

SCHEDULE OF VISION BENEFITS



Delaware Valley School District – VBA #580

VBA maintains a network of more than 22,000 participating optometrists, ophthalmologists and retail locations nationwide to provide professional vision care to covered members.

HOW YOUR VISION PROGRAM WORKS

Select a VBA participating provider in your area. A list of participating providers is available on our website at vbaplans.com. When scheduling an appointment, notify the provider that your vision benefits are administered through VBA. The provider selected will contact VBA to confirm eligibility and will process services received electronically.

To check your benefit eligibility prior to visiting a provider, visit vbaplans.com or contact one of VBA's 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 your vision care inquiries, contact a VBA member services representative at 1-800-432-4966/option 5.

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Routine Exam Once every 12 months	Covered 100%	Up to \$ 35
- AND -		
Lenses Once every 12 months Single Vision Bifocal Blended Bifocals Progressive Trifocal Lenticular Polycarbonate (under age 19) 1 Year Scratch Protection Photochromic Solid or Gradient Tints Anti-Reflective (except w/optifog, bluelight, crizal or backside UV)	Standard Glass or Plastic Covered 100% 100% 100% Partially Covered* 100% 100% 100% 100% 100% 100% 100% 100%	Up to \$ 50 Up to \$ 60 Up to \$ 60 Up to \$ 70 Up to \$ 70 Up to \$ 100 N/A N/A Up to \$ 16 Up to \$ 10 Up to \$ 22
Frame Once every 24 months	Covered 100% if within the plan's wholesale allowance*	Up to \$ 70
- OR -		
Contact Lenses Once every 12 months Elective Contact Lenses** Elective Contact Lens Fit Fee Medically Necessary (requires prior authorization from VBA)	 Up to \$100 15% Discount** 100% In lieu of all other materials/services	 Up to \$100 N/A Up to \$ 225 In lieu of all other materials/services

* Participation may vary by location. Check with your Provider for details.

** The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and 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.

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

A VBA participating provider will order and verify the accuracy of your finished lenses.

****Wellness** – If a member requires services or materials due to eye disease or injury after exhausting their benefits in a given eligibility period, the Plan will cover one (1) additional vision examination and one (1) additional pair of spectacle lenses in accordance with the above Schedule of Benefits – provided the member complies with the following procedures: a) Secure a written statement from a provider (OD, DO or MD) setting forth the medical necessity and the nature of the disease of injury upon which additional benefits are being requested; b) Submit the written statement to the attention of VBA's Manager of Member Services; and await written approval from VBA before requesting/ordering any additional benefits.**

Frames

The plan's allowance may cover a wide selection of frames; however, if you select a frame that costs more than your plan allowance, you will be responsible for paying any additional charges.

- Or -

Elective Contacts

Your plan will provide a material and contact lens fit allowance of up to **\$100** and, where available, a 15% discount off the participating provider's contact lens fit at the time of the visit.

There is no guarantee that the allowance will cover the entire cost of your contact lenses. You will not receive any additional monies for contact lenses and/or contact lens fit costs that are more than the **\$100** allowance.

Medically Necessary Contact Lenses

One pair of medically necessary contact lenses are covered when certain specific benefit criteria are satisfied after prior approval from VBA. Prior approval will be limited to treatment of 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, and d) certain extreme visual problems that cannot be corrected with spectacle lenses. 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 **\$225**.

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 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 services and materials selected fall within your plan's applicable allowances.

Note: Through a VBA participating provider only covered in full are Photochromic, Solid or Gradient Tints and Anti-Reflective (except w/optifog, bluelight, crizal or backside UV) coating.

Exclusions/Limitations

There are no benefits for professional services or materials associated 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

This plan is designed to fully cover your visual needs rather than cosmetic lens and frame options. You will incur additional charges for selecting any of the following: rimless frames / a frame costing more than your plan's allowance / polycarbonate lens material for adults / progressive lenses (available starting at \$45.00) / elective contact lenses in excess of your plan's allowance / photo-sensitive lenses or coated lenses.

NON-PARTICIPATING PROVIDERS

If you choose to use a non-participating provider, pay the doctor the full fee and obtain an itemized receipt containing the patient's name, the date services began, the services and materials received, and the type of lenses purchased. Then, obtain an out-of-network reimbursement form through vbaplans.com. After completing the form, mail or fax your itemized receipts and the form to VBA:

400 Lydia Street, Suite 300
Carnegie, PA 15106

412-881-4898 (facsimile)

OR Simply use VBA's member login with the policyholder's information and select "Out-of-Network Claims." From there, follow the prompts to upload your signed forms and receipts.