



Expert Solutions. Exceptional Service.

VBA #1241

## Delmar Gardens Enterprises

\$5 Exam / \$20 Materials Copay

**FREQUENCY OF SERVICE** Last Date of Service :

**DEPENDENT AGE: 26 (EOM)**

	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

**BENEFITS:** Employee can select either:

	<b>VBA Participating Provider Amount Covered/Benefit (Less Copayment)<sup>G</sup></b>	<b>Non-Participating Provider Amount Reimbursed (Zero Copayment)</b>
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$40
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
Progressives <sup>D</sup>	Controlled Cost <sup>E</sup>	\$75
Lenticular	100%	\$100
Polycarbonate <sup>C</sup>	100%	N/A
Scratch Coat-1 Yr	100%	N/A
<b>Frame<sup>B</sup></b>	100%	\$50
<b>-OR-</b>		
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$150	\$150
Fitting Fee	15% off UCR <sup>A</sup>	N/A
<b>-OR-</b>		
<b>Medically Necessary Contacts<sup>F</sup></b>	100%	\$300
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650

A Usual, Customary, and Reasonable.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 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 Unless otherwise prohibited by law.

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

G A \$5 copayment is applied to the vision exam and a \$20 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact materials.