



xpert Solutions. Exceptional Service.

Midwestern PA School Employee Benefits Consortium VBA GROUP # 652

HOW TO USE THE PLAN

1. Please verify eligibility for coverage by calling VBA's **Member Service at 1-800-432-4966**.
2. Use the doctor of your choice, receive your examination and select your glasses or contacts.
3. Pay your doctor for all expenses and request itemized receipts; ask your doctor's office to complete Part 2 of the statement of claim. Proper reimbursement can only be made if you identify the individual charges for the examination, lenses (including type of lens) and frame.
4. Mail receipts and a completed statement of claim (the back side of this form) to:

VISION BENEFITS OF AMERICA
400 LYDIA STREET, SUITE 300
CARNEGIE PA 15106

SCHEDULE OF SERVICE AND REIMBURSEMENT

	Member	Spouse	Children (Up to age 19)
EXAM	24 months	24 months	12 months
LENSES	24 months	24 months	12 months
FRAMES	24 months	24 months	24 months
CONTACTS	24 months	24 months	12 months

Professional Fees:

Routine Vision Examination \$ 35.00

AND

Lenses (Pair):

Single Vision \$ 12.00
 Bifocal 18.00
 Blended Bifocal 18.00
 Trifocal 23.00
 Progressives 23.00
 Lenticular 55.00

Frame \$ 12.00

OR

Contact Lenses (selected in lieu of all eyeglass benefits listed above)

Necessary \$ 185.00
 Elective 59.00