

MANUFACTURER & BUSINESS ASSOCIATION

Safety Glass Plan

\$0 Materials Copay

Frequency Type:
Last Date of Service
Lenses
Frames

Employee
24 Months
24 Months

Benefits: Employee Can Select Either
Clear Standard Lenses (Pair):
Single Vision
Bifocal
Blended Bifocal
Trifocal
Progressives
Lenticular
Polycarbonate
Basic Scratch Coating
Frame (Wholesale Allowance)

VBA Participating Provider Amount Covered/Benefit
Covered in Full
Covered in Full
Covered in Full
Covered in Full
Partially-Covered
Covered in Full
Covered in Full
Covered in Full
Up to \$50

Out-of-Network Max Reimbursement (Zero Copay)
\$40
\$60
\$60
\$80
\$80
\$120
N/A
N/A
\$50

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay. Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ Optical.

Cost Per Employee Per Month

Employee Only
\$3.19

This plan is designed to cover your visual needs rather than cosmetic options.

Additional Charges

You may incur out-of-pocket charges when selecting any of the following:

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$29)
- The coating of the lens or lenses (except Basic Scratch Coating)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective

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
- An eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services of materials provided as 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.

Additional Terms and Conditions

Frame allowance is based on wholesale pricing at non-retail locations. Frame allowance, contact lens pricing and policies vary by location. Contact your provider before requesting services.

Benefits and participation may vary by location and where prohibited by state law.

Additional terms and conditions apply. Contact VBA at 412-881-4900 for more information.