



\$15 Exam / \$0 Materials Copay
 Dependent Age: 26 (EOBM)
 10-200 Enrolled

Frequency Type: Last Date of Service
Vision Exam
Lenses
Frames

Employee
24 Months
24 Months
24 Months

Spouse
24 Months
24 Months
24 Months

Children (Age 19 EOBM)
12 Months
12 Months
24 Months

Benefits: Employee Can Select Either
Vision Exam (Glasses or Contacts)
Retinal Screening with Exam
Clear Standard Lenses (Pair):
Single Vision
Bifocal
Blended Bifocal
Trifocal
Progressives (Basic)
Progressives (Standard and Premium 1-4)
Lenticular
Polycarbonate
Basic Scratch Coating
Frame
-OR-
Elective Contacts (in lieu of eyeglass benefits)
Material Allowance
Elective Fitting Fee and Evaluation
-OR-
Medically Necessary Contacts
-AND-
Lasik Surgery (once every 8 years)

VBA Participating Provider Amount Covered/Benefit (After Applicable Copay)*
Covered in Full
Copay not to exceed \$39
Covered in Full
Covered in Full
Covered in Full
Covered in Full
Covered in Full
Partially-Covered
Covered in Full
Covered in Full for Persons Up to Age 19
Covered in Full
Up to \$100
Up to \$100 ^A
15% off UCR
Covered in Full ^B
N/A

Out-of-Network Max Reimbursement (Zero Copay)
\$40
N/A
\$40
\$60
\$60
\$80
\$80
\$80
\$120
N/A
N/A
\$45
\$100
N/A
\$450
\$125

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical®, Eyeglass World®, America's Best® 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.
- * A \$15 copayment is applied to the vision exam and a \$0 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.

Cost Per Employee Per Month

Employee Only	Employee + Spouse	Employee + Child (ren)	Employee + Family
\$4.78	\$9.09	\$9.32	\$12.34



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Frequency Type: Last Date of Service	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 (After Applicable Copay)*	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Progressives (Basic)	Covered in Full	\$80
Progressives (Standard and Premium 1-4)	Partially-Covered	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame	Up to \$125	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$125 ^A	\$125
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^B	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$125

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\$5.79	\$11.00	\$11.29	\$15.05



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Frames	12 Months	12 Months	12 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (After Applicable Copay)*	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Progressives (Basic)	Covered in Full	\$80
Progressives (Standard and Premium 1-4)	Partially-Covered	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame	Up to \$125	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$125 ^A	\$125
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^B	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$125

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Cost Per Employee Per Month

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\$7.90	\$15.01	\$15.40	\$20.53



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Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Progressives (Basic, Standard & Premium 1 & 2)	Covered in Full	\$80
Progressives (Premium 3-4)	Partially-Covered	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Standard Anti-Reflective 1 & 2 & Premium 1	Covered in Full	N/A
Frame	Up to \$125	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$125 ^A	\$125
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^B	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$125

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Cost Per Employee Per Month

Employee Only	Employee + Spouse	Employee + Child (ren)	Employee + Family
\$10.15	\$19.29	\$19.80	\$26.39

Member Out-of-Pocket Maximum

Progressive Lenses (Partially-Covered)

Standard Progressive	\$65	Premium 3 Progressive	\$175
Premium 1 Progressive	\$90	Premium 4 Progressive	\$220
Premium 2 Progressive	\$130		

Anti-Reflective Coatings (Not Partially or Fully Covered)

Standard A/R 1	\$31	Premium A/R 2	\$81
Standard A/R 2	\$52	Ultra A/R	\$94
Premium A/R 1	\$69		

Other Services and Materials (Not Partially or Fully Covered)

Digital Retinal Screening	\$39	UV 400	\$12
Blue Protection Material	\$15	Mid-Index/Trivex	\$40 - \$50
Polycarbonate (19 & Over)	\$16 SV \$27 MF	High Index	\$78 - \$120
Digital Surfacing, Single Vision	\$48 - \$80	Photochromic	\$62 - \$136
Polarized	\$56 - \$66	Mirror Coating	\$35
Color Coating	\$23	Edge Treatments	\$10 - \$13
Near Variable Focus	\$40	Premium Scratch	\$10 - \$30
Rimless Mounting	\$8 - \$28	Solid or Gradient Tint	\$10

VBA reserves the right to add, modify or delete any of the prices or products available on each tier without notice to any party, member, covered insured or other person or entity. Maximum charges apply only to materials and services obtained through In-Network Providers. In-Network Providers are not required to carry all brands on all tiers. Benefits and participation may vary by location.