

Vision Plan

Vision Benefits of America

To find participating vision providers with VBA, please go to www.vbaplans.com. Once on the home page, you may register (your social security number is your ID number), search for participating providers, check your benefits, print down an ID card, and view claims.

VBA Enhanced Plan #4964		
Benefit	VBA Participating Provider (After Applicable Copay)	Out-of-Network Max Reimbursement
BENEFIT FREQUENCY		
Employee and Spouse	Once every 24 months	
Child to age 19	Once every 12 months for Exams and Lenses Once every 24 months for Frames	
COPAY		
Exam	\$8	
Materials	\$0	
VISION EXAM		
Glasses or Contacts	Covered in Full	\$28
Retinal Screening with Exam	Copay not to exceed \$39	N/A
CLEAR STANDARD LENSES (PAIR)		
Single Vision	Covered in Full	\$24
Bifocal		\$36
Blended Vifocal		\$36
Trifocal		\$46
Progressives (Basic, Standard and Premium 1 and 2)		
Progressives (Premium 3 and 4)	Partially Covered	\$46
Lenticular	Covered in Full	\$120
Polycarbonate		N/A
Premium Coating		
Standard and Premium Anti-Reflective 1 and 2		N/A
FRAMES OR CONTACTS (IN LIEU OF FRAMES)		
Frame (Wholesale Allowance)	Up to \$120	\$14
Contacts (Material Allowance)	Up to \$110	\$67
Medically Necessary Contacts	Covered in Full*	\$192

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