## VISION

Ursinus College offers a vision program through VBA at no cost to employees.



## Visit www.vbaplans.com

**VBA #4675** 

Effective 11.1.2021

\$25 Exam / \$0 Materials Copay

Expert Solutions.	Exceptional	Service.
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BENEFITS: Employee can select either:

FREQUENCY OF SERVICE: Last Date of Service		DEPENDENT AGE. 26 (EODT)	
	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

	VBA Participating Provider	Non-Participat
	Amount Covered/Benefit	Provider
	(Less Copayment)*	Amount Reimburs (Zero Copaymen
Vision Exam (Glasses or Contacts)	100%	\$45
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives	Partially Covered <sup>A</sup>	\$80
Lenticular	100%	\$120
Polycarbonate	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Photochromics	100%	N/A
Solid and/or Gradient Tints	100%	
Frame	\$40 Wholesale Allowance	\$70

## OP

-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$100 <sup>B</sup>	\$100
Fitting Fee	15% off UCR <sup>A</sup>	N/A
-OR-		
Medically Necessary Contacts	100% <sup>c</sup>	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

(approx. \$100 to \$120 retail)

Participation may vary by location. 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, В dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

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

A \$25 copayment is applied to the vision exam through a VBA Member Doctor only.