

SCHEDULE OF VISION BENEFITS



Reading Area Community College - #3851

VBA maintains a network of more than 18,000 participating optometrists, ophthalmologists and retail locations nationwide to provide professional vision care for those covered under this plan.

HOW YOUR VISION PROGRAM WORKS

Select a **VBA** participating provider in your area. When scheduling an appointment, please notify the **VBA** participating provider that your vision coverage is administered by **VBA**. A list of participating providers is available on our website at vbaplans.com. The provider selected will contact **VBA** to verify eligibility via online system and will process services received electronically.

To verify your benefit eligibility prior to visiting your eye care provider, please visit our website at vbaplans.com or contact one of **VBA's** exceptional customer care representatives toll-free at 1-800-432-4966.

Eligibility (from the last date of service)

Exam: Once every 12 months

And:

Lenses: Once every 12 months

Frames: Once every 24 months

Or:

Contact Lenses: Once every 12 months

Member Services

To verify eligibility/dependent age, locate a participating provider or to receive answers to all your vision care related inquiries, please contact one of **VBA's** exceptional member services representatives at 1-800-432-4966/option 5.

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Routine Exam Once every 12 months	Covered 100%	Up to \$ 40
- AND -		
Lenses Once every 12 months	Standard Glass or Plastic Covered	
Single Vision	100%	Up to \$ 40
Bifocal	100%	Up to \$ 60
Blended Bifocals	100%	Up to \$ 60
Progressive	Controlled Cost	Up to \$ 80
Trifocal	100%	Up to \$ 80
Lenticular	100%	Up to \$ 120
Polycarbonate	100%	N/A
1 Year Scratch Protection	100%	N/A
UV 400	100%	N/A
Frame Once every 24 months	Covered 100% if within the plan's wholesale allowance	Up to \$ 50
- OR -		
Contact Lenses Once every 12 months		
Elective Contact Lenses* Elective Contact Lens Fit Fee	Up to \$ 150 15% Discount	Up to \$ 150 N/A
Medically Necessary (requires prior authorization from VBA)	100% In lieu of all other materials/services	Up to \$ 320 In lieu of all other materials/services
Low Vision Aids	Up to \$ 650	Up to \$ 650
- AND -		
Lasik Surgery (once every 8 years)	N/A	Up to \$ 125

* The contact allowances can be applied to contact lens fits and/or contact lens materials and there is no guarantee that these amounts will be sufficient to cover the full cost of said fits and/or materials.

NOTE: Utilization of both participating and non-participating providers in the same benefit period may reduce or eliminate coverage for services and materials depending upon reimbursement or provider payment amounts. Contact **VBA's** member services department for more information.

400 Lydia Street • Suite 300 • Carnegie, PA 15106 • 1-800-432-4966 • www.vbaplans.com

PARTICIPATING PROVIDER COVERAGE

Vision Examination

A complete analysis of the eyes and related structures to determine the presence of any vision problems.

- And -

Spectacle Lenses

Your program provides the finest quality lenses fabricated to **VBA's** exacting standards. A **VBA** participating provider will order the proper lenses and verify their accuracy when finished.

Frames

VBA plans offer a wide selection of fully covered designer frames; however, if you choose a frame which costs more than the amount allowed by your plan, you will be responsible for any additional controlled charges.

- Or -

Elective Contacts

Your plan will provide a material and contact lens fit allowance of up to **\$150.00** and a 15% discount off the participating provider's contact lens fit at the time of the visit.

There is no guarantee that the contact allowance will cover the entire cost. You will not receive any additional monies for contact lenses and/or contact lens fit costs that are more than the **\$150.00** allowance.

Medically Necessary Contact Lenses

In lieu of elective contact lenses and spectacle lenses and frames, medically necessary contact lenses are fully covered by **VBA** when a **VBA** participating provider receives prior approval for one of the following services related to eye disease or injury, such as, visual acuity problems not correctable with spectacle lenses, anisometropia of 4 diopters or greater, and keratoconus. If you choose to obtain medically necessary contact lenses from a non-participating provider, subject to **VBA's** prior approval, you will be reimbursed up to **\$320.00**.

Lasik Surgery

All **VBA** covered subscribers are eligible to receive a significant discount at TLC or QualSight locations nationwide. For more information regarding this benefit, please visit our website or call one of **VBA's** exceptional customer care representatives at 1-800-432-4966/option 5. However, 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 **\$125.00**, once every eight (8) years.

Plan Allowances

When you choose to obtain services from a **VBA** participating provider, this plan covers the benefits described herein (examination, professional services, lenses and frames) at no expense to you, if the materials selected fall within your plan's allowance. **Note: Through a VBA participating provider only, covered in full are UV 400 and Polycarbonate Lens.**

Exclusions/Limitations

There are no benefits for professional services or materials connected with vision training / subnormal vision aids / non-prescription lenses / lost or broken lenses or frames / medical or surgical treatment of the eyes / two pairs of glasses in lieu of bifocals / services or materials provided as a result of any Workers' Compensation Law or similar legislation or any eye exam required by an employer as a condition of employment.

Optional Vision Materials at a Controlled Price

This plan is designed to fully cover your visual needs rather than cosmetic lens and frame options. There will be extra controlled costs involved if you select any of the following: rimless frames / a frame costing more than your plan's allowance / progressive lenses (available starting at \$45.00) / elective contact lenses (in excess of your plan's allowance) / tinted lenses / photo-sensitive lenses or coated lenses (except 1 year scratch protection is covered through a **VBA** participating provider only).

NON-PARTICIPATING PROVIDERS

If you choose to see a non-participating provider, make an appointment and pay the provider their full fee. Obtain an itemized receipt which must contain the following information: patient's name, date services began, services and/or materials received, and type of lenses (single vision, bifocal, etc.). There is no assurance the non-participating reimbursement schedule will cover the entire cost of the examination, glasses, or contacts.

Mail your receipts along with a **VBA** out-of-network reimbursement form (which can be printed online at vbaplans.com) to:

VBA
400 Lydia Street, Suite 300
Carnegie, PA 15106