

**VISION BENEFITS OF AMERICA
ENROLLMENT FORM**

VBA# 615

COVERAGE EFFECTIVE DATE _____/_____/_____

INSTRUCTIONS FOR EMPLOYEE:

1. COMPLETE SECTION BELOW, SIGN AND RETURN TO BENEFITS OFFICE.

EMPLOYEE SOCIAL SECURITY NUMBER _____

EMPLOYEE NAME _____ BIRTHDATE ____|____|_____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE
SPOUSE	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____

STUDENT INFORMATION (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS.)

STUDENTS NAME	NAME OF SCHOOL OR UNIVERSITY
_____	_____ _____ _____
_____	_____ _____ _____

ANY HANDICAPPED CHILD COVERED ON MEDICAL?

CHILD NAME _____

EMPLOYEE SIGNATURE _____ DATE ____/____/_____


Plan Rules - Detail

General	
Group:	615 - UPPER DAUPHIN AREA SCHOOL DISTRICT

General

Details

\$200 Maximum Benefit Every 24 Mos.

In Network Covered Services*	
Contact Eval and/or Fitting:	Cost Contained ⁵
Scratch Coating (1 Year):	Covered 
A clear, scratch-resistant coating with a harder surface to provide your lenses with added protection from damage associated with normal wear. Contact your provider for any questions regarding availability or any manufacturer warranties offered with the product.	

In Network Lens Options**			
Option Name		VBA Discount Pricing	
Scratch Resistant:	Cost Contained		More
Trivex®:	Cost Contained	Starting at \$ 50	More
A/R Blueight:	Cost Contained	\$85	More
A/R Ultra:	Cost Contained	\$99	More

Out of Network Reimbursements	
Exam:	\$60
Single Vision Lens:	\$80
Bifocal:	\$80
Trifocal:	\$80
Lenticular:	\$80
Contacts:	\$150
Medical Contacts:	\$200 ³
Frames:	\$60
Progressive:	\$80

¹ Frame allowance is based on wholesale prices. Please call Member Services at 1-800-432-4966 for more details.

² Elective contacts can only be selected in lieu of the spectacle lens and frame benefits listed herein. When elective contacts are selected, your plan will provide up to \$150 towards the cost of contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost for contacts over the \$150 will be the member's responsibility.
Member may be asked to pay the contact fitting fee out of pocket, at some locations.

³ authorization of medical condition required

⁴ price does not include base charge for material (if applicable)

⁵ 15% Discount from UCR

⁶ Medical contacts can only be selected in lieu of all other benefits except for the vision exam.

† includes UV coating on the backside of the lenses

* Member may select only one pair of the covered lens options listed below.

* Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

** Benefits may vary where prohibited by state law.

*** Certain plans may specify that no more than 50% of the above benefit may be used per eye.