



Offer Your Employees Their Choice of One of Three Vision Plans with VBA

	OPTION 1 GLASSES OR CONTACTS		OPTION 2 GLASSES OR CONTACTS		OPTION 3 GLASSES OR CONTACTS	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
FREQUENCY						
Exam	12	12	12	12	24	24
Lenses	12	12	12	12	24	24
Frames	12	12	12	12	24	24
COPAY						
Exam	\$0	N/A	\$0	N/A	\$0	N/A
Materials	\$0	N/A	\$0	N/A	\$0	N/A
FRAME^A	100%*	\$40	100%*	\$30	100%*	\$30
LENSES						
Single Vision	100%	\$30	100%	\$30	100%	\$30
Bifocal	100%	\$40	100%	\$40	100%	\$40
Blended Bifocal	100%	\$40	100%	\$40	100%	\$40
Trifocal	100%	\$60	100%	\$50	100%	\$50
Progressives ^B	Controlled Cost ^C	\$60	Controlled Cost ^C	\$50	Controlled Cost ^C	\$50
Lenticular	100%	\$80	100%	\$80	100%	\$80
Polycarbonate ^D (under age 19)	100%	N/A	100%	N/A	100%	N/A
Scratch Coat (1 year)	100%	N/A	100%	N/A	\$140	N/A
ELECTIVE CONTACTS (in lieu of eyeglass benefit)						
Material Allowance	\$130	\$130	\$100	\$100	\$100	\$100
Fitting Fee	15% off UCR ^E	N/A	15% off UCR ^E	N/A	15% off UCR ^E	N/A
MEDICALLY REQUIRED CONTACTS^F	100%	\$320	100%	\$320	100%	\$320
LOW VISION AIDS (Per 24 months. No lifetime max.)	\$650	\$650	\$650	\$650	\$650	\$650
LASIK SURGERY (once every 8 years)	N/A	\$125	N/A	\$125	N/A	\$125
RATES						
Employee	\$5.01	\$5.01	\$4.45	\$4.45	\$3.61	\$3.61
Employee + Family	\$14.99	\$14.99	\$11.42	\$11.42	\$8.48	\$8.48

- A** Within the program's wholesale allowance (Option 1 and 3: \$30 wholesale allowance, approximately \$75 to \$90 retail. Option 2: \$40 wholesale allowance, approximately \$100 to \$120 retail.)
- B** Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.
- C** Unless otherwise prohibited by law.
- D** Available In-Network at no charge for children under age 19.
- E** Usual, Customary, and Reasonable.
- F** Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

*Dependent Age: 26



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