

SCHEDULE OF VISION BENEFITS



Neshaminy School District - #626

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: Adults/Dependents (over age 19) – Once every 24 months
Children (up to age 19) – Once every 12 months

Lenses: Adults/Dependents (over age 19) – Once every 24 months
Children (up to age 19) – Once every 12 months

Frames: Adults/Dependents/Children – Once every 24 months

Or:

Contact Lenses (in lieu of all other benefits for the benefit period)

Adults/Dependents (over age 19) – Once every 24 months

Children (up to age 19) – 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 our exceptional customer care representatives at 1-800-432-4966/option 5.

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Routine Exam (for glasses) Once every 24 months***	Covered 100%	Reimbursement Amt. Up to \$ 30
Lenses Once every 24 months*** Single Vision Bifocal Blended Bifocals Progressive Trifocal Lenticular Polycarbonate (under age 19) 1 Year Scratch Protection Photochromic Solid or Gradient Tints	Standard Glass or Plastic Covered* 100% 100% 100% Controlled Cost 100% 100% 100% 100% 100% 100% 100%	Up to \$ 30 Up to \$ 40 Up to \$ 40 Up to \$ 60 Up to \$ 60 Up to \$ 80 N/A N/A N/A N/A
Frame Once every 24 months	Covered 100%* if within the plan's wholesale allowance	Up to \$ 40
Or: Contact Lenses Once every 24 months*** Elective Contact Lenses Medically Necessary (requires prior authorization from VBA)	In lieu of all other materials/services** Up to \$ 100 UCR (usual, customary, reasonable)	In lieu of all other materials/services** Up to \$ 100 Up to \$ 250

*Less \$20 copayment on materials.

** The contact allowance is applied to all services/materials associated with contact lenses. This includes, but is not limited to, all exam costs including the routine eye exam, contact exam, fitting, dispensing, or contact lenses. There is no guarantee that the contact allowance will cover the entire cost.

*** Once every 12 months for children up to age 19.

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.

PARTICIPATING PROVIDER COVERAGE

Vision Examination

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

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:

Contacts Selected in Lieu of Glasses

When contact lenses are selected in lieu of glasses, your plan will provide a total allowance of up to **\$100.00**. This includes, but is not limited to, all exam costs including the routine eye exam, contact exam, fitting, dispensing or contact lenses. There is no guarantee that the contact allowance will cover the entire cost. This is 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 more than the **\$100.00** allowance.

Medically Necessary Contact Lenses

Contact lenses are fully covered on a UCR (usual, customary, reasonable as determined by **VBA**) basis when a **VBA** participating provider receives prior approval for one of the following services related to eye disease or injury: visual acuity problems not correctable with spectacle lenses, anisometropia of 4 diopters or greater, and keratoconus.

Lasik

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.

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 Photochromic and Solid or Gradient Tints.**

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 / polycarbonate lens material for adults (covered if under 19) / progressive lenses (available starting at \$45.00) / elective contact lenses (in excess of your plan's allowance) / 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