



# IMC Clearly Vision Plans

	VBA #4709 <b>OPTION 1</b> \$5 Exam/\$20 Materials Copay Dependent Age: 26	VBA #4710 <b>OPTION 2</b> \$5 Exam/\$10 Materials Copay Dependent Age: 26	VBA #4711 - Elite Plan <sup>1</sup> <b>OPTION 3</b> \$10 Exam/\$25 Materials Copay Dependent Age: 26	
<b>Frequency of Service (Last Date of Service)</b>				
Vision Exam	12 Months	12 Months	12 Months	
Lenses	12 Months	12 Months	12 Months	
Frames	24 Months	12 Months	12 Months	
<b>Benefits (Employee can select either)</b>				
	<b>VBA Participating Provider Amount Covered/Benefit (Less Copayment)<sup>2</sup></b>	<b>VBA Participating Provider Amount Covered/Benefit (Less Copayment)<sup>2</sup></b>	<b>VBA Participating Provider Amount Covered/Benefit (Less Copayment)<sup>2</sup></b>	<b>Non-Participating Provider Amount Reimbursed (Zero Copayment)</b>
Vision Exam (Glasses or Contacts)	100%	100%	100%	\$40
<b>Clear Standard Lenses (Pair)</b>	100%	100%	100%	\$40-120
Frame <sup>3</sup>	100%	100%	100%	\$50
<b>- OR -                      - OR -                      - AND -</b>				
<b>Elective Contacts (in lieu of eyeglass benefits)</b>				
Material Allowance	\$125	\$125	\$125	\$125
Fitting Fee	15% off UCR <sup>4</sup>	15% off UCR <sup>4</sup>	15% off UCR <sup>4</sup>	N/A
<b>Cost Per Employee Per Month</b>				
Employee Only	\$4.50	\$6.05	\$7.80	
Employee + One (1)	\$8.78	\$11.50	\$14.82	
Employee + Family	\$11.70	\$15.75	\$20.28	

- 1 VBA's Elite Plan allows members to receive glasses and contacts in the same benefit period.
- 2 A copayment is applied to the vision exam and a copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact materials.
- 3 Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).
- 4 Usual, Customary, and Reasonable.

Rates guaranteed through 12/31/22.

