Expert Solutions. Exceptional Service.

Health Transit Pool of Ohio

(Metro Regional Transit Authority)

VBA# 4670

Effective: 6/1/2019 – 5/31/2023

$0 Exam / $0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service

DEPENDENT AGE: 26

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	24 Months	24 Months	24 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	$40
Clear Standard Lenses (Pair):		
Single Vision	100%	$40
Bifocal	100%	$60
Blended Bifocal	100%	$60
Trifocal	100%	$80
Progressives	Partially Covered[A]	$80
Lenticular	100%	$120
Polycarbonate	100%[B]	N/A
Scratch Coat-1 Yr	100%	N/A
Frame	100%[C]	$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	$130[D]	$130
Fitting Fee	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	100%[E]	$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	$650	$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	$125

A Participation may vary by location. Check with your Provider for details.

B Available In-Network at no charge for children under age 19.

C Up to the program's $50 wholesale allowance.

D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

Limitations

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 $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.

400 Lydia Street, Suite 300
Carnegie, PA 15106
1-800-432-4966
www.vbaplans.com