



Expert Solutions. Exceptional Service.

COLONIAL SCHOOL DISTRICT

VBA #4953

Effective 7.1.21

\$10 Exam / \$15 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service **DEPENDENT AGE: 26 (EOBM)**

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Less Copayment)*	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$35
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
All Progressives	100% ^A	\$75
Lenticular	100%	\$100
Polycarbonate	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Solid or Gradient Lens Tint	100%	N/A
UV 400	100%	N/A
Transitions	100%	N/A
Frame ^B	100% ^B	\$60
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$150 ^C	\$150
Fitting Fee	15% off UCRA	N/A
-OR-		
Medically Necessary Contacts	100% ^D	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

- A Participation may vary by location. Check with your Provider for details.
- B Up to the program's \$80 wholesale allowance.
- C 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.
- D Requires prior approval. May only be selected in lieu of all other material benefits listed herein.
- * A \$10 copayment is applied to the vision exam and a \$15 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact materials.

Limitations

This plan is designed to cover your visual needs rather than cosmetic options.

ADDITIONAL CHARGES

You may incur out-of-pocket charges when selecting any of the following:

- Polarized Lenses
- Hi-index Lenses
- The coating of the lens or lenses (except UV 400 and 1 year scratch protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.