

# Group Vision Care Plan



Vision Benefits  
of America

Clearly Managed. Clearly Focused.

Vision Benefits of America (VBA) maintains a network of more than 15,000 Participating Optometrists, Ophthalmologists and Retail Locations nationwide to provide professional vision care for persons covered under this plan.

## I. WHAT ARE THE BENEFITS?

**VISION EXAMINATION** – A complete analysis of the eyes and related structures to determine the presence of 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 \$150 toward their 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 over the \$150 allowance.**

### **MEDICALLY NECESSARY CONTACT LENSES** –

Contact lenses are fully covered on a UCR\* basis when a VBA Participating Provider receives prior approval for one of the following services related to eye disease or injury:

- Following cataract surgery
- To correct extreme visual acuity problems not correctable with spectacle lenses
- To correct for significant anisometropia
- To correct for keratoconus

★ **LASIK** – All VBA covered subscribers are eligible to receive a significant discount at hundreds of provider locations nationwide. For more information regarding this benefit, please call VBA's Customer Service at 1-800-432-4966/option 5.

\*Usual, Customary, Reasonable as determined by VBA

★ See Extra Cost and Non-Covered Items as outlined in Section VI.

## II. HOW OFTEN ARE THESE SERVICES AVAILABLE?

**EXAMINATION: Adults/Children** – Once every 12 months from last date of service.

**LENSES: Adults/Children** – Once every 12 months from last date of service.

**FRAMES: Adults/Children** – Once every 24 months from last date of service.

- OR -

**CONTACT LENSES (in lieu of all other benefits for the benefit period): Adults/Children** – Once every 12 months from last date of service.

## III. HOW MUCH DO I PAY?

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. Plan copayment(s) if any will be shown on your benefit form or on-line.

## IV. HOW DO I USE THIS PLAN?

*Prior to receiving vision benefits, you can easily check your eligibility and find a VBA provider near your area by doing one of the following:*

• **Call VBA at 1-800-432-4966**; push "1" then "5" and a VBA service representative will answer all of your questions, including helping you find a provider who would accept VBA's paperless E-Claims system— where you do not need a paper benefit form.

-or-

• **Visit VBA's website at [www.visionbenefits.com](http://www.visionbenefits.com)** and obtain the same information, including providers with their names emboldened if they accept VBA's E-Claims system. When making your paperless claims appointment, please let the office know that you would like to use the VBA E-Claims system.

-or-

• If you prefer to use VBA's paper benefit form, simply call the same number, or visit the same website, and follow the instructions to request the VBA benefit form, which will be mailed directly to your home, along with a printed list of all VBA providers in your area.

### OPTION I

If You Select the VBA Benefit Form  
and Use a VBA Participating Doctor

1. Choose a VBA Participating Provider from the printed roster and make an appointment for the eye examination.
2. You **MUST** present the benefit form to the VBA Participating Provider on your first visit. Failure to do so will result in your being partially reimbursed according to the Non-Participating Provider Reimbursement Schedule. When the examination has been completed, the VBA Participating Provider will have you sign the benefit form, and pay the copayment(s) if applicable.
3. The VBA Participating Provider will take care of all paperwork for payment. VBA will pay the Provider for the services you received according to VBA's contractual agreement with the Provider.

### OPTION II

If You Choose to See an Optometrist, Ophthalmologist Or  
Dispensing Optician Who Is Not A VBA Participating Provider

1. Make an appointment and receive the necessary services from the provider. Pay the provider his full fee and obtain an itemized receipt, which must contain the following information:
  - a) Patient's name
  - b) Date services began
  - c) Services and/or materials the patient received
  - d) Type of lenses you received (single vision, bifocal, etc.)

2. Mail your VBA Benefit Form and itemized receipts to:  
**VISION BENEFITS OF AMERICA**  
 300 Weyman Plaza, Suite 400  
 Pittsburgh, PA 15236-1588

3. You will be reimbursed directly according to the following Reimbursement Schedule:

**NON-PARTICIPATING PROVIDER  
 REIMBURSEMENT SCHEDULE**

**PROFESSIONAL FEES**

Vision Examination, up to \$ 40.00

**OPHTHALMIC MATERIALS**

	(pair)
Single Vision Lenses, up to	\$ 40.00
Bifocal Lenses, up to	50.00
Trifocal Lenses, up to	75.00
Lenticular Lenses, up to	100.00
One Year Scratch Protection	N/A
Polycarbonate Lens Material	N/A
Frames, up to	50.00

- OR -

**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 (In Lieu of Glasses)	\$150.00
Medically Necessary	300.00

*THERE IS NO ASSURANCE THE NON-PARTICIPATING REIMBURSEMENT SCHEDULE WILL COVER THE ENTIRE COST OF THE EXAMINATION, GLASSES OR CONTACTS.*

**OPTION III**

**If You Choose To See A Non-Participating Provider For An Examination And Have A VBA Participating Provider Fill Your Prescription**

1. After receiving an examination from the doctor, pay the doctor his exam fee. Obtain a receipt for the exam and the prescription for your lenses.

2. Call one of the VBA Participating Providers who has an asterisk beside their name (this means they are willing to fill another Doctor's prescription) and make an appointment to have your prescription filled/lenses made.

3. Take your VBA Benefit Form and your prescription to the VBA Participating Provider on your first visit. They will fit you with your new glasses and take care of any paperwork associated with the glasses. The Participating Provider will be paid by VBA for all covered services.

4. You will be paid directly for your eye exam according to the above Reimbursement Schedule. Simply submit the paid exam receipt to VBA and indicate your employer's name and the employee's ss#.

**NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Provider, VBA and our Participating Provider assume no responsibility.**

**V. WHO IS ELIGIBLE?**

The employee, as well as his or her dependents (if dependent coverage is provided). Eligible dependents would include the spouse and dependent children. Please check with your employer for age limits.

**VI. WHAT OPTIONAL VISION MATERIALS ARE AVAILABLE AT CONTROLLED PRICING UNDER THIS PLAN?**

**EXTRA COST** – This plan is designed to fully cover your visual needs rather than cosmetic lens & frame options. There will be controlled extra costs involved if you select any of the following.

- a) Rimless frames
- b) A frame that costs more than your plan's allowance
- c) Polycarbonate lens material for adults (covered if under 19)
- d) Progressive lenses (available starting at \$45.00)
- e) Elective contact lenses (in excess of your plan's allowance)
- f) Tinted lenses
- g) Photosensitive lenses (glass or plastic)
- h) Coated lenses (except 1 yr scratch protection is included)

**NOT COVERED ITEMS** – There are no benefits for professional services or materials connected with:

- a) Orthoptics or vision training, subnormal vision aids or non-prescription lenses.
- b) Lenses and frames furnished under this program which are then lost or broken. These will not be replaced unless you are eligible for frames or lenses at that time.
- 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; or any services or materials provided by any other vision care plan, or group benefit plan containing benefits for vision care.

**IF YOU HAVE QUESTIONS ABOUT YOUR VISION CARE COVERAGE OR THE FILING OF YOUR CLAIM, PLEASE CONTACT THE CUSTOMER SERVICE DEPARTMENT AT:**

**1 - 800 - 432 - 4966**