

V. WHO IS ELIGIBLE?

The employee, as well as his or her dependents (if dependent coverage is provided). Eligible dependents would include the spouse and unmarried dependent children up to age nineteen (19). Full-time students will be covered to the age specified by your current medical plan.

VI. WHAT VISION SERVICES AND MATERIALS ARE LIMITED OR NOT COVERED UNDER THIS PLAN?

EXTRA COST – This plan is designed to cover your visual needs rather than cosmetic materials. There will be extra cost involved if you select:

- a) Rimless frames
- b) A frame that costs more than the plan allowance
- c) Polycarbonate lenses (covered if under 19)
- d) Progressive or seamless multifocal lenses
- e) Elective contact lenses (in excess of the plan allowance)
- f) Tinted or coated lenses
- g) Photochromic lenses

NOT COVERED ITEMS – There are no benefits for professional services or materials connected with:

- a) Orthoptics or vision training, subnormal vision aids or non-prescription lenses.
- b) Lenses and frames furnished under this program which are then lost or broken. These will not be replaced unless you are eligible for frames or lenses at that time.
- c) Medical or surgical treatment of the eyes.
- d) Two pairs of glasses in lieu of bifocals.
- e) Services or materials provided as a result of any Workers' Compensation Law or similar legislation.
- f) Any eye examination required by an employer as a condition of employment; or any services or materials provided by any other vision care plan, or group benefit plan containing benefits for vision care.

IF YOU HAVE QUESTIONS ABOUT YOUR VISION CARE COVERAGE OR THE FILING OF YOUR CLAIM, PLEASE CONTACT THE CUSTOMER SERVICE DEPARTMENT AT:

1 - 800 - 432 - 4966

COUNTY OF ERIE

Group Vision Care Plan



Vision Benefits
of America

Clearly Managed. Clearly Focused.

Vision Benefits of America maintains a network of more than 12,000 Participating Optometrists, Ophthalmologists and Retail Locations nationwide to provide professional vision care for persons covered under this plan. This concept assures that only the finest quality professional care and materials are provided to you.

I. WHAT ARE THE BENEFITS?

VISION EXAMINATION – A complete analysis of the eyes and related structures to determine the presence of vision problems.

★ **LENSES** – Your program provides the finest quality lenses fabricated to VBA's exacting standards. A VBA participating provider will order the proper lenses and verify the accuracy when finished.

★ **FRAMES** – The plan offers a wide selection of frames; however, if you select a frame which costs more than the amount allowed by your plan, you will be responsible for any additional charges.

- OR -

★ **CONTACTS SELECTED IN LIEU OF GLASSES** – When contact lenses are selected in lieu of glasses, they are considered cosmetic in nature. Your plan will provide an allowance of up to \$55 toward their cost. **This is in lieu of all benefits for the benefit period. You will not receive any additional monies for contact lenses and/or contact lens exam costs that are more than the \$55 allowance.**

MEDICALLY NECESSARY CONTACT LENSES – Contact lenses are covered on a UCR* basis when a VBA Participating Doctor receives prior approval for one of the following services related to eye disease or injury:

- Following cataract surgery
- To correct extreme visual acuity problems not correctable with spectacle lenses
- To correct for significant anisometropia
- To correct for keratoconus

- AND -

LASER VISION CORRECTION – All VBA covered subscribers are eligible to receive a discount off of prevailing fees at any TLC Laser Eye Center location. For more information regarding this benefit, please call TLC at 1-877-PLANTLC.

*Usual, Customary, Reasonable as determined by VBA

★ See Extra Cost and Non-Covered Items as outlined in Section VI.

II. HOW OFTEN ARE THESE SERVICES AVAILABLE?

EXAMINATION: Adults – Once every 12 months from last date of service. **Developing Child up to age 19** – Once every 12 months from last date of service.

LENSES: Adults – Once every 12 months from last date of service. **Developing Child up to age 19** – Once every 12 months from last date of service.

FRAMES: Adults/Child – Once every 24 months from last date of service.

- OR -

CONTACT LENSES (in lieu of all other benefits for the benefit period): Adults – Once every 12 months from last date of service. **Developing Child up to age 19** – Once every 12 months from last date of service.

III. HOW MUCH DO I PAY?

When you choose to obtain services from a VBA Participating Provider, this plan covers the benefits described herein (examination, professional services, lenses and frames) at no expense to you, if the materials selected fall within your plan's allowance. A \$10.00 copayment applies to the vision exam and a \$25.00 copayment applies to the materials selected through a VBA Participating Provider. The copayments do not apply to the contacts. Any additional care, services and/or materials not covered by this plan may be arranged between you and the provider at your expense.

IV. HOW DO I USE THIS PLAN?

Prior to receiving vision care services, you must obtain a validated VBA benefit form by doing one of the following:

- Call VBA at 1-800-432-4966
or
- Visit VBA's website at www.visionbenefits.com
or
- Obtain a postage paid benefit request card from your benefits office.

If you are eligible, a personalized benefit form along with an updated doctor roster will be sent to you. NOTE: YOU MUST SECURE THIS BENEFIT FORM BEFORE YOU SCHEDULE AN EYE APPOINTMENT. Once you've received the benefit form you may then choose one of the following options to obtain vision services.

OPTION I

If You Choose to See a VBA Participating Provider

- Choose a VBA Participating Provider from the roster and make an appointment for the eye examination.
- You **MUST** present the benefit form to the VBA Participating Provider on your first visit. Failure to do so will result in your being reimbursed according to the Non-Participating Provider Reimbursement Schedule. When the examination has been completed, the VBA Participating Provider will have you sign the benefit form, and pay the copayment(s) if applicable.
- The VBA Participating provider will take care of all paperwork for payment. VBA will pay the Provider for the services you received according to VBA's Agreement with the Provider.

OPTION II

If You Choose to See an Optometrist, Ophthalmologist Or Dispensing Optician Who Is a Non-Participating Provider

- Make an appointment and receive the necessary services from the provider. Pay the provider the full fee and obtain an itemized receipt, which must contain the following information:
 - Patient's name
 - Date services began
 - The services and materials you received
 - The type of lenses you received (single vision, bifocal, trifocal, etc.)

2. Mail your vision care benefit form and receipts to:
VISION BENEFITS OF AMERICA
300 Weyman Plaza
Pittsburgh, PA 15236-1588

3. You will then be reimbursed directly according to the following Non-Participating Reimbursement Schedule:

NON-PARTICIPATING PROVIDER REIMBURSEMENT SCHEDULE

PROFESSIONAL FEES

Vision Examination, up to \$ 20.00

MATERIALS

Single Vision Lenses, up to	(pair)	\$ 20.00
Bifocal Lenses, up to		40.00
Trifocal Lenses, up to		50.00
Lenticular Lenses, up to		100.00
Frames, up to		15.00

- OR -

CONTACT LENSES (in lieu of all other benefits for the benefit period. You will not receive any additional monies for contact lenses and/or contact lens exam costs that are over the allowance.)

Elective (In Lieu of Glasses)	\$55.00
Medically Necessary	220.00

THERE IS NO ASSURANCE THE NON-PARTICIPATING REIMBURSEMENT SCHEDULE WILL COVER THE ENTIRE COST OF THE EXAMINATION, GLASSES OR CONTACTS.

OPTION III

If You Choose To See A Non-Participating Doctor For An Examination And Have A VBA Participating Provider Fill Your Prescription

1. After receiving an examination from the doctor, pay the doctor the exam fee. Obtain a receipt for the exam and the prescription for your lenses.

2. Call one of the VBA Participating Providers who has an asterisk beside their name (this means the Provider is willing to fill another Doctor's prescription) and make an appointment to have your prescription filled.

3. Take your benefit form and prescription to the VBA Participating Provider on your first visit. The provider will fit you with your new glasses and take care of any further paperwork associated with the glasses. The Participating Provider will be paid by VBA for covered services.

4. You will be paid directly according to the above Reimbursement Schedule for your exam. Simply submit the receipt for the exam to VBA, along with a note explaining that you had your prescription filled by a VBA Participating Provider. Please indicate the employer and the social security number of the employee.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, VBA and the VBA Participating Provider assume no responsibility.