



www.vbaplans.com



Oxford SD

VBA Vision makes using your benefits easy

✓ **Step 1**

- Go to vbaplans.com, log in to your account then click "Am I Eligible"

✓ **Step 2**

- Click "Find a Doctor" at the top of the page. Type in your zip code or type in a doctor

✓ **Step 3**

- Go to your appointment and let your doctor know that you have a VBA Vision plan

✓ **Step 4**

- Relax-we've got you covered!

Benefit Overview

Benefits Explained – Base Plan #7430



Exam

- Eligible every 12 months
- \$10 Copay



Lenses

- Eligible every 12 months
- \$25 Copay



Contacts

- Eligible every 12 months
- \$130 allowance

*In lieu of spectacle Lenses & Frame



Frame

- Eligible every 24 months
- \$130 retail allowance

Benefits Explained – Buy-Up Plan #7431



Exam

- Eligible every 12 months
- \$10 Copay



Lenses

- Eligible every 12 months
- \$25 Copay



Contacts

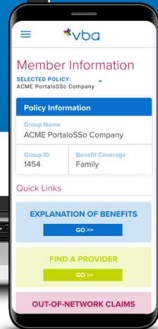
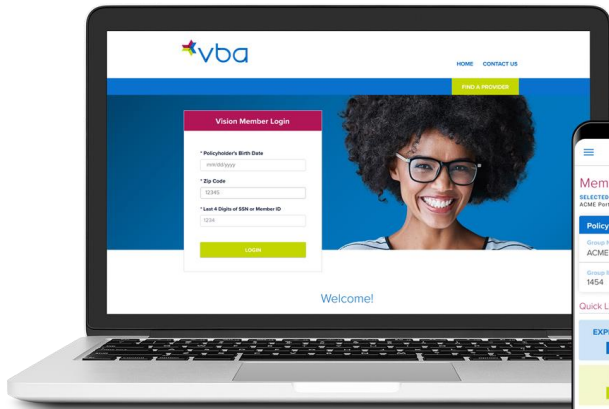
- Eligible every 12 months
- \$130 allowance

*In lieu of spectacle Lenses & Frame



Frame

- Eligible every 12 months
- \$130 retail allowance



Introducing Our New Member Portal

- Find in-network providers
- Chat online with customer service representatives
- Print ID cards
- Download explanation of benefits (EOB) statements
- Submit out-of-network claims
- Mobile-friendly

vba Policy Question or Bill Statement Check Call 1-800-432-4966, Mon-Fri, 9:00 a.m. - 5:00 p.m., EST. Page 1 of 1

EXPLANATION OF BENEFITS THIS IS NOT A BILL

Policyholder Name: Jessica F Turcato **Group Name:** Home Benefits Of America
Policyholder Address: 727 Top Lane **Group ID:** 88
Address Line 2: Cherry Top, PA 16008 **Statement Date:** 04/23/2019
Policyholder ID Number: 540

Claim Details
Claim# 1502325 **Provider** SIZEN FINE CIRCLE
Patient: JESSICA F TURCOTO (Member) **Provider ID:** P04412

Date of Service	Service	Total Amount	Amount Covered	Member Responsibility	Explanation
04/23/2019	Refractive Eyewear Exam	90.00	470.00	0.00	
	Base Lens	50.00	0.00	0.00	
	Anti-Reflective Coating	220.00	0.00	0.00	
	Single Vision Soft Contact Lenses	80.00	0.00	0.00	
	Soft Contact Lenses 1 Yr	20.00	0.00	0.00	
	Frames	220.00	0.00	40.00	
	Total	710.00	470.00	40.00	

*Please call vba at 1-800-432-4966 if you need diagnosis and/or treatment code information for the services referenced above.

400 Lytle Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966

vba

THANK YOU FOR BEING A VBA MEMBER!

At vba, we strive to make things as simple as possible for our members. While a member card is not necessary to access your benefits, you can use your vba member card so that you have all of your plan information handy whenever you visit your doctor's office.

Using your network benefits is simple.

- Log in to the vba Member Portal to confirm eligibility for services and network.
- Use our In-Network Provider Search to search for doctors in the vba network.
- Schedule an appointment with the provider you wish to visit. Offer to let your doctor know you have your vba member card with you for receiving services or purchasing services.
- The provider will confirm if you are covered for services in the vba network.
- The provider will discuss with you the copayments and/or co-insurance amounts for your visit.

On any occasion, a provider may determine participation in our network without proper notice. We'll make your appointment, verify participation to avoid any inconvenience.

Do you know if you're eligible for vba network benefits?

We can help you check your eligibility for vba network services to better your health and well-being.

- TRICARE** - Receive the same quality and care as TRICARE members from vba Eye Centers. Visit us now! www.vba.com Call 1-800-432-4966.
- Blue Cross** - Save 40% off vba products from Blue Cross, including health plan options. Visit us now! www.vba.com Call 1-800-432-4966.
- Blue Cross** - Receive a free hearing screening and 25% off Blue Cross hearing aids, including hearing fees. Visit us now! www.vba.com Call 1-800-432-4966.

Member Identification Card

vba

Member Name: Jessica Turcato
Home Benefits of America
 Group ID: 88

PH 1-800-432-4966
400 Lytle Street, Suite 300 | Carnegie, PA 15106
www.vbamember.com

400 Lytle Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966 | www.vbamembers.com

vba

Out-of-Network Claims

Policy Information
 Group Name: Vision Benefits Of America **Group ID:** 88 **Benefits Coverage:** Family

Claim Submission Process
 If you pay either out of network coverage and you were eligible for benefits on the date of service, you may submit a claim to vba for reimbursement.

Setting Sailed
 1. Claims regarding the out-of-network benefits by accessing the Member Information tab or by contacting us.

What You'll Need
 2. To submit a claim, you will need to provide us with a copy of your itemized receipt or service statement with the following information:
 • Provider's name • Services and/or materials received
 • Patient's name • Amount paid
 • Date of Service
 Check you have completed the above documents, visit the information to complete vba's Out of Network Reimbursement Form.

How to Submit
 3. Submit via Mail, Fax or Upload
 After completing and signing the Out-of-Network Reimbursement Form, you may mail or fax your claim with copies of your itemized receipt to:
 vba
 400 Lytle Street, Suite 300 412-481-4838 (Postoffice)
 Carnegie, PA 15106

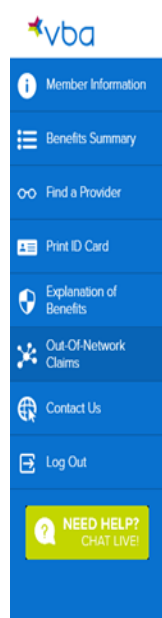
OR

Go Green For faster processing, you can now submit your claim to vba electronically. Simply show the provider you're a vba member and you'll be able to scan your claim into our system. After you, have successfully submitted and uploaded all documents related to your claim, our "claim" and your information will be securely stored in vba.



Out-of-Network Reimbursement

- ✓ Go to vbaplans.com
- ✓ Select “Log In”
- ✓ Select “Member” “Vision”
- ✓ Enter the following:
 - ✓ Member DOB
 - ✓ Member Zip Code
 - ✓ Member last four of SS#
- ✓ Select “Outside the Network”
- ✓ Follow Instructions



Claim Submission Process

If your plan offers out-of-network coverage and you were eligible for benefits on the date of service, you may submit a claim to VBA for reimbursement.

Getting Started

1

Confirm eligibility for out-of-network benefits by accessing the [Member Information](#) tab or by [contacting us](#).

What You'll Need

2

To submit a claim, you will need to provide us with a copy of your itemized receipts or service statements with the following information:

- Provider's name
- Patient's name
- Date of Service
- Services and/or materials received
- Amounts paid



Value Added Benefits

With HearUSA, VBA Members save over 40% on premium hearing aids plus a mail-in-rebate after purchase

- Complimentary hearing evaluation and hearing aid fitting by one of our licensed Hearing Care Professionals
- 3-year warranty including loss and damage coverage (deductible applies)
- 60-day Risk Free Trial – satisfaction guarantee
- 1 year supply of batteries
- Ongoing care including three follow up visits during the first year
- Discounts on accessories and professional services
- Bluetooth, wireless, smart phone compatible products available
- Friends and family of VBA Members are eligible to receive discounts
- **To receive VBA's exclusive discounts and offers, call 855-203-7979.**

Qualsight/TLC LASIK Services

- VBA members save up to 35% off the national average prices of LASIK nationwide



Contact VBA

Contact VBA

Monday through Friday, 8:30am to 6:00pm EST

Phone – 1-800-432-4966

Fax – 412-885-5646

Email – memberservices@vbaplans.com

Website – vbaplans.com

