

## Schedule of Vision Benefits



**USW LOCAL 10-00086 H & W FUND VBA #2865**

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 member services 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

**And**

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

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

**Or**

**Contact Lenses:** 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 **VBA's** exceptional member services representatives at 1-800-432-4966/option 5.

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER (Reimbursements)
<b>Routine Exam</b> Once every 24 months**	Covered 100%	Up to \$ 35
- AND -		
<b>Spectacle Lenses</b> Once every 24 months**	Standard Glass or Plastic Covered	
Single Vision	100%	Up to \$ 40
Bifocal	100%	Up to \$ 40
Blended Bifocals	100%	Up to \$ 40
Progressive	Controlled Cost	Up to \$ 40
Trifocal	100%	Up to \$ 40
Lenticular	100%	Up to \$ 40
Polycarbonate (under age 19)	100%	N/A
1 Year Scratch Protection	100%	N/A
Solid or Gradient Lens Tint	100%	N/A
<b>Frame</b> Once every 24 months**	Covered 100% if within the plan's wholesale allowance	Up to \$ 35
- OR -		
<b>Contact Lenses</b> Once every 24 months**		
Elective Contact Lenses*	Up to \$100	Up to \$100
Elective Contact Lens Fit Fee	15% Discount	N/A
or		
Medically Necessary (with prior approval from <b>VBA</b> )	100% In lieu of Spectacle Lenses and Frames	Up to \$300 In lieu of Spectacle Lenses and Frames
Low Vision Aids	Up to \$650	Up to \$650

\* 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.

\*\* 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.

- 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 upon completion.

**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 \$100.00, 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 material 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 \$100.00 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 \$300.00.

**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.

**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 Solid or Gradient Lens are covered.**

**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) / 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](http://VBAPLANS.com)) to:

VBA  
300 Weyman Road, Suite 400  
Pittsburgh, PA 15236-1588