



# VBA Vision makes using your benefits simple and easy.

## Step 1

Go to [www.vbaplans.com](http://www.vbaplans.com), log in to your account then click on "Am I Eligible."

## Step 2

If you are eligible, click on "Find A Doctor" at the top of the page. From there you can fill in your zip code and find a doctor close to you.

## Step 3

Go to your appointment and let your doctor know that you have a VBA Vision plan. During your appointment, your doctor will give you an exam, order your materials, make sure your lenses are made correctly, and dispense your prescription.

## Step 4

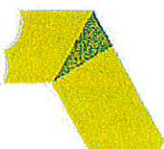
Relax—we've got you covered! VBA Vision will pay your doctor for covered exams, lenses, and frames.

### **If your doctor is not within the VBA network, requesting reimbursement is simple.**

To request reimbursement for services provided by an out-of-network provider, go to [www.vbaplans.com](http://www.vbaplans.com), download and complete a reimbursement form, attach all receipts and mail or fax to the address below.

This sheet is for information only and does not guarantee benefits.

300 Weyman Road, Suite 400  
Pittsburgh, PA 15236  
1-800-432-4966  
Fax: 412-881-4898  
[www.vbaplans.com](http://www.vbaplans.com)



## Plan Rules - Regular

<b>Plan Rules - Regular</b>	
<b>Group:</b>	087 - DOVER CITY OF

<b>General Plan Rules *</b>	
<b>What is Covered ?</b>	
EITHER ( 1 ) EYEGLASS EXAM WITH LENSES & FRAME OR ( 2 ) ALLOWANCE TOWARD CONTACT EXAM & CONTACT LENS MATERIALS	
<b>Plan Specifics</b>	
<b>Plan Type:</b>	LAST DATE OF SERVICE
<b>Student Age Limit:</b>	25
<b>Child Age Limit:</b>	19
<b>Exam Copay</b>	Lens/Frame Copays
None	\$10.00 <sup>2</sup>

<b>Plan Benefit Frequency</b>				
	<b>Exam</b>	<b>Lens</b>	<b>Frame</b>	<b>Contacts</b>
<b>Child</b>	12 months	12 months	24 months	- OR - \$90 every 12 months <sup>1</sup>
<b>Adult</b>	24 months	24 months	24 months	- OR - \$90 every 24 months <sup>1</sup>

<sup>1</sup> Elective contact lens can only be selected in lieu of all other benefits. When selected, your plan will provide a total allowance of up to \$90 toward the cost of the routine eye exam, contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost over the \$90 will be the member's responsibility. Member may be asked to pay the contact fitting fee out of pocket, at some locations.

<sup>2</sup> Exam copay is not paid if the member elects contact lenses and chooses to order contact lenses the day of the exam. Material copays do not apply to contact lenses.

\* Contact lens policies and pricing varies by provider. Be sure to check both before receiving services. Your coverage does not provide both glasses and contact lenses in the same eligibility period.

\* Benefits may vary at participating retail locations. Members may contact VBA at 412-681-4900 for more information regarding benefits available at participating retail locations.

\* Coupons or advertised specials cannot be used in conjunction with your vision coverage.