Vision Benefits
Of America
Clearly Managed. Clearly Focused.

July 4, 2022
Alicia Cochran
Account Executive
In Re: School Cafeteria Employees local 634
Health & Welfare Fund

Dear Trustees:
Vision Benefits of America is proud of the quality care and the cost containment our vision program provides all our members. Our panel doctors have worked very hard to provide excellent service and our participating laboratories continue to provide only first quality materials. Your membership has been happy with our program and enthusiastic about the excellent services they have received and the out-of- pocket savings they have experienced. **99%** of your members who utilized their vision benefits used a VBA participating provider even though a partial non-par reimbursement is available for any member who decides to go out of network for their eyecare services.

A summary of the attached 20 month (08/01/20-03/31/22) experience report shows the following:

1. The fund payment for an examination including a glaucoma test was full payment for every beneficiary who selected a panel doctor. The average cost to the fund for an examination only was $50.00. The average **retail** cost for a comprehensive eye health examination and vision analysis ranges from $85.00 to $135.00.

2. The average fund cost per beneficiary who received full services under the program consisting of an examination, lenses and frame was only $276.97. The average **retail** cost for these exact same services is $499.00 in this area.

Retail costs are based on VBA program non-par reimbursements across the country.

The out- of- pocket cost savings for each beneficiary who select partially covered "extras" such as tints, Transitions, polycarbonate, or progressive lenses and Anti-glare/Computer Blueblocker coatings continues to be impressive. Your VBA plan includes many of these high end extras. The cost of these extras is controlled by VBA. Members who utilize out of panel providers are subject to retail price gouging for all these products.

At the inception of your vision program VBA established your **Wholesale frame allowance at $60**. A Retail value of up to $180. Over this 20 month time period the average fund frame cost is only $55.97, still below your program wholesale allowance.

VBA processes and closely monitors every claim. **We have developed two reports that show the true value of our program:**

1. The first report compares the Retail Value of the benefits your members actually received to the premiums paid by the fund paid for these benefits. For the 20 month report period the **fund** realized a **savings of $313,494 or 63%.**
2. VBA also tracks all the "extras" that are ordered by your members. Our second report shows how much your members save when they order any partially covered options. For the same period **your members realized out of pocket savings of $15,898 or 62%.** This amount is low because most of these high end extras are totally covered by your program.

Since our program began VBA has contained costs for the fund and its members, and provided only the best in services and materials. Constantly adding the newest laboratory materials and coatings into the program. VBA has added extra benefits to your program (protective polycarbonate lenses for all children up to the age of 19 and a one year scratch guard guarantee for all plastic lenses provided by a VBA participating laboratory) **at no extra cost to the members**. VBA negotiated a discount for all refractive surgeries with the TLC and Qualsite Laser Surgery national professional networks. We also continue to provide the program for discounted hearing aid devices and services through the Beltone and You Hearing Network provider networks.

Your VBA vision plan also includes our **Enhanced Contact Lens Program.** Now your members who use their vision benefits for contact lens services and materials also enjoy maximum out of pocket savings and special discounts on contact lens services. This was done without adding any extra cost to the fund.

Your members can pre-check their eligibility and find the closest providers to their location with their social security number and zip code on the internet @VBAplans.com and then make their appointment for eye care services**.** We still provide our toll free 800 number and personal representatives who are available Monday through Friday to answer any questions. Help is available in English and multiple languages.

VBA has upgraded our **Patient Satisfaction Survey** to help us gather even more information and closely monitor our program. We continue to receive excellent grades from all our members. VBA always prefers to use a report that is group specific. In this case we have used a report that totals all our groups because the response from your group was small:

1. 98% of the members surveyed were satisfied with their experience with the VBA program.
2. 99% of the members surveyed found it easy to get an appointment with a participating provider.
3. 94% of the members surveyed knew the amount of out- of- pocket costs for items not totally covered by the program before they were ordered.

In short the VBA program continues to be the model for cost containment and member satisfaction. We provide more free benefits for your members, ease of access with our large professional panel of providers and the best laboratory service from over 270 participating laboratories including the largest fastest labs in the country.

It is now time to renew you Vision Benefits of America vision contract. Over the period of the last 2 contracts, from 08/01/2018-03/31/2022, there has developed a negative balance of (-) $14961.01 between the premiums paid by the group and the claims paid by VBA for your members.

Normally this would lead to a lead to a large increase in the contract rate for the group. **Based on our long contract history is requesting only an 8% increase in the composite rate to $6.34 per composite unit** for the next 24 months. This will help us clear up the negative balance and continue to move the program forward.

Thank you for your continued support

Dr. Ira C. Zeitlin
Optometric Consultant

SCHOOL CAFETERIA EMPLOYEES LOCAL 634

VBA# 1867

$0 Exam / $0 Materials Copay
Dependent Age: 26

Frequency Type: Last Date of Service	**Employee**	**Spouse**	**Children**
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (Zero Copay)	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	$35
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	$30
Bifocal	Covered in Full	$40
Blended Bifocal	Covered in Full	$40
Trifocal	Covered in Full	$60
Basic, Standard, Premium 1 & 2 Progressives	Covered in Full	$60
Lenticular	Covered in Full	$80
Polycarbonate	Covered in Full	N/A
Basic Scratch Coating	Covered in Full	N/A
Photochromics	Covered in Full	N/A
Solid or Gradient Tints	Covered in Full	N/A
Standard A/R 1 & 2, Premium A/R 1 & 2, Ultra A/R	Covered in Full	N/A
Blue Protection	Covered in Full	N/A
Frame (Wholesale Allowance)	Up to $ 60	$40
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to $ 125[A]	$125
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full[B]	$250

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ Optical.

A 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.

B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

This plan is designed to cover your visual needs rather than cosmetic options.

Additional Charges

You may incur out-of-pocket charges when selecting any of the following:

- Polarized Lenses
- Hi-index Lenses
- Premium 3 & 4 Progressives
- The coating of the lens or lenses (except Basic Scratch Coating)
- A frame that costs more than the plan allowance
- Rimless Frames

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

Not Covered

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- An eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services of materials provided as result of any Worker's Compensation Law or similar legislation
- 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.

Additional Terms and Conditions

Frame allowance is based on wholesale pricing at non-retail locations. Frame allowance, contact lens pricing and policies vary by location. Contact your provider before requesting services.

Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). If purchased at the same time from a single provider, your plan will cover up to $125 towards the cost of contact fitting fees and contact lenses. Any provider contact lens charges that exceed this amount shall be the responsibility of the member. Members may be required to pay contact fitting fees out of pocket at some locations.

Benefits and participation may vary by location and where prohibited by state law.

A 15% discount off the provider's usual, customary and reasonable contact lens fitting fee may be available in some locations. Void where prohibited by law.

Benefits may only be used for medically necessary contact lenses when selected in lieu of all other materials.

Additional terms and conditions apply. Contact VBA at 412-881-4900 for more information.

Current Vision Plan Renewal Rate Quotation

School Cafeteria Employees Local 634
VBA #1867
Policy Period 8/1/2022-7/31/2024

	Renewal Rates
Composite	$6.34

Please sign to verify acceptance of above rates.

By _____ VBA 
(Signature) Matthew Cuomo, VP Sales / Sales Support

By _____
(Print or Type) Date 4/29/2022

Title _____

Date _____

Signed copy must be returned by 7/1/2022 to ensure continued coverage.

MEMBER VS NON-MEMBER SUMMARY REPORT

printed: April 29, 2022

Group: 1867 SCHOOL CAFETERIA EMPLOYEES LOCAL 634 01-AUG-20 TO 31-MAR-22

	PARTICIPATING		NON PARTICIPATING	
	COUNT	AMOUNT	COUNT	AMOUNT
Exam	657	$32,850.00	1	$25.00
Contacts	21	$2,377.49	0	
Medical Contacts	0	$.00	0	
Lens Dispensing	716	$20,764.00	0	$.00
Frame Dispensing	696	$14,616.00	0	
Lasik Surgery				$.00
Total Professional Fees		$70,607.49		$25.00
Copay Fees	0	$.00	0	$.00
Copay Materials	0	$.00	0	$.00
Copay Contacts	0		0	$.00
Single Vision	260	$19,939.50	0	$.00
Bifocal	456	$66,769.45	3	$160.00
Trifocal	0	$.00	0	$.00
Lenticular	0	$.00	0	$.00
Medical	0	$.00	0	$.00
Sunglasses	0	$.00	0	$.00
Photogray	0	$.00	0	$.00
Total Lens	716	$86,708.95	3	$160.00
Total Frame	696	$38,955.22	1	$40.00
Total Number of Claims	942	$196,271.66	4	$225.00

memnon.