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 $29)
- The coating of the lens or lenses (except Basic Scratch Coating)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective

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
- An eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services of materials provided as 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.

Additional Terms and Conditions

Frame allowance is based on wholesale pricing at non-retail locations. Frame allowance, contact lens pricing and policies vary by location. Contact your provider before requesting services.

Benefits may only be used for contact lenses when selected in lieu of all other materials and services. If purchased at the same time from a single provider, you will receive a total allowance of up to $65 towards the cost of a routine eye exam, contact fitting fees and contact lenses. Any provider charges that exceed this amount shall be the responsibility of the member. Members may be required to pay contact fitting fees out of pocket at some locations.

Benefits and participation may vary by location and where prohibited by state law.

Benefits may only be used for medically necessary contact lenses when selected in lieu of all other materials.

Additional terms and conditions apply. Contact VBA at 412-881-4900 for more information.

Philadelphia Municipal Workers District Council 33

VBA# 272

Effective: 3/1/22 – 2/28/23
$0 Exam / $0 Materials Copay
Dependent Age: 26 (EOBM)

Frequency Type: Last Date of Service	Employee	Spouse	Children (age 19 EOBM)
Vision Exam	24 Months	24 Months	12 Months
Lenses	24 Months	24 Months	12 Months
Frames	24 Months	24 Months	12 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (Zero Copay)	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses)	Covered in Full	$25
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	$20
Bifocal	Covered in Full	$25
Blended Bifocal	Covered in Full	$25
Trifocal	Covered in Full	$30
Progressives	Partially-Covered	$30
Lenticular	Covered in Full	$40
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame (Wholesale Allowance)	Up to $ 20	$20
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to $ 65[A]	$65
-OR-		
Medically Necessary Contacts	Covered in Full[B]	$105

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ Optical.

A 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.

B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

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.

SCHEDULE OF VISION BENEFITS

	VBA PARTICIPATING PROVIDER Amount Covered / Benefit (Zero Copay)	OUT-OF-NETWORK MAX REIMBURSEMENT (Zero Copay)
Vision Exam (for Glasses) Once every 24 months*	Covered in Full	$ 25
Clear Standard Lenses (Pair) Once every 24 months*		
Single Vision	Covered in Full	$ 20
Bifocal	Covered in Full	$ 25
Blended Bifocal	Covered in Full	$ 25
Trifocal	Covered in Full	$ 30
Progressives	Partially-Covered	$ 30
Lenticular	Covered in Full	$ 40
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame (Wholesale Allowance) Once every 24 months*	Up to $ 20	$ 20
- OR -		
Elective Contact Lenses (in lieu of eyeglass benefits) Once every 24 months*		
Material Allowance	Up to $ 65[A]	$ 65
-OR-		
Medically Necessary Contacts	Covered in Full[B]	$ 105

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ Optical. Check with your provider for details.

A 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

B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

* 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.

400 Lydia Street • Suite 300 • Carnegie, PA 15106 • 1-800-432-4966 • www.VBAplans.com

vba

Philadelphia Municipal Workers District Council 33
VBA #272

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

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 your vision care inquiries, contact a VBA member services representative at 1-800-432-4966/option 5.

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 -

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 **$65.00**. This includes, but is not limited to, all exam costs including the routine eye exam, contact exam, fitting, dispensing or contact lenses. There is no guarantee that the contact allowance will cover the entire 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 more than the **$65.00** 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) anisometropria 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 **$105.00**.

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.

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 / tinted lenses / 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 and 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.