

# COUNTY OF YORK

VBA# 1106

## 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	24 Months	24 Months	24 Months

#### BENEFITS:

#### EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor</u> <u>(15,000 Nationwide)</u>	<u>O</u> <u>R</u>	<u>Non-Participating Doctor</u>
	Amount Covered		Amount Reimbursed
Vision Exam (for glasses)	100%		\$ 40.00
Clear Standard Lenses ( <i>Pair</i> ):			
Single Vision	100%		\$ 40.00
Bifocal	100%		60.00
Blended "No-Line" Bifocals	100%		60.00
Trifocal	100%		80.00
Lenticular	100%		120.00
Progressive	Controlled Cost****		80.00
1 yr Scratch Protection	100%		N/A
Polycarbonate Lens Material***	100%		N/A
Frame	100%*		\$ 50.00
<b>- OR -</b>			
Contacts ( <i>selected in lieu of all eyeglass benefits listed above</i> )*****			
Elective	\$160.00		\$160.00
Medically Required	UCR**		320.00
Low Vision Aids (per 24. mths. No lifetime Max)	UCR**		650.00

- \* Within the program's \$50 wholesale allowance (*approximately \$125 to \$150 retail*).
- \*\* Usual, Customary and Reasonable as determined by VBA.
- \*\*\* Available In-Network at no charge for children under age 19.
- \*\*\*\* Clear Progressive Lenses typically retail from \$150 to \$400, depending on the brand. VBA's controlled costs generally range from \$45 to \$175.
- \*\*\*\*\* 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).