Expert Solutions. Exceptional Service.

CITY OF PITTSBURGH
ENHANCED PLAN

ZERO COPAYMENT PROGRAM
VBA #1949

FREQUENCY OF SERVICE:			DEPENDENT AGE: 26
	Employee	**Spouse**	**Children** (19)
Vision Exam	24 Months	24 Months	12 Months
Lenses	24 Months	24 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:	VBA Participating Provider Amount Covered/Benefit	Non-Participating Provider Amount Reimbursed
Vision Exam (For Glasses)	100%	$30
Clear Standard Lenses (Pair):		
Single Vision	100%	$20
Bifocal	100%	$30
Blended Bifocal	100%	$30
Trifocal	100%	$40
Progressives [D]	Controlled Cost	$40
Lenticular	100%	$80
Polycarbonate [C]	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame [B]	100%	$25
-OR-		
Contacts (selected in lieu of eyeglass benefits listed above)		
Elective Contacts[E]	$75	$75
Medically Required Contacts	UCR [A]	$250

A Usual, Customary, and Reasonable as determined by VBA.
B Within the program's $30 wholesale allowance (approximately $75 to $90 retail).
C Available In-Network at no charge for children under age 19.
D Progressive lenses typically retail from $150 to $400, depending on lens options. VBA's controlled costs generally range from $45 to $175.
E The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of the lenses, etc. No guarantee the contact allowance will cover the entire contact cost (materials/services).

Limitations

VBA is designed to cover visual needs rather than cosmetic materials and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by VBA.

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at $45)
- The coating of the lens or lenses (except 1 year scratch protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

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vba