

CHRISTINA SCHOOL DISTRICT

MANAGED VISION CARE PROGRAM ZERO COPAYMENT PROGRAM

FREQUENCY OF SERVICE:

DEPENDENT AGE: 26

	<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor (15,000 Nationwide)</u>	<u>Non-Participating Doctor</u>
	<u>Amount Covered</u>	<u>Amount Reimbursed</u>
Vision Exam (for glasses)	100%	\$ 35.00
Clear Standard Lenses (<i>Pair</i>):		
Single Vision	100%	\$ 40.00
Bifocal	100%	50.00
Blended "No-Line" Bifocals	100%	50.00
Trifocal	100%	75.00
Lenticular	100%	100.00
Progressive (except digital)	100%	75.00
1 yr Scratch Protection	100%	N/A
Solid or Gradient Lens Tints	100%	N/A
Photo-Sensitive	100%	N/A
Anti-Reflective	100%	N/A
UV 400	100%	N/A
Polycarbonate Lens Material	100%	N/A
Frame	100%*	\$ 60.00
- OR -		
Contacts (<i>selected in lieu of all eyeglass benefits listed above</i>)***		
Elective	\$190.00	\$190.00
Medically Required	UCR**	250.00

- * Within the program's \$75 wholesale allowance (*approximately \$185 to \$225 retail*).
- ** Usual, Customary and Reasonable as determined by VBA.
- *** 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 lenses, etc. No guarantee the contact allowance will cover entire contact costs (materials/services).

LIMITATIONS

Vision Benefits of America 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**.

- Hi-Index lenses
- A frame that costs more than the plan allowance
- Rimless frames

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 Workers' 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.

NOTE: In addition, if the covered person does not obtain the **VBA** benefit form in advance, but visits the Participating Doctor as a private patient, the Participating Doctor is not obligated to accept **VBA** fees as full payment for these services, and may elect to charge his or her usual and customary fees.