibility and will process services received electronically.

What if I choose to see a non-participating provider?

1. Make an appointment and receive the necessary services from the provider. Pay the doctor the full fee and obtain an itemized receipt, which must contain the following information:

- a) Patient's name
- b) Date services began
- c) The services and materials you received
- d) The type of lenses you received
(single vision, bifocal, etc.)

2. Obtain an out-of-network reimbursement form through www.vbaplans.com

3. Mail or fax your itemized receipts and out-of-network reimbursement form to VBA:

400 Lydia Street, Suite 300
Carnegie, PA 15106

412-881-4898

For faster processing, you can now submit your claim to VBA electronically. Simply use VBA's member login with the policy holder's information, and select "Out-of-Network Claims." From there, follow the prompts to upload your signed forms and receipts.

4. You will then be reimbursed directly according to the following **Non-Participating Reimbursement Schedule** (Copayment does not apply):

PROFESSIONAL FEES

Vision Examination, up to \$ 40.00

MATERIALS

Single Vision Lenses, up to \$ 40.00 (pair)

Bifocal Lenses, up to \$ 50.00

Trifocal Lenses, up to \$ 75.00

Lenticular Lenses, up to \$ 100.00

Progressive Lenses, up to \$ 75.00

Solid or Gradient Tints N/A

Basic Scratch N/A

UV400 N/A

Polycarbonate N/A

Frames, up to \$ 50.00

CONTACT LENSES

(In lieu of all other benefits for the benefit period. You will not receive any additional monies for contact lenses and/or contact lens exam costs that are over the allowance.)

Elective up to \$ 175.00

Medically Necessary up to \$ 300.00

There is no assurance the non-participating reimbursement schedule will cover the entire cost of the examination, glasses or contacts.