



Expert Solutions. Exceptional Service.

THE ARC OF WASHINGTON COUNTY

VBA #9113

Effective 1/1/21

\$10 Exam / \$20 Materials Copay

DEPENDENT AGE: 26 (EOBM)

FREQUENCY OF SERVICE: Calendar Year

	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%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives	Partially Covered ^A	\$80
Lenticular	100%	\$120
Polycarbonate	100% ^B	N/A
Scratch Coat-1 Yr	100%	N/A
Frame	100% ^C	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$130 ^D	\$130
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts	100% ^E	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$125

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

B Available In-Network at no charge for children under age 19.

C Up to the program's \$55 wholesale allowance.

D 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.

E 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 \$20 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:

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (except 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.



THANK YOU FOR BEING A VBA MEMBER!

At VBA, we strive to make things as simple as possible for our members. While a member card is not necessary to access your benefits, you can use your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.

Using your in-network benefits is simple.

- Log in to the VBA Member Portal to confirm eligibility for services and materials.
- Use our online Provider Finder to search for doctors in the VBA network.
- Schedule an appointment with the provider and let the office know you have vision benefit coverage through VBA prior to receiving services or purchasing materials.
- The provider will submit all claims for covered benefits directly to VBA.
- The provider will discuss and collect any copayments and/or out-of-pocket expenses from you, if applicable.

On rare occasions, a provider may discontinue participation in our network without proper notice. While making your appointment, verify participation to avoid any inconvenience.

Do you know all the advantages of VBA membership?

We partner with several other companies that provide services to better your health and wellness.



Schedule your free LASIK eye surgery exam at a credentialed LASIK surgeon near you. Save up to 35% on this FDA approved and FSA & HSA eligible procedure. Call 1-877-437-6105.



Schedule your free hearing exam and save over 40% on premium aids with the latest technology. Call 888-819-5333.

Member Identification Card



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Looking for an in-network VBA provider?

Use our online Provider Finder to search our network. Once you've selected your provider, let them know that you have vision benefit coverage through VBA prior to receiving services or purchasing materials.