



Expert Solutions. Exceptional Service.

\$10 Exam / \$10 Materials Copay

FREQUENCY OF SERVICE		Last Date of Service:		DEPENDENT AGE: 26 EOM	
	Employee	Spouse	Children		
Vision Exam	12 Months	12 Months	12 Months		
Lenses	12 Months	12 Months	12 Months		
Frames	24 Months	24 Months	24 Months		

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Less Copayment) ^G	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (For Glasses)	100%	\$35
Clear Standard Lenses (Pair):		
Single Vision	100%	\$30
Bifocal	100%	\$40
Blended Bifocal	100%	\$40
Trifocal	100%	\$60
Progressives ^D	Controlled Cost ^A	\$60
Lenticular	100%	\$80
Polycarbonate ^C	100%	N/A
Scratch Coat-2 Yr	100%	N/A
UV 400	100%	N/A
Solid or Gradient Tints	100%	N/A
Frame^B	100%	\$40
-OR-		
Contacts (selected in lieu of eyeglass benefits listed above)		
Elective Contacts ^E	\$100	\$100
-OR-		
Medically Necessary Contacts^F	100%	\$250

- A Unless otherwise prohibited by law.
- B Within the program's \$60 wholesale allowance (approximately \$150 - \$180 retail).
- C Available In-Network at no charge for children under age 19.
- D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.
- E The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of the lenses, etc. No guarantee the contact allowance will cover the entire contact cost (materials/services).
- F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.
- G A \$10 copayment is applied to the vision exam and a \$10 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.