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VISION BENEFITS OF AMERICA, INC.
(Hereinafter Called VBA)

and

PHILADELPHIA REDEVELOPMENT AUTHORITY - VBA #3490
(Hereinafter Called Subscriber)

AGREE AS FOLLOWS:

VBA shall provide a panel of doctors to perform services to the beneficiaries, as described under "Eligibility Determination", subject to the terms and conditions of this contract.

TERM AND CANCELLATION

This contract shall be effective commencing 08/01/2017 for an Initial Term of 24 months through 07/31/2019. The contract shall terminate at midnight, on the last day of the contract month, unless VBA is in receipt of a signed Renewal Endorsement Letter, which will extend the contract for subsequent 24-month periods.

AGREEMENT

This instrument contains all of the provisions of the agreement between the parties hereto, and no promise or agreement not contained herein shall be binding on the parties unless the same is in writing, and attached to this contract. This contract may be amended only by a written instrument (application or amendment) signed by an authorized representative of Subscriber and accepted by an officer or director of VBA. Consent of participant is not required to effect any such amendment.

If the application is accepted by VBA, the provisions, conditions and definitions set forth on the following pages and the attached application shall form a part of this contract as fully as if recited over by the Subscriber and VBA.

PHILADELPHIA REDEVELOPMENT AUTHORITY

VISION BENEFITS OF AMERICA, INC.

By Donna Grant
Title Human Resources Director
Date 10/13/2017

By James R. Davies
Digitally signed by James R Davies
Date: 2017.07.25 09:44:17 -04'00'
Title James R. Davies-President/CEO



ARTICLE I

ELIGIBILITY DETERMINATION

For purposes of this plan, eligible beneficiaries shall be defined as: (If different, the Subscriber's eligibility criteria will override below outline)

1. All participants which are enrolled by the Subscriber with VBA.
2. New participants will be added in accordance with the Subscriber's eligibility guidelines.
3. Terminating participants shall be dropped from the plan on the last day of the month in which their employment -membership terminates.

In addition, the Subscriber has the responsibility to supply VBA with an updated list of eligible participants.

DEPENDENTS

If dependent coverage is provided under this contract, then for the purposes of this plan, eligible dependents may also include the covered participant's spouse, unmarried domestic partners (if coverage is offered by Subscriber or required by law), and unmarried dependent children who have not attained their 26th birthday, as allowed by the Subscriber in its sole discretion and included on the most recent list of eligible participants provided by the Subscriber to VBA.

An unmarried child over 26 years of age may continue to be eligible as a dependent if the child is:

Twenty-six (26) years of age or older and is incapable of self-sustaining employment by reason of mental illness, developmental disability or mental retardation, as defined by applicable law, or a physical handicap, and who became so incapable prior to attainment of twenty-six (26) years of age.

PROVIDED HOWEVER, proof of such incapacity and dependency is furnished to the Subscriber or VBA by the participant within thirty-one (31) days of the request for such information by VBA to the Subscriber. Subsequently additional information may be required by VBA or Subscriber but not more frequently than annually after the two-year period following the child's attainment of the limiting age.

ARTICLE II BENEFITS FROM VBA PARTICIPATING PROVIDERS

A. VISION EXAMINATION

A complete analysis of the eyes and related structures to determine the presence of vision problems or other abnormalities.

Each covered beneficiary shall be entitled to a vision examination once each 12 months.



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B. SPECTACLES AND RELATED SERVICES

When the vision examination indicates that prescription lenses are needed they will be supplied, together with such professional services as are necessary, which shall include, but not be limited to:

- Prescribing and ordering proper lenses
- Assisting in the selection of a frame
- Verifying the accuracy of the finished lenses
- Proper fitting and adjustment of the spectacles

1. **LENSES** - The VBA Participating Provider will order the proper lenses necessary for the patient's visual welfare.

Each beneficiary is entitled to one (1) pair of new lenses once each 12 months. Coverage includes prescription glass or plastic, single vision, blended bifocal, lined bifocal, lined trifocal, or lenticular lenses.

2. **FRAMES** - New frames will be provided once each 24 months up to the maximum wholesale frame allowance selected by the Subscriber. The wholesale frame allowance for this contract is \$50.

IF THE BENEFICIARY SELECTS A MORE EXPENSIVE FRAME THAN THAT ALLOWED UNDER THE PLAN, THE COST DIFFERENCE SHALL BE THE SOLE RESPONSIBILITY OF THE BENEFICIARY AND SUBJECT TO ANY PRICING AND DISCOUNTS OFFERED BY THE PROVIDER WHICH MAY VARY FROM LOCATION TO LOCATION.

C. CONTACT LENS BENEFIT

In lieu of all other benefits described in Subsection B (Spectacle Lenses and Frames), and subject to the terms and conditions contained herein, the beneficiary may opt to utilize the plan's Contact Lens Benefit to either (1) obtain Medically Necessary contact lenses; OR (2) utilize their allowance towards the cost of fittings and materials for Elective contact lenses as set forth below.

Medically Necessary

One pair of Medically Necessary contact lenses are covered under this Plan only when certain specific benefit criteria are satisfied and after the examining provider secures prior approval from VBA. Subject to VBA's specific benefit criteria, Medically Necessary contact lenses may be approved for, and are limited to the following conditions:

- A. Following cataract surgery without intraocular lens
- B. Anisometropia of 4 diopters or more
- C. Keratoconus when the patient is not correctable to 20/70 in either or both eyes using spectacle lenses
- D. Certain extreme visual acuity problems that cannot be corrected with spectacle lenses

MEDICALLY NECESSARY CONTACT LENSES CAN ONLY BE REPLACED WITH PRIOR AUTHORIZATION BY VBA, BUT IN NO EVENT MORE FREQUENTLY THAN EVERY 12 MONTHS.



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Elective

When the beneficiary chooses contact lenses for reasons other than those mentioned above, and after completion of the Vision Examination set forth in Subsection A, the beneficiary shall receive an allowance of \$110.00 towards the cost of fittings and materials, plus a fifteen percent (15%) discount off of the participating provider's UCR for contact lens fittings, unless otherwise prohibited by law.

*Where applicable, payment of the provider's discounted UCR shall entitle the beneficiary to no less than two (2) follow-up visits within ninety (90) days of the initial fitting when required.

This Elective contact lens allowance will be provided no frequently than once every 12 months.

D. EXCLUSIONS AND LIMITATIONS ON CONTACT LENS BENEFITS

The Contact Lens Benefit provided under Subsection C may only be taken in lieu of all other benefits described in Subsection B (Spectacle Lenses and Frames) during the benefit period.

Elective

When the beneficiary chooses contact lenses for reasons other than those mentioned above, and after completion of the Vision Examination set forth in Subsection A, the beneficiary shall receive an allowance of \$110.00 towards the cost of fittings and contact lens materials, plus a fifteen percent (15%) discount off of the VBA Participating Provider's usual customary fee for contact lens fittings.

*Payment of the provider's discounted UCR shall entitle the beneficiary to no less than two (2) follow-up visits within ninety (90) days of the initial fitting when required.

Elective contact lenses will be provided once every 12 months.

**ARTICLE III
FACILITIES**

Through this Plan and its panel of Participating Providers nationwide, **VBA** provides access to professional vision care services for covered beneficiaries. A list of the names, addresses and telephone numbers of Participating Providers can be viewed by geographical location at www.vbaplans.com/vision by clicking on the "Provider Finder" tab.



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ARTICLE IV CHOICE OF PROVIDERS

This plan provides beneficiaries with a dual choice:

A. IN NETWORK

If beneficiaries elect to receive vision care services from a **VBA** Participating Provider, **VBA** is a PREPAID program. The benefits described herein are covered in full and provided at no out-of-pocket cost (unless the plan contains a copayment or the beneficiary chooses optional items not covered under this program).

The selection of a **VBA** Participating Provider assures direct payment to the doctor and negotiated pricing for covered benefits.

Procedure for using In Network benefits:

1. Prior to receiving vision care services, the beneficiary should visit **VBA's** website at www.vbaplans.com to verify eligibility and view the list of **VBA** Participating Providers in their area. Should the beneficiary have any additional questions in regards to their coverage, they may call **VBA's** Member Services Department at 1-800-432-4966 (press option 5) to speak with a Member Services Representative.
2. When scheduling the appointment, please make certain to inform the **VBA** Participating Provider's office the beneficiary has **VBA** as their insurance carrier.
3. Service must begin prior to the expiration date indicated on the electronic claim form obtained by the Participating Provider.
4. When the examination has been completed, the Participating Provider may require the signature of the beneficiary. The beneficiary pays only for (a) the copayment (if any) to the Participating Provider for benefits covered by the Plan; and (b) any additional services or materials not covered under this Plan. The Participating Provider will complete all services received electronically and submit to **VBA** for direct payment in accordance with his or her Participating Provider Agreement.

Failure to Notify Participating Provider of Coverage

If the beneficiary fails to provide the **VBA** Participating Provider with advance notice of coverage, the **VBA** Participating Provider is not obligated to accept **VBA's** negotiated fees as full payment for services and materials. In that event, the **VBA** Participating Provider may elect to charge his Usual and Customary Fees and the difference between such charges and **VBA's** negotiated fees will be the sole responsibility of the beneficiary.

B. OUT OF NETWORK

When a beneficiary chooses to go to a non-participating provider, services and materials may be secured from any optometrist, ophthalmologist and/or dispensing optician. This Plan then becomes an indemnity plan which reimburses according to a schedule of fixed allowances. The beneficiary should first pay the non-participating provider's full fee and retain an itemized receipt for submission to **VBA**. **VBA** will then reimburse the policy holder in accordance with the following schedule upon receipt of proper documentation and a completed Out-of-Network Reimbursement form which can be obtained from **VBA's** website at www.vbaplans.com.



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OUT OF NETWORK REIMBURSEMENT SCHEDULE

PROFESSIONAL FEES

Routine Vision Examination	\$	40.00
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AND

MATERIALS

SPECTACLE LENSES AND FRAMES

Single Vision Lenses, up to	\$	40.00
Bifocal Lenses, up to		60.00
Blended Bifocal, up to		60.00
Trifocal Lenses, up to		80.00
Progressives, up to		80.00
Lenticular Lenses, up to		120.00
Frames, up to	\$	50.00

OR

CONTACT LENSES

Medically Necessary, up to	\$	320.00
Elective, up to		110.00

THE SPECTACLE LENS ALLOWANCE IS FOR TWO (2) LENSES; IF ONLY ONE (1) LENS IS NEEDED, THE ALLOWANCE WILL BE ONE-HALF (1/2) THE PAIR ALLOWANCE.

REIMBURSEMENT FOR AND AVAILABILITY OF SERVICES AND MATERIALS UNDER THIS SCHEDULE ARE SUBJECT TO THE LIMITATIONS, RESTRICTIONS, CRITERIA, TIME LIMITS AND COPAYMENTS (IF ANY) SET FORTH THROUGHOUT THIS AGREEMENT, INCLUDING, BUT NOT LIMITED TO ARTICLES II AND V HEREIN.

THE AMOUNTS SHOWN ARE MAXIMUM. THE ACTUAL AMOUNT TO BE PAID IN REIMBURSEMENT TO THE POLICY HOLDER SHALL BE THE LESSER OF THE MAXIMUM SHOWN IN THE SCHEDULE FOR SERVICE, THE AMOUNT CHARGED, OR THE AMOUNT USUALLY CHARGED BY THE PROVIDER FOR SUCH SERVICES TO HIS PRIVATE PATIENTS AS DETERMINED BY VBA.



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NOTE: THERE IS NO ASSURANCE THAT THE ABOVE SCHEDULE WILL BE SUFFICIENT TO PAY THE FULL COST OF THE EXAMINATION OR MATERIALS. If the beneficiary first utilizes the services of a VBA Participating Provider and then seeks services or materials from a non-participating provider in the same benefit period, the reimbursement amounts set forth below shall be reduced by any amounts paid or owed by VBA to the VBA Participating Provider. Likewise, if the beneficiary first utilizes the services of, or obtains materials from a non-participating provider and then seeks services or materials from a VBA Participating Provider in the same benefit period, the beneficiary may no longer be eligible for covered benefits and may otherwise have their benefits or allowances reduced, depending on the reimbursement amounts paid or owed by VBA to the beneficiary in connection with those previously obtained non-participating provider related services and/or materials.

The above material reimbursements are limited to EITHER spectacle lenses and frames OR contact lenses. For instance, if the beneficiary receives any reimbursement for spectacle lenses and/or frames, regardless of the amount, the policy holder shall not be entitled to receive any further reimbursement for contact lenses in the benefit period. Likewise, if the policy holder receives any reimbursement for contact lenses, regardless of the amount, the policy holder shall not be entitled to receive any further reimbursement for spectacle lenses and/or frames in the benefit period.

LASIK

All VBA covered members are eligible to receive a discount at hundreds of provider locations nationwide through TLC or QualSight. For more information regarding this benefit, please visit our website or call one of VBA's member services representatives at 1-800-432-4966/option 5.

REIMBURSEMENT BENEFITS ARE NOT ASSIGNABLE.

ARTICLE V PRINCIPAL EXCLUSIONS AND LIMITATIONS OF BENEFITS

EXTRA COST

This VBA plan is designed to cover visual needs rather than cosmetic materials. When a beneficiary selects any of the following extras, the plan will pay the basic cost of the allowed lenses and frames, and the beneficiary will pay the additional costs for the extras selected or requested (prices may vary by location and discounts may not be available where prohibited by law):

1. Blended Lenses (except blended no line bifocals)
2. Contact Lenses (except as noted elsewhere herein)
3. Photochromic Lenses; Tinted Lenses; Sunglasses, Prescription or Plano
4. Progressive Multifocal Lenses
5. The Coating of the Lens or Lenses (except 1 yr scratch coating)
6. The Laminating of a Lens or Lenses
7. A Frame that costs more than the Plan Allowance.
8. Polycarbonate Lenses (except for children under age 19 through a VBA Participating Provider only)



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NOT COVERED

There is no benefit for professional services or materials associated with:

1. Orthoptics or vision training and any associated supplemental testing; plano (non-prescription) lenses; glasses secured when there is not prescription change; or two (2) pair of glasses in lieu of bifocals
2. Lenses and frames furnished under this plan which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.
3. Medical or surgical treatment of the eyes.
4. Any eye examination, or any corrective eye wear, required by an employer as a condition of employment.
5. Services or materials compensated under Workmen's Compensation laws or by any first party benefits paid under the beneficiary's automobile insurance or by any catastrophic loss benefits paid by the catastrophic loss trust fund.

VBA may at its discretion waive any of the plan limitations, if in the opinion of our optometric consultants this is necessary for the visual welfare of the beneficiary.

ARTICLE VI GENERAL PROVISIONS

1. VBA acts as a contracting agency hereunder to enable the Subscriber's eligible beneficiaries to acquire professional vision care on a prepaid or scheduled basis. Under no circumstances shall VBA or Subscriber be liable for the negligence, wrongful acts or omissions of any doctor, laboratory, or any other person or organization performing services or supplying materials in connection with this contract.
2. All notices provided hereunder shall be deemed as having been properly made upon depositing the same in the United States mail, postage prepaid, and addressing such notices to VBA at its main office, or to Subscriber representative at the address appearing last on the books of VBA, at least thirty (30) days prior to said acting taking effect.
 - a. Subscriber agrees to cooperate with VBA in sending or providing to its participants any disclosure forms, plan summaries or other material that may be required to be given to plan participants. It is understood that any such material required to be given shall be delivered to Subscriber by VBA, and distributed by Subscriber to plan participants no later than thirty (30) days after the receipt thereof.
3. Upon receipt of a request for benefits for a beneficiary, VBA will issue an electronic benefit claim to such beneficiary's VBA Participating Provider of choice provided:
 - a. The request is certified by Subscriber; or
 - b. The beneficiary appears eligible by reason of the latest information available to VBA, furnished by Subscriber.

Electronic claim form so issued shall be given an expiration date, allowing a reasonable period of time for the beneficiary to obtain services. Such electronic claim forms, properly used, shall constitute a claim against the plan, irrespective of later loss of eligibility by the beneficiary or cancellation of this contract.



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4. If any provision of this contract is declared invalid or unenforceable, the remaining provisions hereof shall remain in full force and effect. The failure of either party to protest any default or breach shall not constitute a waiver of such party's rights under this contract, or such party's rights upon any subsequent default or breach.
5. Neither this contract, nor any benefits hereunder, including the payment of money, is assignable, by Subscriber or any participant or beneficiary, except with the prior consent of VBA.
6. VBA reserves the right to reject any and all claims for services or benefits which are filed more than three hundred-sixty five (365) days after completion of services. Claims will not be rejected if the person submitting the claim can show that it was not reasonably possible to file the claim within the three hundred sixty five (365) day period after completion of services.
7. It is the responsibility of the Subscriber representative to distribute notice(s) with respect to material matters to participants in the plan.
8. The funding policy for the VBA plan shall consist of payments made by Subscriber to VBA and by each beneficiary to a VBA Participating Provider if a deduction is required under this contract. Benefits paid by VBA will be limited to those provided in this contract. Each beneficiary shall be entitled to obtain the benefits enumerated herein from any Participating Provider of VBA, unless otherwise prohibited by law. The names, addresses and telephone numbers of the Participating Providers shall be made available to eligible participants of Subscriber when seeking services.
9. Subscriber shall name its representative person in the Application for VBA and such person shall have authority to control and manage the operation and administration of the plan on behalf of the Subscriber.
10. Subscriber agrees to remit all balances due VBA according to the terms herein. This contract shall be governed by and construed under the laws of the Commonwealth of Pennsylvania without regard to its conflict of laws provisions. Subscriber consents to jurisdiction and venue in Court of Common Pleas of Allegheny County, Pennsylvania. Subscriber agrees it is responsible for all costs and expenses incurred by VBA in the collection of any unpaid balances, including reasonable attorney's fees.
11. VBA is subject to regulation by the Pennsylvania Department of Insurance and the Pennsylvania Department of Health and this contract is subject to the requirements of Title 40 of the Pennsylvania Consolidated Statutes. In states outside of Pennsylvania, VBA may also be regulated by similar agencies of such other states, and this contract may be subject to analogous statutes of such other states, where applicable.
 - a. Any provision required to be in the contract by any of the above shall bind the plan whether or not provided in the contract.
12. VBA shall have the right at all reasonable times to inspect such records of Subscriber as VBA deems necessary to determine the number and eligibility of participants. Subscriber agrees to make such records available at such times and upon such requests.



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13. The Subscriber or its representatives shall not engage in referring its participants to any particular doctor, or doctors, whether or not a member of the VBA panel.
14. If a VBA provider leaves the plan for any reason, VBA shall remain responsible for furnishing vision care to patients of such provider, either through said provider on a non-panel reimbursement basis or through another VBA participating doctor at the option of the patient.

ARTICLE VII COSTS UNDER THE PLAN (INSURANCE)

PREPAYMENT FEES

Payment by the Subscriber to VBA for services and materials provided hereunder during the Initial Term of the contract shall be as follows:

- \$6.20 per month for each eligible participant without dependents.
- \$11.85 per month for each eligible participant with one (1) dependent.
- \$16.20 per month for each eligible participant with two or more (2+) dependent(s).

The entire cost of the plan is paid by the Beneficiary. Once the Beneficiary selects this coverage, contributions must be maintained for a 12 month period.

Payments are due within fifteen (15) days of receipt of the monthly bill from VBA.

COPAYMENT

The covered benefits described herein are available to each beneficiary from any VBA Participating Provider at no cost to the beneficiary, provided the beneficiary has followed the proper procedures.

OTHER CHARGES

ANY ADDITIONAL CARE, SERVICE, AND/OR MATERIALS NOT COVERED BY THIS PLAN MAY BE PRIVATELY ARRANGED BETWEEN THE BENEFICIARY AND THE PROVIDER.

ARTICLE VIII RENEWAL AND SPECIAL TERMINATION PROVISIONS

TERM AND CANCELLATION CONDITIONS OF THIS VISION CARE CONTRACT ARE SHOWN ON THE FACE PAGE OF THIS CONTRACT.

RENEWAL

After the Initial Term of this contractual agreement, it may be renewed/extended for additional 24-month periods by endorsement and the acceptance by the Subscriber of any proposed changes in rates, terms and conditions. Acceptance can be indicated by payment of the required deposit of premium and/or endorsement of VBA's Contract Renewal Endorsement Letter, where applicable.



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TERMINATION FOR CAUSE:

Upon thirty (30) days' prior written notice to the Subscriber, VBA may terminate this agreement when:

1. Subscriber fails to make payment to VBA when due as outlined under "Prepayment Fee" of this agreement, subject to an additional thirty (30) day grace period; or
2. The Subscriber's enrollment falls below VBA's minimum group size requirement of five (5) participants. However, in lieu of termination under this subparagraph 2, the Subscriber may continue receiving benefits under this agreement by making payment to VBA in the same amount it would have received as if there were at least five (5) participants enrolled in the group.

TERMINATION WITHOUT CAUSE:

This agreement may be terminated by the Subscriber at any time without cause, upon no less than two (2) months' prior written notice to VBA -- provided the Subscriber: (1) has paid all outstanding invoices as of the date of its termination notice; and (2) continues to pay all invoices through the end of the shortened term. In the event the Subscriber terminates this agreement in accordance with the terms of this provision, the agreement shall terminate at midnight, on the last day of the second full calendar month after VBA received the Subscriber's notice of termination. (For example, if a termination notice is received by VBA on February 15th, the agreement would terminate at midnight on following 30th day of April, so long as the Subscriber has paid VBA in full through the end of the termination month.)

TERMINATION OR CANCELLATION OF CONTRACT - SERVICES BEING RENDERED

If service for a beneficiary hereunder is being rendered by VBA as of the termination date of this agreement, such service shall be continued to completion, but in no event beyond six (6) months after the termination date of this agreement.

INDIVIDUAL CONTINUATION OF BENEFITS

The VBA program is available to groups of a minimum of five (5) participants and is, therefore, not available on an individual basis. When a Subscriber terminates its coverage, individual coverage is not available for participants who may desire to retain same.



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ARTICLE IX CLAIM APPEAL PROCEDURES

COMPLAINTS - BENEFITS ELIGIBILITY

1. VBA shall notify the beneficiary of any adverse claim decision within a reasonable period of time, but not later than 30 days after receipt of the claim. The time period may be extended up to an additional 15 days if VBA determines that it is necessary. VBA will notify the beneficiary prior to the expiration of the original 30-day period and include the circumstances requiring the extension and the date VBA will give its decision. If the extension is necessary because VBA did not receive the necessary information from the beneficiary, the notice of extension will also include a list of the required information. The beneficiary will have at least 45 days from receipt of the notice to provide the required information.
2. If within one-hundred and eighty (180) days of the date of receipt of VBA's written denial of the claim, the claimant or his counsel may request a review by the plan administrator.
3. The plan administrator will give the claimant a reasonable opportunity for a full and fair review of the decision denying the claim. The claimant will be given the opportunity to review pertinent documents, and to submit any statement, documents, or written arguments in support of this claim, and may, if so desired, appear personally at the VBA office, to present the complaint to the Professional Relations Committee representative.
4. If the claim is again denied, the plan administrator will within thirty (30) days after receipt of the request for review, advise the claimant in writing of the specific reasons for the decision, including specific references to the plan provisions on which such decision is based.

COMPLAINTS - PROFESSIONAL SERVICES

1. The patient's complaint must be in writing and referred to VBA for action.
2. The complaint will be evaluated and, if deemed appropriate, the original examining doctor will be contacted.
3. If the complaint can be resolved within fifteen (15) days, the disposition of the complaint will be forwarded to the complainant. Otherwise, a notice of receipt of the complaint will be forwarded to the complainant advising the appropriate forms will be maintained in the plan administrator's office. Otherwise, a notice of receipt of the complaint will be forwarded to the complainant advising the appropriate time for resolution which should not be later than thirty (30) days thereafter.
4. Grievance procedures and complaint forms will be maintained in the plan administrator's office.
5. All complaints will be retained by VBA for one (1) year after the expiration of this contract.

IF SUBSCRIBER OR BENEFICIARIES HAVE ANY QUESTIONS ABOUT BENEFITS OR PROFESSIONAL SERVICES RECEIVED, CONTACT VISION BENEFITS OF AMERICA, 300 WEYMAN ROAD, SUITE 400, PITTSBURGH, PENNSYLVANIA 15236 OR PHONE (412) 881-4900.



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DEFINITIONS

ANISOMETROPIA	A condition of unequal refractive state for the two eyes; one eye requiring a different lens correction than the other
BLENDED LENSES	Bifocals which do not have a visible dividing line.
OUT-OF-NETWORK CLAIM	A form which is used to submit for out-of-network reimbursement when the beneficiary selects a doctor not in the VBA network.
COATED LENSES	A substance which is added to a finished lens on one or both surfaces.
BENEFICIARY	The participant, eligible spouse and eligible unmarried child(ren) (if dependent coverage is provided) of the Subscriber contract for the program.
PARTICIPANT	The employee(s), member(s) of the Subscriber who contracted for the program.
SUBSCRIBER OR CONTRACT HOLDER	"Subscriber" refers to the entity that contracts with VBA on behalf of its participants and in some cases is referred to as "Contract Holder".
KERATOCONUS	A developmental or dystrophic deformity of the cornea in which it becomes cone-shaped, due to a thinning and stretching of the tissue in its central area.
MATERIALS	Lenses, frame, low vision aids, contact lenses.
ORTHOPTICS	The teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.
PHOTOCHROMIC LENSES	Lenses which change color with intensity of sunlight.
PROFESSIONAL SERVICE	Examination, material selection, fitting of glasses, related to adjustments, et cetera.
TINTED LENSES	Lenses which have additional substance added to produce constant tint (e.g. pink, green, gray, blue, et cetera).

