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**SUMMAR PLAN DESCRIPTION  
SUPPLEMENTAL INFORMATION SECTION**

Plan Name: Dickinson College

Type of Plan: This plan provides vision care benefits to participating employees and their dependents (if dependent coverage was selected).

Employer/  
Plan Administrator: Dickinson College

Insurance Carrier: Vision Benefits of America  
400 Lydia Street, Suite 300  
Carnegie, PA 15106

Customer Service: (800) 432-4966  
VBA Group #: **647**

Cost of Plan: Plan is paid 100% by the Employee.

Plan Effective Dates: 7/1/18 – 6/30/22

Plan Continuation: The Employer intends to continue this plan indefinitely. Since future changes and conditions cannot be foreseen, we do reserve the right to change, suspend, or terminate the plan at any time within the parameters of the agreement with the carrier. To the extent a claim has been incurred prior to the amendment or termination, the claim will be honored in accordance with the terms and conditions which were previously in effect.



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## WHAT ARE THE BENEFITS?

**VISION EXAMINATION** - A complete analysis of the eyes and related structures to determine the presence of vision problems.

**\*LENSES** - The VBA Participating Doctor will order the proper lenses. The program provides the finest quality lenses fabricated to exacting standards. The doctor also verifies the accuracy of the finished lenses.



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## HOW OFTEN ARE THESE SERVICES AVAILABLE?

Frequency of Service - Last date of Service

EXAMINATION - Once every 12 months

LENSES - Once every 12 months, if needed

FRAMES - Once every 24 months, if needed

- OR -

CONTACT LENSES - []



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NOT COVERED ITEMS - There are no benefits for professional services or materials connected with:

- a. Orthoptics or vision training
- b. Plano lenses (non-prescription)
- c. Two pair of glasses in lieu of bifocals
- d. Medical or surgical treatment of the eyes
- e. Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- f. Services or materials provided as a result of any Worker's Compensation Law or similar regulation
- g. Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

#### REIMBURSEMENT SCHEDULE IF I VISIT A NON-PARTICIPATING DOCTOR

##### PROFESSIONAL FEES

Vision Examination, up to \$ <>.00

- AND -

##### MATERIALS

Single Vision Lenses, up to <>.00

Bifocal Lenses, up to <>.00

Blended Bifocal Lenses, up to <>.00

Trifocal Lenses, up to <>.00

Progressives, up to <>.00

Lenticular Lenses, up to <>.00

Frames, up to \$ <>.00

- OR -

##### CONTACT LENSES (In lieu of spectacle lens benefits for the benefit period.)

Elective (In lieu of Glasses) \$ <>.00

Medically Necessary <>.00

THERE IS NO ASSURANCE THE NON-PARTICIPATING REIMBURSEMENT SCHEDULE WILL COVER THE ENTIRE COST OF THE EXAMINATION, GLASSES OR CONTACTS.

#### WHAT IS THE CLAIMS APPEAL PROCESS?

If a request for benefits is denied, claimants will be notified in writing as to specific reasons for the denial. This notice will include the name and address of the person to whom written request, including additional information, documents, data, etc., may be submitted for review of the denial. This appeal must be made within 180 days of the denial. VBA and the client will review all the facts of the case and provide you with a final decision in writing within 45 days of receipt of your appeal. None of these steps precludes you from taking your case to court if not satisfied.



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