

V. Who is eligible?

You and your dependents may be eligible if your employer is making contributions to the Welfare Fund as a result of a collective bargaining agreement. You must have P1/C2/mC2 benefit level to be eligible for this benefit or retired with H&W coverage through the Welfare Fund. P3/P4 levels are not eligible.

VI. What Optional Vision Materials are available at controlled pricing under this plan?

EXTRA COST – This plan is designed to fully cover your visual needs rather than cosmetic lens & frames options. There will be controlled extra costs involved if you select any of the following:

- a) Coated lenses (except 2 year scratch protection which is included)
- b) A frame that costs more than the plan's allowance
- c) Elective contact lenses
- d) Rimless frames

NOT COVERED ITEMS – there are no benefits for professional services or materials connected with:

- a) Orthoptics or vision training, subnormal vision aides or non-prescription lenses
- b) Lenses or frames furnished under this plan which are lost or broken. These will not be replaced unless you are eligible for frames or lenses at that time
- c) Medical or surgical treatment of the eyes
- d) Two pairs of glasses in lieu of bifocals
- e) Services or materials provided as a result of any Worker's Compensation law or similar legislation
- f) Any eye exam required by an employer as a condition of employment; or any services or materials provided by any other vision care plan or group benefit plan containing vision care benefits

**IF YOU HAVE QUESTIONS ABOUT YOUR
VISION CARE COVERAGE, THE FILING OF A
CLAIM, OR LOCATING A VBA PROVIDER IN
YOUR AREA - PLEASE CONTACT VBA'S
CUSTOMER SERVICE DEPARTMENT AT**

1-800-432-4966

**You can search by Zip Code for a
VBA Provider at
www.visionbenefits.com**

INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA & DELAWARE

Vision Benefit Handout

The Welfare Fund has contracted with **Vision Benefits of America (VBA)** to administer the vision program. (VBA) is a non-profit preferred provider organization (PPO) that has been delivering value-packed group vision benefits for 45 years. VBA proudly represents **one of the most comprehensive networks** of eye care providers in the country.

More than **15,000 Optometrists, Ophthalmologists and Retail Optical Locations** throughout all 50 states have contractual agreements with VBA. By including all three specialties in our network, VBA offers our covered members more choices and more convenient access.

VBA also maintains agreements with **more than 260 Full Service Optical Labs** throughout the country, enabling us to **measurably control both the cost and the quality** of all ophthalmic materials dispensed through the **VBA network**.

**Call 800-432-4966 or visit
www.visionbenefits.com**

I. What are the Benefits?

VISION EXAM – a complete analysis to determine the presence of any vision problems.

LENSES – our program provides the finest quality lenses fabricated to VBA’s exacting standards. A VBA Participating Provider will order the proper lenses and verify their accuracy when finished.

FRAMES – VBA plans offer a wide selection of fully covered designer frames; however, if you choose a frame which costs more than the allowed amount, you will be responsible for any additional charges.

OR

CONTACTS in Lieu of Glasses – our plan will provide a total allowance of up to \$300 toward their cost. *This is in lieu of all other benefits for the benefit period.*

MEDICALLY NECESSARY CONTACT LENSES – are fully covered on a Usual, Customary, and reasonable (UCR) basis when a VBA Participating Provider receives prior approval for one of the following services related to eye disease or injury:

- Following cataract surgery
- To correct for significant anisometropia
- To correct for keratonus
- To correct extreme visual acuity problems not correctable with spectacle lenses

II. How often are these services available?

Exam, lenses, frames – every 24 months; Under 19 exam & lenses every 12 months.

III. How much do I pay?

When you choose to obtain services from a VBA Participating Provider, our plan covers the benefits described herein (exam, professional services, lenses and frames) at no expense to you, if the materials selected fall within the plan’s allowance. Through a VBA Participating Provider only, Progressive (except digital), UV Protective coating, 2 year Scratch Protection, Polycarbonate, Anti-Reflective, Photochromic and Solid or Gradient Lens Tints are covered in full.

IV. How do I use this plan?

Prior to receiving benefits, you can easily check your eligibility and find a VBA Provider near you by either:

- calling **VBA at 1-800-432-4966** or
- visiting their website – www.VISIONBENEFITS.com

OPTION 1

You choose to use a VBA Doctor

1. If you are using VBA’s E-Claim system, simply let the doctor know and all paperwork will be done electronically.
2. If you are using the paper form you must present the form to the VBA doctor on your first visit.

Please note there are some VBA Providers that do **not** use the ***E-Claims System***.

If you are using a Provider that does not use the E-Claim system or you choose to use a paper form; you **MUST** present the benefit form to the VBA Participating Provider on your first visit. Failure to do so will result in you being partially reimbursed according to the Non-Participating Provider Reimbursement Schedule. When the examination has been completed, the VBA doctor will have you sign the form.

OPTION 2

You choose a Non-VBA Provider

Make an appointment and receive the necessary services from the provider. Pay the provider their full fee and obtain an itemized receipt which must contain the following information:

- A) Patient’s name
- B) Date services began
- C) The services/materials received
- D) The type of lenses the patient received
- E) Mail your VBA form and receipt to:

**Vision Benefits of America
300 Weyman Plaza, Suite 400
Pittsburgh, PA 15236-1588**

You will be reimbursed according to the Reimbursement Schedule. There is no assurance the Non-participating Provider reimbursement schedule will cover all costs.

OPTION 3

You choose to use a Non-VBA Provider for Exam and have a VBA Provider fill your prescription

1. After receiving exam, pay the doctor their exam fee; obtain a receipt for the exam and the prescription for your lenses.
2. Call one of the VBA Providers who has an asterick beside their name (this means they are willing to fill another doctor’s prescription) and make an appointment to have your prescription filled/lenses made.
3. On your 1st visit take your VBA form and your prescription. They will fit you with your new glasses and take care of any paperwork associated with the glasses.
4. You will be paid directly for your exam according to the Reimbursement Schedule. Simply submit the paid exam receipt to VBA and indicate IUOE Welfare Fund and the member’s SS number.