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# Allegheny County Schools Health Insurance Consortium

VBA# 6000's  
2020 Renewal Enhancement  
Effective: 7/1/2020 – 6/30/2021  
\$0 Exam / \$0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service		DEPENDENT AGE: 26	
	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

**BENEFITS: Employee can select either:**

	VBA Participating Provider Amount Covered/Benefit  (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$35
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$30
Bifocal	100%	\$40
Blended Bifocal	100%	\$40
Trifocal	100%	\$60
Progressives	Partially Covered <sup>A</sup>	\$60
Lenticular	100%	\$80
Polycarbonate	100% <sup>B</sup>	N/A
Scratch Coat-1 Yr	100%	N/A
<b>Frame</b>	100% <sup>C</sup>	\$40
<b>-OR-</b>		
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$125 <sup>D</sup>	\$125
Fitting Fee	15% off UCR <sup>A</sup>	N/A
<b>-OR-</b>		
<b>Medically Necessary Contacts</b>	100% <sup>E</sup>	\$250
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$750	\$500

- A Participation may vary by location. Check with your Provider for details.
- B Available In-Network at no charge for children under age 19.
- C Up to the program's \$50 wholesale allowance.
- D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
- E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.