

Vision Plans

Plan Explanation

The vision coverage will remain with VBA for the upcoming plan year. The Base Vision Plan is tied to medical enrollment so if you enroll into a Meritain medical plan, you will automatically be enrolled into the Base Vision Plan. If you waive medical coverage or if you wish to elect the new Buy-Up Vision Plan in place of the Base Plan, you have the option to do so.

VBA | Base - Tied to Medical Plan Enrollment

VBA | Buy-Up - Voluntary

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$25	\$45 Reimbursement	\$25	\$45 Reimbursement
Single Vision Lens	\$25	\$40 Reimbursement	\$25	\$40 Reimbursement
Bi-Focal Lens	\$25	\$60 Reimbursement	\$25	\$60 Reimbursement
Tri-Focal Lens	\$25	\$80 Reimbursement	\$25	\$80 Reimbursement
Contact Lens Allowance	\$100	\$100 Reimbursement	\$130	\$130 Reimbursement
Frame Allowance	\$100	\$70 Reimbursement	\$130	\$70 Reimbursement

FREQUENCIES

Exam Frequency	24 Months	12 Months
Contact Lenses Frequency	24 Months	12 Months
Frame Frequency	24 Months	24 Months

OUT OF NETWORK EXPLANATION

While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.

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PLAN INFORMATION

Limitations	Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). You may use either the spectacle lenses OR contact lenses benefit within a benefit period.	Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). You may use either the spectacle lenses OR contact lenses benefit within a benefit period.
Network Name	VBA	VBA
Member Website	www.vbaplans.com/vision	www.vbaplans.com/vision
Customer Service Phone Number	1-800-432-4966	1-800-432-4966

PREMIUM PER MONTH

Employee Only	N/A; Included with medical enrollment	\$4.82
Employee + Child(ren)	N/A; Included with medical enrollment	\$9.41
Employee + Spouse	N/A; Included with medical enrollment	\$9.17
Family	N/A; Included with medical enrollment	\$12.55



Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.