



Participating Provider Agreement (Business Entity)

November 14, 2025



This Participating Provider Agreement (hereinafter, "Agreement"), by and between Vision Benefits of America, Inc., a non-profit optometric service plan and Vision Benefits of America II, Inc., its wholly owned subsidiary (hereinafter collectively referred to as "Company") and the undersigned provider of optometric products and services (the "Provider Business Entity"), is effective as of the Effective Date set forth below.

Witnesseth:

Whereas, Company is engaged in the business of entering into group insurance/administration contracts with employers, employee groups, unions, corporations, insurance carriers and other organizations through which routine, comprehensive vision examinations ("Exam"), spectacle lenses, frames, contact lenses and other vision related services and materials are provided through a network of participating optometrists, ophthalmologists and optical departments;

Whereas, the Provider Business Entity is engaged in the business of furnishing optical services and products through Employed and/or Independent Providers at Optical Retail Locations;

Whereas, the undersigned parties desire to enter into this Agreement whereby vision-related services and materials are made available by the Provider Business Entity to individuals who are eligible to receive benefits in accordance with a Company Plan.

Now Therefore, in consideration of the mutual covenants and promises set forth herein, the parties hereto agree as follows:

1. Definitions

In addition to other terms and words defined herein, the following capitalized words and terms shall have the following meanings:

- 1.1. **"Agreement"** has the meaning given it in the introductory paragraph above.
- 1.2. **"Approved Laboratories"** has the meaning given it in paragraph 2.4 of this Agreement.
- 1.3. **"Benefit"** or **"Covered Benefit"** means any coverage for vision-related services and materials made available to a Member through a Plan offered by the Company.
- 1.4. **"Claim"** means any invoice, bill or other request for payment by the Provider Business Entity to Company in connection with the rendering of Covered Services under the terms of this Agreement.
- 1.5. **"Coinsurance"** means that portion, if any, of the amount that is due and payable by a Member directly to the Provider Business Entity for Covered Materials and Services.
- 1.6. **"Company"** has the meaning given it in the introductory paragraph above.
- 1.7. **"Copayment"** means the amount payable to the Provider Business Entity by a Member for Covered Services or Materials in accordance with the terms and conditions of the Member's Plan.
- 1.8. **"Covered Services"** means any vision-related services or products to which a Member is entitled to receive from the Provider Business Entity and its Providers as a Plan Benefit from Company as identified by, and within the limits set forth in, the attached Plan Rate and Limit Schedule, and, if applicable, are furnished using Approved Laboratories
- 1.9. **"Effective Date"** has the meaning given it in paragraph 13.18 of this Agreement.
- 1.10. **"Employed Provider(s)"** means the optometrists and ophthalmologists directly employed by the Provider Business Entity, acting within the scope of their profession and for whom the Provider Business Entity has

provided accurate and complete Provider Applications requesting inclusion in the Company's Participating Provider Network, who have been approved by Company to Provide Covered Services to Members, and on whose behalf the Provider Business Entity has executed this Agreement with Company.

- 1.11. **"Exam"** means routine, comprehensive eye examination as defined in Section 3.2.2.
- 1.12. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, specifically including the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information (PHI) as amended by the Health Information and Technology for Economic and Clinical Health Act (HITECH), enacted as Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009, as each may be amended from time-to-time, and the regulations promulgated thereunder.
- 1.13. **"Independent Provider(s)"** means the optometrists and ophthalmologists who are not directly employed by the Provider Business Entity but who are authorized by the Provider Business Entity to render Optical Services to persons at an Optical Retail Location owned and operated by the Provider Business Entity, for whom Company has received accurate and complete Provider Applications requesting inclusion in the Company's Participating Provider Network, and who have been approved by Company to Provide Covered Services to Members.
- 1.14. **"Law"** means any applicable federal, state, or local law, rule or regulation.
- 1.15. **"Member"** or **"Covered Insured"** means a Plan participant, spouse of a Plan participant, or dependent of a Plan participant who is eligible to receive Covered Benefits.
- 1.16. **"Non-Covered Benefits"** means Optical Services and/or Optical Products not covered under the Member's Plan.
- 1.17. **"Optical Products"** means eyeglass frames, eyeglass lenses, lens upgrades, lens coatings, contact lenses and other add-ons.
- 1.18. **"Optical Retail Location"** means a physical place of business owned and/or operated by the Provider Business Entity where Optical Products and Optical Services are offered for sale.
- 1.19. **"Optical Services"** means services performed by a licensed optometrist or ophthalmologist including, but not limited to, routine eye examinations, refractions, dilations (if routine to exam) and fittings.
- 1.20. **"Participating Provider Network"** or **"Participating Providers"** means those Provider Business Entities and their Employed and/or Independent Providers that are covered under this Agreement, through which the Provider Business Entities and their Employed and/or Independent Providers are compensated pursuant to the agreed upon Plan Rate and Limit Schedule, for the purpose of delivering Covered Services to Company's Covered Insureds.
- 1.21. **"Payor"** means the person with the financial responsibility for payment of Covered Services.
- 1.22. **"Plan"** means the optometric insurance (or third party administrative) coverage provided by Company for the delivery of Covered Services to Members, which creates benefit payment differential incentives for Members to treat with Participating Providers.
- 1.23. **"Plan Rate and Limit Schedule"** means the document attached to this Agreement as ***Schedule A***, incorporated herein by reference, as may be amended from time to time in accordance with terms of this Agreement.
- 1.24. **"Plan Sponsor"** means an employer or other entity to which Company issues a group vision insurance policy or for which Company administers vision benefits.
- 1.25. **"Provider(s)"** means both Independent Provider(s) and Employed Provider(s), unless otherwise specified.

- 1.26. **“Provider Application”** means the document, inclusive of the information and procedures required thereunder, that Providers must complete and submit to Company to request inclusion in the Company’s Participating Provider Network.
- 1.27. **“Provider Portal”** means the electronic system put in place by Company to assist Providers in the verification of Member eligibility, determination of coverages, obtaining prior approval, Reimbursement requests, and the submission of Claims for Covered Services. Company’s Provider Portal also contains certain listings for Providers, including the list of Approved Laboratories.
- 1.28. **“Reimbursement”** means the amount payable by Company to compensate either the Member or the Provider Business Entity in accordance with the Plan Rate and Limit Schedule.
- 1.29. **“Usual and Customary Fee”** (“Usual & Customary Fee” or “U&C Fee”) means the usual and customary retail price that the Provider Business Entity and its affiliated Providers charge to uninsured persons purchasing identical Optical Products and Optical Services.

2. Network Participation

- 2.1. **Network Participation.** As of the Effective Date of this Agreement, the Provider Business Entity hereby agrees to make Optical Products and Optical Services available to Members of the Company’s Plans through Employed Providers, if any, and all of its Optical Retail Locations in accordance with the terms and conditions set forth herein.
 - 2.1.1. The undersigned parties to this Agreement (“the Parties”) acknowledge and agree that prior to any Optical Retail Location being added to Company’s Participating Provider Network, each such location shall have at least one (1) Employed Provider or Independent Provider on premises (whether in-person or via telemedicine in accordance with applicable state law).
 - 2.1.2. The Parties acknowledge and agree that as a condition of continued membership in the Company’s Participating Provider Network, all Providers, including Employed Providers, shall be required to update and keep current their Council for Affordable Quality Healthcare (CAQH) or similar state profiles, on no less than a quarterly basis, if applicable. For purposes of this Agreement, CAQH refers to the provider credentialing database that contains national operating rules and multi-state health care provider licensure information to streamline provider data collection, maintenance and distribution; and to increase the accuracy of health plan provider directories.
 - 2.1.3. The Parties acknowledge that certain Optical Services may be offered at the Provider Business Entity’s Optical Retail Locations by Independent Providers who are not employed thereby, and the Provider Business Entity may have no control, liability or responsibility over whether such Independent Providers ultimately enter into their own participating provider agreements with Company.
 - 2.1.4. Company understands that it is solely responsible for contracting with such Independent Providers for the provision of Optical Services to its Members at the Provider Business Entity’s Optical Retail Locations.
 - 2.1.5. The Provider Business Entity acknowledges and agrees that no person other than an Employed Provider or Independent Provider, as those terms are defined above, shall be permitted to render any Optical Services to a Company Member at any of its Optical Retail Locations.

2.2. **Provider Information.** Within ten (10) business days of the Effective Date of this Agreement, the Provider Business Entity will provide Company with current lists of all Independent Providers and Employed Providers who render services through the Provider Business Entity's Optical Retail Location.

2.2.1. Such lists shall distinguish between Employed Providers and Independent Providers and include:

- Provider's Name
- Provider's Degree
- Provider's Date of Birth
- Provider's CAQH ID
- Provider's National Provider Identifier (NPI 1)
- Provider's Email Address
- Provider's Billing Address (if different from the Optical location) (Independent Providers only)
- The Optical Retail Location(s) where the Provider renders services

2.2.2. The Provider Business Entity will inform Company of any additions, deletions or modifications to the above lists within 60 days of their occurrence, or upon request of the Company.

2.3. **Optical Retail Location Information.** Within ten (10) business days of the Effective Date of this Agreement, the Provider Business Entity will provide Company with a complete listing of all the Provider Business Entity's Optical Retail Locations and W-9 for each payee.

2.3.1. Such listing shall include:

- Optical Retail Location's Payee Name (as on W-9)
- Optical Retail Location's Tax ID
- Optical Retail Location's Doing Business as Name/Store Number
- Optical Retail Location's Physical Address, including County
- Optical Retail Location's Phone Number
- Optical Retail Location's Fax Number
- Optical Retail Location's Email Address
- Optical Retail Location's Associated Providers
- Optical Retail Location's Billing Address, if different from the physical location address
- Optical Retail Location's Billing Contact, including Name, Phone Number and Email
- Optical Retail Location's Credentialing Contact, including Name, Phone Number and Email

2.3.2. The Provider Business Entity will inform Company of any additions, deletions or modifications to the above lists within sixty (60) days of their occurrence, or upon request of the Company.

2.4. **Approved Laboratories.** Unless otherwise prohibited by law, all ophthalmic and optometric materials (except frames and contact lenses) furnished by the Provider as part of Covered Services will be obtained exclusively from laboratories included in the list of laboratories approved by Company.

- 2.4.1 The list of approved laboratories shall be provided on the Company's Provider Portal and can be made available upon request from Company's Provider Relations Department. The Parties acknowledge that the Company has no ownership interest in any laboratories appearing on the list and therefore reserves the exclusive right to add and/or delete any laboratories from said list of Approved Laboratories, without prior notice to the Provider Business Entity.
- 2.4.2 The Provider will be responsible for any shipping and handling charges related to correspondence with approved laboratories.

2.5. Nothing in the preceding paragraph 2.4 shall be construed to restrict or limit, directly or indirectly, the Provider's or Member's choice of sources and suppliers of services, materials, or optical laboratories, as these terms are defined by applicable law. This paragraph shall not be construed to restrict Company's ability to determine specific amounts of coverage or reimbursement for the use of network or out-of-network laboratories.

2.6. A Provider recommending, referring, prescribing or ordering any vision care from an out-of-network laboratory for a Member shall notify the Member in writing of the following: that the laboratory is out-of-network; that the Member has the option of selecting an in-network laboratory and the cost of the vision care materials from the out-of-network laboratory.

2.6.1. The Provider shall also disclose in writing to the Member any business interest the Provider has in a recommended out-of-network laboratory.

3. Non-Discrimination, Thorough Services and Non-Interference

- 3.1 **Non-Discrimination.** The Provider Business Entity will not discriminate against or among Members based upon race, color, national origin, gender, age, religion, marital status, health status, insurance status or any other basis in accordance with applicable law and will provide each Member the same level of courtesy, service and pricing that the Provider Business Entity would provide to any uninsured patient.
- 3.2 **Thorough Services.** When seeing a Member, the Provider Business Entity will provide, as appropriate and in accordance herewith, the Provider Business Entity's full range of services and products that it offers to any uninsured patient, including an Exam, prescription ordering and dispensing, and the performance of any and all procedures and tests prescribed by the Plan, as well as any other tests, that, in the professional judgment of the Provider Business Entity's Providers, might be indicated.
 - 3.2.1 **Covered Services.** The Provider will provide Covered Services to Covered Insureds in accordance with this Agreement.
 - 3.2.2 **Routine, Comprehensive Eye Examination Contents.** When providing an Exam as part of Covered Services to a Covered Insured, the Provider must perform all the tests and services set forth in the attached Plan Rate and Limit Schedule, as may be amended in accordance with this Agreement.
 - 3.2.3 **Office Capabilities.** The Provider's office shall have on the premises all instrumentation necessary for an Exam during office hours. A reasonable inventory of ophthalmic products shall be maintained so as to provide a selection to Covered Insureds for Optical Products included in Covered Services. The term "office" shall have the same meaning as "Optical Retail Location" for purposes of this sub-paragraph and as the term may be used elsewhere in this Agreement.
- 3.3 **Non-interference.** Company will not interfere with the Provider's doing any of the following when treating Covered Insureds: (a) discussing the method that Company uses for payment denial; (b) advocating for medically necessary or appropriate care with or on behalf of a Covered Insured; (c) discussing Company's decision to deny payment for the Provider's services; (d) filing a grievance with Company on behalf and with written consent of a Covered

Insured or helping a Covered Insured file a grievance with Company or (e) protesting a Company decision, policy or practice that the Provider reasonably believes interferes with the Provider's ability to provide appropriate care to a Covered Insured.

3.4 Nothing in this Agreement obligates any Provider to provide any of the services if Provider, in their sole and absolute discretion, deems provision of the services contrary to their professional judgment.

4. Prior Approval, Reimbursement Request and Claim Submission

4.1 **Eligibility.** Prior to rendering services to any person claiming to be a Member of a Plan offered by the Company, the Provider Business Entity and/or its Providers shall first verify eligibility through utilization of the Company's Provider Portal or by contacting the Company's Provider Relations Department in the event the Provider Portal is temporarily inaccessible or unavailable. (Access information for Company's Provider Portal can be found in the attached *Schedule A*)

4.2 **Prior Approval.** No Claim will be valid or reimbursable unless prior approval for the Claim is first obtained by the Provider Business Entity and/or its Providers. To obtain prior approval for a Claim, the Provider Business Entity and/or its Providers must submit an approval request through Company's Provider Portal. To the extent the prior approval request includes Covered Services for an eligible Member and is within the limits set forth in the Plan Rate and Limit Schedule, the Claim will be immediately approved, except for Medically Necessary Contact Lenses (see Plan Rate & Limit Schedule). A claim for which prior approval is obtained as set forth in this paragraph 4.2 is an approved claim ("Approved Claim").

4.2.1 Upon prior approval of a Claim, Company's Provider Portal shall indicate all appropriate financial responsibilities of the Member and the Company in accordance with the attached Plan Rate and Limit Schedule, including, but not limited to any and all Copayments, Coinsurance, and Company Reimbursements.

4.2.2 Absent fraud or intentional misrepresentation in the submission of a Claim or request for Reimbursement, neither the Provider Business Entity nor any of its Providers shall be liable to any Member or the Company for the Provider Business Entity's reliance upon any prior approval issued in error by the Company's Provider Portal.

4.2.3 The Provider Business Entity may appeal the inability to obtain prior approval of a Claim by contacting Company's Provider Relations Department in writing, setting forth all details relevant to the appeal within sixty (60) days of the date of the initial submission for prior authorization of the subject claim, unless applicable law provides for a longer period of time. Written appeals should be sent to Company either by fax to (412) 885-5646, or by mail to: Vision Benefits of America, Inc, Attn: Appeal/Grievance Coordinator, 400 Lydia Street, Suite 300, Carnegie, PA 15106. Company will respond in writing within thirty (30) days of receipt of a written appeal informing the Provider of Company's decision on the disputed claim authorization and setting forth its reasons for such decision, unless applicable law provides for a shorter period of time.

4.3 **Reimbursement Request and Claim Submission.** All requests for approval of Claims and requests for Reimbursements hereunder must be submitted through Company's Provider Portal. Centers for Medicare & Medicaid Services/Health Care Finance Administration (CMS/HCFA) or any other forms will not be honored for claim payment.

4.3.1 The Provider Business Entity must submit requests for properly approved Claim Reimbursements through the Provider Portal within sixty (60) days of the date that Covered Services relating to the Claim were initially rendered by the Provider Business Entity and/or its Providers. Claims should be submitted after Covered Services are rendered.

4.3.2 The Provider Business Entity will have no right to receive any Reimbursement from Company for Claim Reimbursement requests that are not timely submitted in accordance with this Agreement.

4.3.3 The Provider Business Entity represents and warrants that it will not engage in any unlawful, untruthful, fraudulent, or misleading claim submission.

4.4 **Reimbursement for Claims.** Reimbursement for Approved Claims shall be paid by Company to the Provider Business Entity within thirty (30) days of the end of the calendar month during which the Claim is submitted to Company, provided that the Claim was properly approved and timely submitted in accordance with the terms of this Agreement. Company will notify the Provider Business Entity if a claim reimbursement request was denied in whole or in part and will specify the reasons for such denial. All Reimbursements to the Provider Business Entity for Approved Claims shall be net of any payments received by the Provider Business Entity from a Member for Covered Services. Reimbursement for Approved Claims will be paid to Provider Business Entity after the subject Covered Services are rendered.

4.5 **Appeals of Company Decisions.** The Provider Business Entity, acting on a Covered Insured's behalf, and with such Covered Insured's consent, may appeal a decision by Company to deny, reduce, terminate Covered Services or the payment of Benefits covered under the Plan by submitting a written appeal to Company. Such written appeal must set forth a description of the appeal and the basis for the disagreement with Company's decision. Company will issue its final determination on such appeal and make any appropriate Reimbursement adjustments within thirty (30) days of receipt of the written appeal.

4.5.1 Anything in paragraph 4.5 to the contrary notwithstanding, the Provider Business Entity has the right to appeal a Medical Necessity Review through an independent review process and may have further appeal rights under applicable law.

5. Collection from Member and Provider Fees

5.1 **Collection.** The Provider Business Entity and/or its Providers shall collect from Member only the applicable amounts, including but not limited to Coinsurance, Copayments and any other overages, fees or charges, indicated by Company's Provider Portal in accordance with the Plan Rate and Limit Schedule, unless otherwise prohibited by law.

5.2 **Usual and Customary Fees.** The Provider Business Entity agrees to provide Company with a listing of its Usual & Customary Fees charged to uninsured patients upon request, and further, grants Company the authority to inspect the Provider Business Entity's records with respect to fees charged to uninsured patients to verify information contained in the Provider Business Entity's fee listing submitted hereunder. Further, the Provider Business Entity agrees to notify Company, in writing, within ten (10) days of any changes in the Provider Business Entity's Usual & Customary Fees. Retroactive payments will not be made should the Provider Business Entity fail to notify Company of fee changes that would have increased Reimbursements owing to the Provider Business Entity hereunder had the Provider Business Entity notified Company of such changes in a timely manner.

5.2.1 The Provider Business Entity and/or its Providers shall not charge Company fees for rendering Covered Services to Covered Insureds that are different from fees the Provider charges for rendering the same services to uninsured patients (the "Provider's Usual and Customary Fees"). In the event that the Provider's standard rates exceed any of the maximum rates for Covered Services as set forth in the Plan Rate and Limit Schedule, and unless otherwise prohibited by law, the Provider agrees to accept the maximum rate set forth on the Plan Rate and Limit Schedule as full reimbursement for providing the Covered Services. If the Provider provides services or products to a Covered Insured that are not Covered Services or that are more expensive than the Reimbursement limits set forth in the Plan Rate and Limit Schedule for such Covered Services, the Provider will not charge the Covered Insured more for such services or products than the Provider's standard rates.

5.2.2 In the event the Provider Business Entity's U&C Fee is less than the Copayment, Coinsurance or other amounts payable by the Member as indicated by the Provider Portal, the Provider Business Entity and its Providers shall collect from Member an amount not to exceed the lesser U&C Fee instead.

5.3 **No Recourse Against Covered Individuals.** The Provider Business Entity agrees that in no event, including but not limited to nonpayment by Company or its intermediary, payment by Company or its intermediary that is other than what the Provider Business Entity and/or its Providers believed to be in accordance with this Agreement or is otherwise inadequate; insolvency of Company or its intermediary; or breach of this Agreement by Company, shall the Provider Business Entity and/or its Providers bill, charge or collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Member or a person (other than Company or its intermediary) acting on behalf of the Member for any Benefits or Covered Services provided to the Member pursuant to this Agreement, other than those amounts set forth in Section 5.1 above.

5.3.1 This provision shall survive the termination of this Agreement regardless of the cause giving rise to such termination and shall be construed to be for the benefit of the Members.

5.3.2 This Agreement does not prohibit the Provider Business Entity from collecting Coinsurance, Copayments or other fees or charges, as specifically provided in the Plan Rate & Limit Schedule. If a Member fails or refuses to pay any applicable Coinsurance, Copayments or other fees or charges indicated by the Company's Provider Portal at the time of service, neither the Provider Business Entity nor its Providers shall be obligated to provide Optical Services or Optical Products to the Member at that time and may discontinue providing Covered Services, or any other services, to such Member.

5.3.3 This Agreement shall not prohibit the Provider Business Entity, its Providers (except for a health care professional who is employed full-time on the staff of a health carrier and has agreed to provide services exclusively to that health carrier's covered persons and no others) and a Member from agreeing to continue services solely at the expense of the Member, as long the Provider Business Entity and/or its Providers, before providing any non-covered Optical Services or Optical Products, have expressly informed the Member that the Company may not cover or continue to cover a specific Optical Services or Optical Products.

6. Record Retention and Access

6.1. **Record Retention.** The Provider Business Entity and its Employed Providers shall maintain Member records for all Optical Products and Optical Services rendered to Covered Insureds under this Agreement for seven (7) years, or as otherwise required by applicable law. The parties hereto acknowledge that the Provider Business Entity may have limited or no access to Member records created and held by its Independent Providers. However, to the extent that the Provider Business Entity does have such access, or receives copies of such records, it shall further maintain those records pertaining to Optical Products and Optical Services provided to Members under this Agreement for the minimum time periods required by law.

6.2. **Member Access and Use of Records.** The Provider Business Entity shall provide Members with access to their records and information in accordance with applicable federal, state and local laws, including, but not limited to, HIPAA and the regulations promulgated thereunder. The Provider Business Entity's obligation to provide Members with access to their records in accordance with applicable law shall survive expiration or termination of this Agreement. Nothing contained herein shall be deemed to limit, restrict, modify or expand either parties' obligations under HIPAA or any other applicable laws or regulations.

6.3. **Company Access to Records.** Upon reasonable request of the Company, the Provider Business Entity shall provide Company with copies of documents related to the provision of Optical Services and Optical Products to its Members for the Company's quality assurance review, utilization review, audits and other lawful purposes. The Provider Business Entity shall provide electronic copies of such reasonably requested records to the Company at no charge. In the event paper copies of said records are requested, the Provider Business Entity may require advanced payment of any and all charges reasonably estimated to be incurred for the reproduction and mailing/delivery thereof.

7. Participating Provider and Laboratory Directories

7.1. **Compliance with Laws.** Directory listings and updates to the same shall be consistent with generally accepted practice standards and applicable federal, state and local laws. The Provider Business Entity releases and holds harmless Company, its agents, officers, directors, and trustees from and against any and all liability arising in connection with errors or omissions on such lists.

7.1.1. **Listing of Providers and Optical Retail Locations.** Company may include the Provider's name on a directory list of providers of Covered Services under the Plan and may publish such lists as Company deems to be in the best interests of its insurance business.

7.1.1.1. Company shall use reasonable efforts to list all of the Provider Business Entity's Optical Retail Locations, Employed Providers, if any, and Independent Providers, if any, who have applied and been accepted to participate in Company's Participating Provider Network and who will offer Optical Services and Optical Products to Members in accordance with the terms and conditions of this Agreement.

7.1.1.2. Directory information may be obtained from the Employed Provider and/or the Independent Provider's CAQH Application or other state-required application. Directory information may also be obtained from the Company Provider Application.

7.1.2. **Approved Laboratories.** Company may periodically amend the list of Approved Laboratories and will publish and maintain a current list on Company's Provider Portal. Unless Company is obligated by this Agreement, or by law, to provide notice to the Provider of changes to the Approved Laboratories, changes to the list will be effective when published on the Provider Portal without further notice to the Provider. The provisions set forth in paragraphs 2.4 through 2.6 of this Agreement are applied to, and fully incorporated within, this paragraph.

8. Amendment of Plan Rate and Limit Schedule

8.1. **Amendment.** Company may periodically amend the Plan Rate and Limit Schedule in accordance with this Agreement and shall at all times publish and maintain a current Plan Rate and Limit Schedule on its website (www.vbaplans.com). Unless otherwise obligated by this Agreement, or by law, to provide notice to the Provider Business Entity of changes to the Plan Rate and Limit Schedule, changes to the schedule will be effective when published on Company's website without further notice to the Provider Business Entity.

8.2. **Material Changes.** In the event Company intends to make any material changes to the Plan Rate and Limit Schedule, Company shall provide ninety (90) days prior written notice to the Provider Business Entity. In such instance, Provider Business Entity shall have the right to either (a) accept the change in writing or (b) provide written notice to Company of its objection to the same. Upon notification of objection, and prior to the institution of any contemplated material changes, the Company may (a) retract its proposed material changes to the Plan Rate and Limit Schedule in order to allow this Agreement to remain in full force and effect, or (b) terminate this Agreement without prejudice.

9. Intellectual Property Rights; Confidentiality

9.1. **Confidentiality.** Company acknowledges the validity of Provider Business Entity's service marks, trademarks, copyrights and other proprietary marks and that the same are the sole property of the Provider Business Entity. Company shall not in any way infringe upon or harm the rights of the Provider Business Entity in its proprietary marks. The Provider Business Entity acknowledges the validity of the Company's service marks, trademarks, copyrights and other proprietary marks and that the same are the sole property of the Company. Provider Business Entity shall not in any way infringe upon or harm the rights of Company in its proprietary marks.

9.1.1. Company shall protect the integrity of Provider Business Entity's service marks, trademarks, copyrights and other proprietary marks to the extent they are used by Company. Company shall not, without the prior written approval of Provider Business Entity, use any of the Provider Business Entity's proprietary marks or name in connection with its duties and services under this Agreement.

9.1.2. The Provider Business Entity shall protect the integrity of Company's service marks, trademarks, copyrights and other proprietary marks to the extent they are used by the Provider Business Entity. Provider Business Entity shall not, without the prior written approval of Company, use any of Company's proprietary marks or name in connection with its duties and services under this Agreement.

9.1.3. The parties agree to abide by all applicable federal and state statutes, rules and regulations concerning the confidentiality of all information (in whatever form) exchanged between the parties pursuant to this Agreement. The respective forms, methods, system procedures, business systems, data format, data gathering and retrieval system and methods of use thereof of each party are proprietary and confidential to each party to this Agreement. The parties agree that they shall maintain these as proprietary and confidential and shall not disclose any such information to third parties, unless required to do so by any law or validly issued and enforceable subpoena. The parties shall not disseminate or distribute the other's material in any manner to affect adversely the proprietary nature of the material. Neither party shall in any way attempt to market or use the data, documents, reports, systems, specifications, manuals, data information or material or any kind of the other party directly or indirectly except in the performance of this Agreement. Both parties agree that either party shall be entitled to seek temporary and permanent injunctive relief against the other, in addition to all other remedies which either party shall be otherwise entitled to, and this subsection shall in no way limit such other remedies of the parties.

9.1.4. Company's forms, methods, systems, procedures, data format, data gathering and retrieval system and methods, all Company data computer software, computer hardware, program name, design and manuals, and all data, reports and printed material furnished or developed by Company (hereinafter called "Company's data, systems and proprietary rights") whether or not designated as "Confidential" or "Proprietary" or "Not for Public Disclosure" or which shall be copyrighted, registered or otherwise protected, are confidential and/or proprietary information owned by and proprietary to Company and any use, furnishing, disclosure, dissemination, publication, or revealing in any way by Provider Business Entity of the Company's data, systems and proprietary rights furnished by Company or its employees, directors, agents and officers to any person, organization, firm, or government agency contrary to law or to the provisions of this Agreement or a subpoena deemed in good faith by Provider Business Entity to be validly issued and enforceable, shall obligate Provider Business Entity to indemnify, defend, and hold harmless Company from any damages, litigation, liability or claimed liability, claims, and any expenses, including reasonable attorney's fees and incidental expenses resulting from any such improper use, furnishing, disclosure or revealing of the Company's data, systems and proprietary rights occurring during the term of this Agreement or thereafter, except to the extent any such loss or damage was caused or contributed to by Company. To the extent that Provider Business Entity furnishes Company with any Provider Business Entity data, systems and proprietary rights, Company agrees that all of the

above and foregoing obligations in this paragraph shall be reciprocal and mutual upon Company as relates to such Provider Business Entity data, systems and proprietary rights.

- 9.2. **Intellectual Property.** Each party retains all intellectual property rights, including all patent, copyright, service mark, trade name and trademark rights, in the written materials, products, videotapes, software and services it provides under this Agreement, as well as in all other materials provided to the other party which are not expressly waived, in writing, under the law of the United States, any state of the United States, or of any foreign country. No license, expressed or implied, is granted by either party under this Agreement.
- 9.3. **Communication with Members.** Nothing in this Section shall prohibit either party from discussing relevant reimbursement or payment issues with a Member.
- 9.4. **Survival.** This Section 9 shall survive the expiration or termination of this Agreement.

10. Indemnity & Insurance

- 10.1. **Indemnification.** Each party shall indemnify, defend, and hold harmless the other party from and against all third-party claims for any damage, to the extent that such third-party claims relate to, arise from, or are in connection with (i) personal injury (including death), property damage or any other damage caused or alleged to be caused by the negligence, willful misconduct, bad faith or fraud of Indemnitor, (ii) any breach of this Agreement (iii) any infringement or alleged infringement of any patent, design, trade name, copyright, trademark, trade secret or other intellectual property right relating to the services and obligations provided pursuant to this Agreement. "Damage" means, individually and collectively, damage (of every kind and nature), loss, cost, fee and expense arising from or relating to a claim, cause of action, obligation, liability, judgment, lien or debt.
 - 10.1.1. Each party shall provide written tender of defense to the other party within thirty (30) days of being served as a party in an action (or such earlier time as shall permit Indemnitor to timely respond).
 - 10.1.2. So long as the indemnified action, suit, or proceeding only involves money damages and does not seek an injunction or other equitable relief, the indemnified party ("Indemnitee") shall allow the indemnifying party ("Indemnitor"), and/or Indemnitor's insurer, to assume direction and control of the defense of the indemnified action, suit, or proceeding, if Indemnitor, and/or Indemnitor's insurer elects to do so, including the right to select or approve defense counsel reasonably acceptable to Indemnitee provided that (a) such defense is conducted actively and diligently, (b) Indemnitor keeps Indemnitee fully informed on a current basis and (c) further provided that no conflict of interest exists between parties in the reasonable opinion of the parties. Indemnitee shall cooperate fully with the Indemnitor and/or Indemnitor's insurer in defending the indemnified action, suit, or proceeding. Any settlement or compromise shall be conditioned upon procuring a full release of Indemnitee and confidentiality of any such settlement or compromise and shall not impose any financial or operational obligations on Indemnitee nor make an admission or acknowledgement on Indemnitee's behalf without Indemnitee's prior written approval.
 - 10.1.3. For indemnified actions, suits, or proceedings seeking an injunction or other equitable relief, Indemnitor has the right to maintain control of all negotiations for settlement; provided that Indemnitor may not settle any indemnified matter without Indemnitee's prior, written consent, which shall be at the sole discretion of Indemnitee.

10.2 **Applicability.** Indemnitee's failure to tender notice of defense or to provide Indemnitor with notice of the action, suit, or proceeding does not relieve Indemnitor of its obligations under Section 10.1 except to the extent that the omission results in Indemnitor suffering actual Damages or being otherwise prejudiced as a result of Indemnitee's failure of or untimely notice.

10.3 **Insurance.** Each party shall maintain general and professional liability insurance coverage in such forms and amounts as are reasonable in the industry for a similarly sized Company engaged in the same or similar business, which may be provided in whole or in part by self-insurance, and shall provide proof of such insurance to the other party upon request.

- 10.3.1 Additionally, the Provider Business Entity shall maintain for its Providers and contractually require each Independent Provider participating in a Company Plan to carry professional liability insurance and general liability insurance each policy in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate, provided that such minimum amounts required shall automatically increase to equal amounts required by the Law of the state in which Participating Provider provides Covered Services hereunder. This paragraph does not prohibit insurance amounts that are below the aforesaid minimums, so long as the lower amounts are permissible within, and in accordance with, the laws and regulations of the state in which Participating Provider renders Covered Services pursuant to this Agreement.
- 10.3.2 The Provider Business Entity shall furnish to Company a current certificate of insurance evidencing coverage of the Provider Business Entity's Providers for professional liability insurance in the amounts stated in paragraph 10.2.1, or otherwise so required, and shall keep such certificate current throughout the existence of this Agreement.

11. Termination

11.2 **Term.** The Agreement will be effective for thirty-six (36) months from the Effective Date and shall automatically renew for subsequent terms of thirty-six (36) months, unless terminated earlier in accordance with this Agreement.

11.3 **Termination.** Notwithstanding anything to the contrary contained herein, this Agreement may be terminated as follows:

- 11.3.1 By Provider Business Entity submitting written notice to Company of its desire to not renew at least sixty (60) days prior to a renewal date;
- 11.3.2 By either party, without cause, by providing ninety (90) days' advanced written notice to the other party of the date on which termination is to be effective;
- 11.3.3 By either party, in the event of a breach by the other party, which has not been cured after thirty (30) days written notice to the breaching party, immediately -- provided that the breaching party fails to cure such breach within no more than thirty (30) days following its receipt of a written notice of such breach; and
- 11.3.4 Immediately, by either party in the event a bankruptcy, insolvency, re-organization, receivership, or similar proceeding commences by or against the non-terminating party.
- 11.3.5 Immediately, by Company based on the following occurrences constituting grounds for "termination for cause":
 - 11.3.5.1 A determination of fraud or criminal activity on the part of the Provider Business Entity.

- 11.3.5.2 Company's opinion that any of Business Entity's Providers present an imminent danger to Covered Insureds or to the public health, safety, and welfare.
- 11.3.5.3 Additional "for cause" reasons for Provider termination may be assessed under applicable laws.
- 11.3.5.4 For purposes of this subparagraph, any action on the part of Employed and/or Independent Providers that creates a "for cause" basis for termination under applicable law, will be deemed to be an action and resulting "for cause" grounds for termination of the Provider Business Entity.

11.4 **Financial Responsibilities Upon Termination.** Company shall account for all monies due Company or the Provider Business Entity and/or its Providers (if any) under this Agreement within forty-five (45) days following the date on which this Agreement terminates. In the event the Company owes any monies to the Provider Business Entity and/or its Employed Providers, payment shall be made no more than thirty (30) days after completion of Company's accounting. In the event the Provider Business Entity and/or its Employed Providers are determined to owe any monies to Company, payment shall be made to Company no more than thirty (30) days after the Provider Business Entity's receipt of Company's accounting.

11.5 **Effect of Termination on Related Agreements.** In the event of Termination of this Agreement for any of the reasons set forth above, the Provider Business Entity acknowledges and agrees that the Company shall immediately terminate the agreements of any independent provider, who render services at the Provider Business Entity's location(s) affected by the aforesaid termination.

11.6 **Termination Process.** In the event a decision to terminate is made by the Insurance Company, Provider shall be entitled to all due process rights afforded in accordance with National Committee for Quality Assurance (NCQA) standards and applicable law, prior to the effective date of termination.

11.7 **Continuation of Obligations.** No termination of this Agreement will terminate obligations of either party to this Agreement accruing prior to such termination. The Provider Business Entity will continue to provide Covered Services in accordance with this Agreement to Covered Insureds who are patients of the Provider Business Entity immediately prior to the date of termination for thirty (30) days following the date of termination, or as required by state law, except that the Provider Business Entity will continue to provide Covered Services in accordance with this Agreement for four (4) months following the date of termination where it is medically necessary for a Covered Insured to continue treatment with the Provider Business Entity.

- 11.7.1 Nothing in the preceding paragraph shall require Company to provide health care services that are not otherwise covered under the terms and conditions of this Agreement.

11.8 **Notice to Covered Insureds.** Company shall notify Members upon becoming aware of the Provider termination, if the termination was for other than failure to meet applicable quality standards of care or fraud and the Member is undergoing a course of treatment with the Provider. Company shall inform Members of other available Participating Providers so that continuation of care is not interrupted.

- 11.8.1 When a Provider voluntarily terminates the Agreement, the Provider shall furnish reasonable notice of such termination to Provider Business Entity's patients that are Members.

12. Dispute Resolution

12.1. Dispute Resolution. The parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by negotiation between executives who have authority to settle the controversy. Either party may give the other party written notice ("Initial Notice") of any dispute not resolved in the normal course of business. Within fifteen (15) days after delivery of the Initial Notice, the receiving party shall submit to the other party a written response. The Initial Notice and response shall include: (a) a statement of that party's position and a summary of facts and arguments supporting that position, and (b) the name and title of the executive who will represent that party and of any other person who will accompany the executive. Within thirty (30) days after delivery of the initial notice, the executives of both parties shall meet at a mutually acceptable time and place, and thereafter as often as they reasonably deem necessary, to attempt to resolve the dispute. All reasonable requests for information pertinent to the dispute made by one party to the other party shall be honored.

12.1.1. All negotiations pursuant to this Section are confidential and shall be treated as compromise and settlement negotiations for purposes of applicable rules of evidence.

12.1.2. In the event that any dispute arising out of or relating to this Agreement, including the breach, termination, or validity thereof, has not been resolved by negotiation as provided herein within thirty (30) days after initiation of the negotiations, either party may make a written demand upon the other party to submit the dispute to binding arbitration. If the other party does not agree to such arbitration, the dispute shall not be submitted to arbitration and both parties shall have available to them all rights and remedies under this Agreement and applicable laws, including the right to litigate the dispute in a court of competent jurisdiction.

12.1.3. If, however, the other party agrees to such arbitration, the dispute shall be finally resolved by arbitration in accordance with the International Institute for Conflict Prevention and Resolution Rules for Non-Administered Arbitration ("CPR Rules") then currently in effect, by one (1) independent and impartial arbitrator who has experience with participating provider agreements, in accordance with Rule 5 of the CPR Rules; provided, however, that if one party fails to participate in the negotiation as agreed herein, the other party can commence arbitration prior to the expiration of the time periods set forth above.

12.1.4. The arbitration shall be governed by the Federal Arbitration Act, 9 U.S.C. §§ 1-16, as amended, and federal administrative rules issued thereunder, and judgment upon the award rendered by the arbitrator(s) may be entered by any court having jurisdiction thereof. The place of arbitration shall be in Allegheny County, Pennsylvania.

12.1.5. The arbitrator shall issue a written decision within sixty (60) days from the close of the arbitration hearing and the decision shall be final and binding on both parties. The arbitrator may, at his or her discretion, award costs and expenses as the arbitrator deems appropriate, including, but not limited to, reasonable attorneys' fees and interest. Judgment may be entered upon the final decision of the arbitrator in any court of competent jurisdiction.

12.1.6. The parties agree that the jurisdiction of the arbitrator to make or render any decision or award shall be governed by the limit of liability expressly set forth in the CPR Rules. The parties also agree that the arbitrator shall have no jurisdiction to make any decision or render any award contrary to or inconsistent with the terms, conditions, and provisions of this Agreement, and nothing contained herein shall be deemed to give the arbitrator the authority, power, or right to amend this Agreement; nor does the arbitrator have the jurisdiction to authorize any punitive, exemplary or consequential damage awards between the parties.

12.1.7. In the absence of a decision to the contrary by the arbitrator, each party shall jointly and equally bear with the other party the expense of the arbitrator and of the arbitration.

12.1.8. If the parties agree to use binding arbitration under this Section, the procedures specified in this Section shall be the sole and exclusive procedure for the resolution of that dispute between the parties arising out of or relating to this Agreement; provided, however, that a party may file a complaint to seek a preliminary injunction, specific performance, or other equitable or provisional judicial relief, if in its sole judgment such action is necessary. Despite such action, the parties shall be obligated to continue to participate in good faith in the negotiation and arbitration procedures specified herein.

12.1.9. Each party is required to continue to perform its obligations under this Agreement pending final resolution under this Article of any dispute arising out of or relating to this Agreement, unless to do so would be impossible for that party to continue to perform or highly impracticable for that party to continue to perform under the circumstances.

12.1.10. The requirements of this Article shall not be deemed a waiver of any right of termination under this Agreement.

12.2. **Member Grievances.** The Provider Business Entity and its Providers shall use reasonable efforts to cooperate with Company in the investigation of any complaint regarding Covered Services provided pursuant to the terms of this Agreement. Company shall not be responsible for any costs associated with Optical Services and Optical Products if the grievance is determined to be the result of the Provider Business Entity and/or its Providers' improper provision of services or if Optical Products are defective or damaged by no fault of the Member.

13. Miscellaneous

13.1. **Entire Contract.** This Agreement, including the exhibit(s) attached hereto, constitutes the entire agreement between the parties on the subject matter hereof and supersedes all prior negotiations, discussions, representations, inducements, promises, agreements or understandings, oral or written, between the parties with respect to the subject matter hereof and thereof.

13.2. **Amendments.** Company may amend this Agreement at in its sole discretion from time-to-time without providing notice of such amendments to the Provider, provided, however, that Company may make no unilateral changes to the administration of the Agreement that materially impact terms that were the subject of negotiations between the Provider and Company and, provided further, that changes or amendments to the Agreement that are adverse to the Provider will be effective upon ninety (90) days prior written notice to the Provider of such change or amendment, during which notice period the Provider may terminate the Agreement if it chooses to not accept the change or amendment.

13.2.1. To the extent the provisions of Sections 8 and/or 13.2., above, are in conflict with the laws of any jurisdiction, the same shall be deemed modified as set forth the state-specific addendum attached to this Agreement, if any.

13.3. **Cooperation.** The parties agree to cooperate fully and to provide any assistance necessary to the other party in the investigations of any claims, lawsuits, proceedings or actions that may involve or relate to the provision of Optical Services and Optical Products hereunder. The parties agree to promptly provide each other with copies of any summons, lawsuits, notices, subpoenas or other legal documents that involve or relate to any obligations contemplated by this Agreement.

13.4. **Severability.** In the event any term, condition or provision of this Agreement conflicts with any law applicable hereto or under which this Agreement is construed, or if any term, condition or provision of this Agreement shall be held illegal or unenforceable or partially illegal or partially unenforceable by a court with jurisdiction over the parties, then the remainder of this Agreement shall continue in full force and effect and shall not be affected thereby. The parties agree to replace such void or unenforceable term, condition or provision with a valid and enforceable term, condition or provision that will achieve, to the extent possible, the intent of the parties.

13.5 **Counterparts.** This Agreement may be executed in counterparts, all of which shall, in the aggregate, be considered one and the same instrument.

13.6 **Governing Law.** This Agreement and all duties, services, rights or obligations arising out of any act to be performed hereunder shall be governed exclusively by and interpreted in accordance with the laws of the State of Pennsylvania without regard to the provisions of that or any other state related to choice of laws or conflict of laws. The parties agree that any proceedings arising out of this Agreement shall be filed in the Court of Common Pleas of Allegheny County, or in the United States District Court for the Western District of Pennsylvania.

13.7 **Non-Waiver.** Any waiver of any term, condition, or provision hereof shall not be effective unless expressly made in writing and executed by both parties. The failure of any party to insist on performance of any of the terms, conditions or provisions of this Agreement shall not be construed as a waiver or relinquishment of any rights granted hereunder or of the future performance of any such terms, conditions or provisions, and the obligations of the parties with respect thereto shall continue in full force and effect.

13.8 **Notices.** All notices provided for in this Agreement shall be in writing and sent by registered or certified mail, by nationally-recognized overnight delivery service, by facsimile, email, posting to the provider portal or delivered in person to the other party at the address specified below or such other address as may be provided to the other party in the same manner as that provided for giving of any notice.

13.8.1 Any notices to Company shall be sent to the following:

Vision Benefits of America, Inc.
400 Lydia Street, Suite 300
Carnegie, PA 15106
Attn: Legal Department

13.8.2 Any notices to Provider Business Entity shall be sent to:

13.8.2.1 **Address Change.** The Provider Business Entity agrees to notify Company of any change of address or change of Optical Retail Location of the Provider Business Entity within thirty (30) days thereof.

13.9 **Headings and Exhibits.** The headings set forth herein are for convenience of reference only and shall have no bearing whatsoever on the interpretation of this Agreement. All exhibits attached to this Agreement are incorporated by reference into and are made a part of this Agreement.

13.10 **Force Majeure.** Neither party shall be deemed to be in violation of this Agreement as set forth herein, for a delay or failure to perform services of up to thirty (30) days, that is caused by circumstances that were beyond its control and not reasonably foreseeable, including, without limitation, acts of God, national emergencies, insurrections, war, riots, terrorist acts, labor difficulties, fire, flood or catastrophes.

13.11 **Relationship of the Parties.** The parties shall at all times be deemed independent contractors with respect to their duties, services and obligations hereunder, and in no event shall this Agreement be construed to create an employer-employee relationship, a joint venture, or an agency relationship between Company and the Provider Business Entity.

13.12 **No Third-Party Beneficiaries.** Nothing in this Agreement creates any right or remedy in any third party, and no third party, including any Member, Plan Sponsor, or Payor, has any right or cause of action under this Agreement except as to Participating Provider or as otherwise specifically provided herein. Nothing in this Agreement creates any relationship (including, but not limited to, employment, agency, partnership, or joint venture) between Company and Provider other than that of independent contractors. Except as provided herein, Company acknowledges that all Independent Providers are independent contractors with Provider Business Entity and that Provider Business Entity is not liable for their acts or omissions.

13.13 **Acknowledgment.** The parties hereto acknowledge that Vision Benefits of America II, Inc. is a wholly owned subsidiary of Vision Benefits of America, Inc., and that Vision Benefits of America II, Inc. is licensed to use the name and marks of its parent when conducting Company's insurance business.

13.14 **Conformity.** Company and the Provider Business Entity and its Providers, shall at all times abide by and conform to all applicable law to which each is subject. The parties shall maintain all respective licenses required by applicable law. The Provider will abide by all applicable laws and professional and trade association rulings in the performance of its obligations hereunder.

13.15 **No Inducements or Solicitation of Covered Insureds.** Unless otherwise permitted by law, the Provider Business Entity will not offer or provide, or use other persons to offer or provide, any consideration or other inducement to any group or individual covered by the Plan to encourage the obtaining of vision care from the Provider Business Entity. The Provider Business Entity will not permit its name or the name of its Providers to be used in any mailing or other solicitation of Covered Insured except as part of the Plan list of Participating Providers.

13.16 **Assignment.** Neither party may assign, subcontract or transfer, in whole or in part, this Agreement, nor the rights, privileges, and obligations hereof, without the prior written consent of the other party. Any such attempted assignment will be null and void *ab initio*. This Agreement shall inure to the benefit of and be binding upon the parties and their respective representatives, successors and permitted assigns.

13.17 **Execution.** Each Party represents and warrants that it has the necessary power and authority to consummate the transactions contemplated herein and that performance of its obligations hereunder do not violate any agreement that it has or may have with any third party.

13.18 **Effective Date.** This Agreement is not effective unless and until accepted by Company at its home office in Carnegie, Pennsylvania, as evidenced by the signature on and dating of this Agreement below by a proper officer of Company. The "Effective Date" of this Agreement is the date set forth below beneath the signature of the proper and named officer of Company.

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Participating Provider Agreement (Business Entity)

IN WITNESS WHEREOF, Company and the Provider Business Entity have executed this Agreement as of the Effective Date.

Company

Signature of Officer:

Name:_____

Title:_____

Date:_____

Provider Business Entity

Signature of Authorized Representative:

Name:_____

Title:_____

Date:_____



Plan Rate and Limit Schedule

Effective 11-14-2025 • www.vbaplans.com • 1.800.432.4966

Covered Services

Exam Benefits

A Vision Care Exam ("Exam") with refraction is covered if the Member is eligible. When providing an Exam as part of Covered Services to a Member, the following tests and services must be performed:

1. Evaluation of complete history of patient
2. External examination of the eyes and adnexa, pupillary reflexes, cover test, ocular motility and convergence near point
3. Internal examination of the eyes
4. Objective and subjective refraction and visual acuity
5. Muscle balance and fusion evaluation, near point tests
6. Depth and color perception tests
7. Tonometry

Additionally, dilation shall be performed as part of an Exam covered under the Plan without charge as indicated if the Provider performs dilation as part of a vision care exam to its uninsured patients. Neither the Company nor its Members shall be liable for any charges associated with any of the services described in this paragraph. The Member must be informed of any charges for any additional non-covered examination procedures prior to service and as otherwise may be required by applicable state or federal law. Medical examinations (related to evaluation or treatment of a Member for certain injuries or medical conditions) shall not be submitted to the Company but shall be submitted through the Member's medical plan.

Exam Including Dilation	
Diagnostic Code	Description
92004	Comprehensive Eye Exam

If an Exam or another related service is billed to the Member's medical plan, the same service cannot also be billed to the Company when performed on the same day.

Digital Retinal Screening

Digital retinal screening may be designated as non-covered or fully-covered and will vary by group. The Company's Provider Portal (www.vbaplans.com) automatically determines and displays coverage/Member payment amounts upon order entry.

Coverage for digital retinal screening will only apply when performed as an enhancement to a screening of a normal eye for baseline detection purposes. Exception 1: When performed in connection with a clinical condition, retinal imaging is considered medically necessary, and claims for such treatment shall be submitted to the Member's medical plan instead of the Company. Exception 2: When completed with interpretation and report, it is considered fundus photography and shall not be covered by the Member's digital retinal screening benefit.

If fundus photography or another related service is billed to the Member's medical plan, the same service cannot also be billed to the Company when performed on the same day.

If a Member's plan does not include a digital retinal screening benefit, the service is considered a private pay transaction. If your office doesn't offer digital retinal screening, you are exempt from providing this service and you are not required to purchase any new equipment for the provision of the same.

Approved devices include any nonmydriatic camera or imager that images at least the posterior pole and beyond.

Digital retinal screening does not replace dilation which is to be performed as part of a Member's Vision Care Exam when indicated.

For reimbursement, digital retinal screening must be performed and observed onsite.

Retinal Screening		
Diagnostic Code	Modifier	Description
92250	GY	Digital Retinal Screening
Z13.5		Encounter for screening for eye and ear disorders

Lens Benefits

Lens Benefits may be designated as non-covered, partially-covered or fully-covered and will vary by group. The Company's Provider Portal automatically determines and displays coverage/Member payment amounts upon order entry. The Company reserves the right to amend or modify the Plan Rate and Limit Schedule, including, but not limited to, product additions, product deletions or product category reassessments. The products included in the Plan Rate and Limit Schedule do not guarantee availability. Providers are not required to offer every brand or product.

Please contact the Approved Laboratory of your choice to verify the availability of all materials and/or options prior to ordering. If you are uncertain about material properties or manufacturer warranties, contact the laboratory prior to ordering. All dispensed lenses shall include a one-year, one-time replacement (normal wear) scratch warranty from the laboratory. Replacements are at the discretion of the laboratory and/or manufacturer.

Fully-Covered Lenses

Lenses indicated as fully-covered through the Company's Provider Portal result in no out-of-pocket expenses from the Member less applicable Copayments. Some Plans may include non-covered or partially-covered Benefits as fully-covered lens options.

Base Lens	Plastic (CR-39, Edged)	Glass (Hardened/Edged)		
Single Vision	CPT Code	Modifier	CPT Code	Modifier
Single Vision	V2100		V2100	GL
Bifocals	CPT Code	Modifier	CPT Code	Modifier
Flat Top 25	V2200	25	V2200	25, GL
Flat Top 28	V2200	28	V2200	28, GL
Flat Top 35	V2219	35	V2219	35, GL
All other lined	V2219	EX	V2219	EX, GL
Trifocals	CPT Code	Modifier	CPT Code	Modifier
7 x 25	V2300	25	V2300	25, GL
7 x 28	V2300	28	V2300	28, GL
7 x 35	V2319	35	V2319	35, GL
All other lined	V2319	EX	V2319	EX, GL

Covered Services: Continued

Fully-Covered Specialty Lenses and Treatments

Specialty Lenses and Treatments indicated as fully-covered through the Company's Provider Portal result in no out-of-pocket expenses from the Member less applicable Copayments.

Specialty Lenses and Treatments	CPT Code	Modifier
Basic Scratch Coating (1-year warranty)	V2760	
Shamir Blue Zero™	V2799	BP
Tint – Solid Pink 1 & 2 (therapeutic use)	V2745	PK
Metal Frame Edging	V2799	ME
Blended Bifocal (automatically added to bifocal base when ordered)	V2799	BL
Double Seg (ordered as a note)	V2799	DS
Lenticular, biconic, myodisc (ordered as a note)	V2121	
Prism (automatically added based on RX or lab adjustment)	V2715	
Slab-off Grinding (ordered as a note)	V2710	

Lens Remakes

Remakes due to Rx or laboratory error (not frame change) will be completed without charge to any party (including, but not limited to the Company, the Provider or the Member) by the original laboratory. The remake must be requested within sixty (60) days of job completion using the original frame by providing the original laboratory with the VBA Work Order. All subsequent remakes are the sole responsibility of the Provider and shall be considered non-covered, private pay transactions.

Requests for new optical materials related solely to upgrades, lost, broken and/or damaged lenses are not covered under this policy. Remakes require at least one of the following:

1. Power changes (not including changes resulting in Plano lenses)
2. Axis changes
3. Segment height/segment style changes due to no adaption (i.e., Flat Top 28 to Executive)
4. Change in lens style (i.e., Trifocal to Bifocal, Bifocal to Single Vision, PAL to non-PAL)
5. Errors in transcription
6. Change in materials (i.e., glass to plastic, plastic to polycarbonate, plastic to high index plastic or glass)
7. Changes in base curves
8. Lenses within ANSI standards but rejected by Provider

Lens Warranty Claims

The Company does not offer warranties on lens materials or enhancements. Providers shall contact the Approved Laboratories for questions regarding product-specific warranties.

Cancellations

The manufacturing process is considered initiated as soon as the VBA Work Order has been accepted by the Approved Laboratory through the Company's Lab Portal. Orders shall not be cancelled once accepted by the laboratory.

Upgrades

If additional options are requested after the manufacturing process has commenced and the Lab Work Order must be cancelled and started over, the Provider may be charged at the sole discretion of the laboratory, for the original cancelled Lab Work Order and the new and upgraded Lab Work Order will be charged to the Company.

Provider Supplied Frames

In the event the Approved Laboratory damages or loses a new, Provider-supplied frame, the laboratory will use commercially reasonable efforts to provide a replacement at no cost, without involvement of the Provider's office. If the frame cannot be replaced, the Approved Laboratory will reimburse the Provider's office for the cost of the replacement frame, as originally invoiced to the Provider's office by the frame manufacturer or distributor.

Member Supplied Frames or Lenses

Neither the Approved Laboratory nor the Company shall be liable for loss or damage to frames and/or lenses supplied by the Member. The Approved Laboratory will make commercially reasonable efforts to provide new lenses to a Member's existing frame. However, should damage occur to the Member's existing frame, it shall be the Member's responsibility to select another frame at the Member's own expense.

Any fees the Provider charges for adding lenses to Member Supplied Frames shall be considered non-covered, private pay transactions.

Frame & Contact Lens Allowances

Plan information will be displayed on the Provider Portal while you are confirming eligibility and coverage. Allowances shall be applied to Covered Services and materials unless otherwise directed by the Member. If your Usual and Customary Fee exceeds the applicable allowance amount, the Member shall be responsible for payment of the difference. Members shall not be charged any additional fees or Copayments for the receipt or collection of frames or contact lenses.

Frame Allowance

The Company reserves the right to audit all frame submissions. Frame identification and cost must be provided to the Company upon submission of the Claim.

Wholesale Frame Allowance

If eligible, the Member is to receive, without additional charge, any frame up to the Member's wholesale frame allowance. For frames selected in excess of the Member's wholesale allowance, the maximum frame overage charge to the Member shall be calculated by subtracting the Member's allowance from the wholesale cost of the frame. You are then permitted to charge the Member up to two (2) times the difference between the values.

The actual wholesale cost of the frame shall not exceed the most current wholesale cost published by Frames Data®. In the event a frame is not included in the most current Frames Data® publication, the wholesale cost of the frame utilized to calculate any frame overage charge shall not exceed the Provider's actual wholesale cost from its supplier.

Retail Frame Allowance

If eligible, the Member is to receive, without additional charge, any frame up to the Member's retail frame allowance. In the event that the retail price of the frame selected exceeds the Member's retail frame allowance, the maximum frame overage charge to the Member shall be calculated by subtracting the difference between the Member's applicable retail frame allowance and the actual retail price of the frame.

The actual retail price of the frame shall not exceed the wholesale cost of the frame as indicated by Frames Data® multiplied by a factor of 2.5. In the event a frame is not included in the most current Frames Data® publication, the retail cost of the frame utilized to calculate any frame overage charge shall not exceed 2.5 times the actual wholesale cost of the frame from its supplier.

Frames	
Code	Procedure
V2020	Frame

Elective Contact Lens Allowance

Elective Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting. All subsequent follow-up visits are the sole responsibility of the Member and shall be considered non-covered, private pay transactions.

Elective Contact Lenses		
Code	Modifier	Procedure
V2500		Contact Lens Materials
92310		Standard Contact Lens Fit and Follow-Up
92310	PF	Premium Contact Lens Fit and Follow-Up

Total Allowance Plan

If eligible, the Member can elect to receive credit towards the purchase of contact lenses in the amount indicated by the Company's Provider Portal. The total allowance is applied to the cost of the Exam, fit, lenses and evaluation. If contacts are not dispensed, the Company will only reimburse for the Exam. Claims may not be submitted for contact lens fittings unless contact lenses are dispensed. Submission of a Claim for an Exam shall reduce the Member's contact lens Benefit by the amount of the Company's Reimbursement.

Exam Copayments do not apply when a Member utilizes a contact lens material Benefit.

Exam Plus Plan

If eligible, the Member is entitled to receive an Exam and a separate allowance in the amount indicated by the Company's Provider Portal for contact lens fittings and materials only. After completion of the Exam, the contact lens fitting fee may be charged directly to the Member at 85% of your Usual and Customary Fee at the time of the visit.

Exceptions

The Exam Plus+ Plan applies only to the following groups: Employment Partners Benefits Fund – VBA Groups 001, 2601 and 3777.

Exam Plus+ Plan

If eligible, the Member is entitled to receive an Exam and a separate allowance for contact lens fittings and materials only. After completion of the Exam, the fitting levels and corresponding Member fee limits are as follows:

Standard Contact Lens Fit for clear, soft, spherical daily wear contact lenses for single vision prescriptions of < 4 diopters. The standard contact lens fitting fee may be charged directly to the Member at a maximum of \$60 or 85% of your Usual and Customary Fee (whichever is lower) at the time of the visit.

Premium Contact Lens Fit includes, but is not limited to, spherical daily wear contact lenses for single vision prescriptions > 4 diopters, all extended wear, toric, bifocal/ multifocal and new contact lens patients. The premium contact lens fitting fee may be charged directly to the Member at 85% of your Usual and Customary Fee at the time of the visit.

Medical Contacts

Some Plans offer Benefits for medically necessary contacts due to eye disease and injury. If specific criteria are met, the patient is entitled to receive an Exam followed by medical contact fittings and medical contacts as necessary. Prior approval and authorization must be received from the Company before any Optical Products are purchased and/or Optical Services are rendered in connection with this Benefit. Medical Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting.

Professional Fee Summary

Vision Care Exam Fee (including refraction and tonometry): \$50

Digital Retinal Screening: Usual and Customary Fee up to a maximum of \$39

Medical Contact Fitting and Material Fee (exclusive of \$50 Exam Fee): not to exceed \$400 without prior approval from the Company

Dispensing Fees

For frame and spectacle lenses dispensed:

Frames: An amount no less than \$5.00 and no more than \$34.00 (as determined by the Company in its sole discretion)

Lenses: An amount no less than \$7.00 and no more than \$34.00 (as determined by the Company in its sole discretion)

Dispensing Reimbursements vary by Plan and are available on the Plan Coverage Sheet, which can be found on the Company's Provider Portal when pulling an authorization.

Non-Covered Lenses

Listed below are the maximum charges to Members when a lens option is not covered, in whole or in part, by the Plan.[†]

Materials

Materials	CPT Code	Modifier	Single Vision	Multifocal		
			Member Cost	Doctor Net	Member Cost	Doctor Net
Polycarbonate	V2784		\$16	\$10	\$27	\$15
Mid Index (below 1.60)	V2782		\$40	\$15	\$50	\$20
Trivex®	V2782		\$40	\$15	\$50	\$20
Trilogy®	V2782		\$40	\$15	\$50	\$20
Mid Index (1.60)	V2782		\$40	\$15	\$50	\$20
Tribrid™	V2782		\$40	\$15	\$50	\$20
High Index (1.66 & 1.67)	V2783	67	\$78	\$30	\$84	\$30
High Index (1.70 & 1.71)	V2783		\$100	\$30	\$120	\$30
High Index (above 1.71)	V2783		\$100	\$30	\$120	\$30
High Index Glass	V2782	GL	\$45	\$15	\$50	\$15
1.0 Centers (automatically added to Material when 1.0 ordered)	V2799	10	\$10	\$4	\$10	\$4

Aspheric (Add-on to Materials)

Aspheric & Atoric	CPT Code	Modifier	Single Vision	Multifocal		
			Member Cost	Doctor Net	Member Cost	Doctor Net
Aspheric & Atoric Standard Plastic (CR-39) (add-on to Base)	V2410 – SV V2430 – MF		\$43	\$20	\$55	\$20
Aspheric & Atoric Polycarbonate (add-on to Polycarbonate)	V2410 – SV V2430 – MF	PC	\$30	\$16	\$32	\$16
Aspheric & Atoric Mid Index Plastic/Trivex (below 1.60)	V2410 – SV V2430 – MF	MI			No Additional Charge	
Aspheric and Atoric Mid Index Plastic (1.60)	V2410 – SV V2430 – MF	MI			No Additional Charge	
Aspheric & Atoric High Index Plastic (1.66 & 1.67)	V2410 – SV V2430 – MF	67			No Additional Charge	
Aspheric & Atoric High Index Plastic (1.70 & 1.71)	V2410 – SV V2430 – MF	HI			No Additional Charge	
Aspheric & Atoric High Index Plastic (above 1.71)	V2410 – SV V2430 – MF	HI			No Additional Charge	

Aspheric charges are not permitted on progressive lenses.

Blue Protection (Add-on to Materials)

Blue Protection Material 1			
See Fully-Covered Specialty Lenses and Treatments			
Shamir Blue Zero™			
Blue Protection Material 2			
CPT Code: V2799	Modifier: BF	Member Cost: \$15	Doctor Net: \$8
**Essilor Essential Blue®	Hoya Clear Blue Filter™	ZEISS BlueGuard®	

**Blue Protection material is optional for most orders. When ordering RB Authentic lens package, Essilor Essential Blue is required. Essilor Essential Blue is not available for RB Eyezen orders.

Digital Surfacing – Single Vision Lenses

Digital SV 1			
CPT Code: V2100	Modifier: DL	Member Cost: \$48	Doctor Net: \$20
Digital Surfacing – Digital/Free Form/HD	*RB Eyezen®+ 0, 1, 2, 3 or 4/Kids/Start	Shamir Autograph III® - SV	ZEISS SmartLife Digital Individual 3 500, 750, 1000 or 1250
Essilor 360°™	Hoya SV iQ™	Shamir Relax™ 50, 65 or 80	ZEISS SmartLife Individual 3 SV
Eyezen®+ 0, 1, 2, 3 or 4/Kids/Start	Hoya Sync III™ - 5, 9, 13 or 20	ZEISS DriveSafe Individual SV	ZEISS SmartLife SV
*RB Essilor 360°™	IOT Endless Anti-fatigue SV 0.50, 0.75 or 1.00	ZEISS DriveSafe SV	ZEISS SmartLife Young SV
*RB Essilor SV Sun-Xtra™			

Digital SV 2			
CPT Code: V2100	Modifier: D2	Member Cost: \$80	Doctor Net: \$50
Essilor 360° Fit™	Shamir Attitude® III - SV	Shamir Driver Intelligence™ Moon - SV	Shamir Driver Intelligence™ Sun - SV
Hoya MySV™			

Computer/Near Variable Focus

Computer/Near Variable Focus			
CPT Code: V2799	Modifier: NV	Member Cost: \$40	Doctor Net: \$15
Essilor Computer™	Hoya iD Screen™, Space™, Zoom™	IOT Endless Office 1.3, 2.0, 4.0	Shamir WorkSpace™
Hoya TACT® 40 BKS/60 BKS	Hoya iD WorkStyle 3 Screen™, Space™, Zoom™	Shamir Computer™	ZEISS Officelens Book, Desk, Room

Anti-Reflective Coatings

Standard A/R 1			
CPT Code: V2750	Modifier: S1	Member Cost: \$31	Doctor Net: \$10
Lab Choice	SharpView+®	*RB Sun AR UV	Hoya Premium with ViewProtect™
Standard A/R 2			
CPT Code: V2750	Modifier: S2	Member Cost: \$52	Doctor Net: \$20
Crizal® Easy™	KODAK Clean&CleAR	Hoya HiVision™ with ViewProtect™	ZEISS SET
Premium A/R 1			
CPT Code: V2750	Modifier: P1	Member Cost: \$69	Doctor Net: \$25
Crizal® Easy™ Pro	Xperio UV™	Hoya Super HiVision®	Shamir Glacier Basic™
Essilor® Anti-Fog AR	PermaVue XT	Seiko Super Resistant	ZEISS DuraVision® Chrome UV
Premium A/R 2			
CPT Code: V2750	Modifier: P2	Member Cost: \$81	Doctor Net: \$30
Crizal® Rock™	KODAK TotalCleAR™	Seiko Super Resistant Blue	ZEISS DuraVision® Silver UV
*RB Crizal® Rock™	Hoya Recharge®	Shamir Glacier PLUS™	ZEISS DuraVision® Sun UV
Crizal® SunShield UV™	Hoya Super HiVision® EX3™	ZEISS DuraVision® DriveSafe UV	

Ultra A/R

Ultra A/R			
CPT Code: V2750	Modifier: U1	Member Cost: \$94	Doctor Net: \$35
Crizal® Optifog®	*RB Crizal Sapphire® 360° UV	Shamir Glacier Expression™	ZEISS DuraVision® BlueProtect UV
Crizal® Prevenzia®	Hoya Super HiVision® EX3+™	Shamir Glacier PLUS™ Metaform™	ZEISS DuraVision® Platinum UV
Crizal® Sapphire™ HR	Hoya Super HiVision® Meiryo™ EX4™	Shamir Glacier Sun™	

Photochromic

Photochromic		Single Vision		Multifocal	
CPT Code: V2744		Member Cost: \$62	Doctor Net: \$22	Member Cost: \$70	Doctor Net: \$22
Hoya Sensity® 2	IOT Neochromes®	SunSensors™		ZEISS PhotoFusion® X/X Pro	
Hoya Sensity® Dark	IOT Neochromes® Camber™	Transitions® XTRActive®		Lab Choice (Glass)	
Hoya Sensity® Fast	IOT Neochromes® Dark	Transitions® Signature®		Thin & Dark (Glass)	
Photochromic + Polarized		Single Vision		Multifocal	
CPT Code: V2744 V2762		Member Cost: \$118	Doctor Net: \$42	Member Cost: \$136	Doctor Net: \$42
Transitions® Drivewear®	Transitions® XTRActive® Polarized				
Photochromic + Mirror		Single Vision		Multifocal	
CPT Code: V2744 V2761		Member Cost: \$97	Doctor Net: \$34	Member Cost: \$105	Doctor Net: \$34
Hoya Sensity® Shine	Transitions® XTRActive® Style Mirrors				

Polarized

Polarized		Single Vision		Multifocal	
CPT Code: V2762		Member Cost: \$56	Doctor Net: \$20	Member Cost: \$66	Doctor Net: \$20
Lab Choice	Hoya Polarized HEV™	NuPolar® Gradient		NuPolar Infinite Gray®	
Hoya Polarized Gradient					

Lens Treatments

Tint & Coating				
	CPT Code	Modifier	Member Cost	Doctor Net
Tint – Solid or Gradient	V2745		\$10	\$5
Tint – Solid Pink 1 & 2 (therapeutic use)	See Fully-Covered Specialty Lenses and Treatments			
Color Coating – Glass	V2745	GL	\$23	\$10
Mirror Coating – Flash/Gradient/Solid	V2761		\$35	\$12
UV 400 Protection	V2755		\$12	\$6

Services

Edging				
	CPT Code	Modifier	Member Cost	Doctor Net
Metal Frame Edging	See Fully-Covered Specialty Lenses and Treatments			
Rimless Mounting	V2799	SR	\$8	\$3
Drill Rimless Mounting	V2799	DR	\$28	\$8
Drill & Notch Rimless Mounting	V2799	DR	\$28	\$8
Roll & Polish				
	CPT Code	Modifier	Member Cost	Doctor Net
Roll or Standard Polish	V2799	RP	\$10	\$5
Roll & Standard Polish	V2799	RP	\$10	\$5
High Luster Edge Polish	V2799	HL	\$13	\$5
Roll & High Luster Edge Polish	V2799	HL	\$13	\$5
Licensed Specialty Enhancement (Only available with RB Authentic Package)				
	CPT Code	Modifier	Member Cost	Doctor Net
*RB Chromance Color Enhancement	V2799	CE	\$34	\$10
*RB Licensed Visible Branding	V2799	LB	\$21	\$10

Scratch Resistant Coatings

Scratch Resistant Coatings				
	CPT Code	Modifier	Member Cost	Doctor Net
Basic Scratch Coating (1-year warranty)	See Fully-Covered Specialty Lenses and Treatments			
Scratch Resistant Coating 1 (1-year warranty)	V2760	S1	\$10	\$5
Scratch Resistant Coating 2 (2-year warranty)	V2760	S2	\$30	\$12

Partially-Covered Lenses

Progressive Lenses

Basic Progressive Lens (Z)			
CPT Code: V2781	Modifier: PZ	Member Cost: \$29	Doctor Net: \$20
SA Navigator®/Short	Hoya GP Wide® BKS	Shamir Genesis HD	Shore Lens ShoreView®/Mini
Hoya Accord 11/15			
Standard Progressive Lens (A)			
CPT Code: V2781	Modifier: PA	Member Cost: \$65	Doctor Net: \$30
Lab House Brand	Essilor Natural® Digital	KODAK Easy Lens 14/18	Younger Optics Image®
Essilor Adaptor® Digital/Short	Essilor Ovation®	KODAK Precise PB/Short	ZEISS GT2/Short
Essilor Ideal®/Short	Essilor SmallFit®	Hoya Amplitude® BKS™/Mini	ZEISS Progressive Light 2 3D S/M/L
Essilor Natural®	Essilor SmallFit® Digital	Shamir Element™/Short	ZEISS Progressive Light D×
Premium 1 Progressive Lens (B)			
CPT Code: V2781	Modifier: PB	Member Cost: \$90	Doctor Net: \$40
Essilor Accolade®	Varilux Comfort DRx™/Short	IOT Essential Steady®	Shamir InTouch™
Essilor Ovation® Digital	Hoya Summit® ecp BKS	IOT Everyday B	Shamir Spectrum+™
KODAK Precise® Plus/Short	Hoya Summit® cd BKS	Shamir Autograph II+®	ZEISS Progressive Light 2 3Dv
Varilux Comfort®/Short			
Premium 2 Progressive Lens (C)			
CPT Code: V2781	Modifier: PC	Member Cost: \$130	Doctor Net: \$45
Essilor Accolade Freedom™	*RB Varilux® Comfort Max	Hoya Array® 2	Shamir Attitude III® - Sport
KODAK Unique™	Varilux Physio DRx™/Short	IOT Endless Easy Fit	Shamir Autograph III®
KODAK Unique DRO®	Varilux® Physio® extensee™ CE	IOT Endless Steady	ZEISS Progressive SmartLife Plus
Varilux® Comfort Max	Varilux® Stylistic® Wrap	Shamir Attitude III® - Fashion	ZEISS Progressive SmartLife Pure
Premium 3 Progressive Lens (V)			
CPT Code: V2781	Modifier: PV	Member Cost: \$175	Doctor Net: \$55
KODAK Unique Infinite™	*RB Varilux® Physio® W3+	IOT Camber™ Steady Plus	Shamir Driver Intelligence™ Sun
Varilux® Comfort Max Fit	Varilux® Physio® W3+ Fit	Shamir Autograph Intelligence™	ZEISS DriveSafe
Varilux® Physio® extensee™	*RB Varilux® Sun-Xtra™	Shamir Driver Intelligence™ Moon	ZEISS Progressive SmartLife Superb
Varilux® Physio® W3+	Hoya iD LifeStyle® 4 Indoor, Outdoor, Urban		
Premium 4 Progressive Lens (D)			
CPT Code: V2781	Modifier: PD	Member Cost: \$220	Doctor Net: \$80
Varilux® Physio® W3+ eyecode™	*RB Varilux® X Design	Hoya iD MyStyle® 3 Adventure, Expert, Detail, Modern, Tyro	ZEISS Progressive SmartLife Individual 3
Varilux® X 4D	Varilux® X Design Fit	ZEISS DriveSafe Individual	ZEISS Progressive SmartLife Individual 3 S/M/L
Varilux® X Design	Varilux® XR Design		

[†] In states where cost containment of non-covered materials is prohibited, Providers may charge their usual and customary fees and are not required to accept the maximum Member Costs set forth above. Nevertheless, Providers in such states may voluntarily opt to participate in the cost containment of non-covered materials for Covered Insureds and Company shall have the right to disclose participation vs. non-participation therein on its website and to its Members.

*Only available with RB Authentic Package

Pricing Examples

To determine Member Cost and Doctor Net takeaway refer to the charts below. If the Member selects more than one feature on the lens, simply add together the various charges. For illustrative purposes, see the examples below.

Example 1: Frames + Progressive Lens + Material Upgrade + Lens Option

Wholesale Frame Allowance: \$50

Wholesale Frame Cost: \$60

Member Cost: \$20 (\$60-\$50 = \$10x2)

Frame Dispensing: \$17

Brand	Member Out-of-Pocket	Doctor Net
Varilux® X 4D	\$220	\$80
Lens Material Upgrade	Single Vision	Multifocal
Trivex®	Member Cost: \$40	Doctor Net: \$15
Photochromic	Single Vision	Multifocal
Photochromic	Member Cost: \$62	Doctor Net: \$22
Plastic Photochromic	Member Cost: \$70	Doctor Net: \$22
Frames	Member Cost: \$20	Dr. Net: \$70
Frame Dispensing	Member Cost: \$0	Dr. Net: \$17
Brand: Varilux X 4D	Member Cost: \$220	Dr. Net: \$80
Lens Material Upgrade: Trivex	Member Cost: \$50	Dr. Net: \$20
Options: Plastic Photochromic	Member Cost: \$70	Dr. Net: \$22
Lens Dispensing	Member Cost: \$0	Dr. Net: \$15
Total:	Member Cost: \$360	Dr. Net: \$224

Example 2: Frames + Single Vision + Lens Option

Wholesale Frame Allowance: \$50

Wholesale Frame Cost: \$40

Member Cost: \$0

Frame Dispensing: \$17

Brand	Member Out-of-Pocket	Doctor Net		
Eyezen®+	\$48	\$20		
Lens Material Upgrade	Single Vision	Multifocal		
Polycarbonate	Member Cost: \$16	Doctor Net: \$10	Member Cost: \$27	Doctor Net: \$15
Anti-Reflective Coatings	Member Cost	Doctor Net	Member Cost	Doctor Net
Ultra A/R	CPT Code: V2750	Modifier: UI	Member Cost: \$94	Doctor Net: \$35
Crizal® Prevencia®				
Frames	Member Cost: \$0	Dr. Net: \$40		
Frame Dispensing	Member Cost: \$0	Dr. Net: \$17		
Brand: Eyezen+	Member Cost: \$48	Dr. Net: \$20		
Lens Material Upgrade: Polycarbonate	Member Cost: \$16	Dr. Net: \$10		
Options: Crizal Prevencia	Member Cost: \$94	Dr. Net: \$35		
Lens Dispensing	Member Cost: \$0	Dr. Net: \$15		
Total:	Member Cost: \$158	Dr. Net: \$137		

Example 3: Frames + Progressive Lens + Lens Option

Wholesale Frame Allowance: \$50

Wholesale Frame Cost: \$60

Member Cost: \$20 (\$60-\$50 = \$10x2)

Frame Dispensing: \$17

Brand	Member Out-of-Pocket	Doctor Net		
Shore Lens ShoreView™	\$29	\$20		
Photochromic	Single Vision	Multifocal		
Photochromic	Member Cost: \$62	Doctor Net: \$22	Member Cost: \$70	Doctor Net: \$22
Transitions® XTRActive®				
Frames	Member Cost: \$20	Dr. Net: \$70		
Frame Dispensing	Member Cost: \$0	Dr. Net: \$17		
Brand: Shore Lens ShoreView	Member Cost: \$29	Dr. Net: \$20		
Options: Transitions XTRActive	Member Cost: \$70	Dr. Net: \$22		
Lens Dispensing	Member Cost: \$0	Dr. Net: \$15		
Total:	Member Cost: \$119	Dr. Net: \$144		

Lab Name	Address	City	State	Zip	Phone	Fax
Hoya Mobile	23050 McAuliffe Dr	Robertsdale	AL	36567	844-736-5765	888-211-1968
Optical Prescription Lab	120 Applegate Cir	Pelham	AL	35124	800-829-3937	800-829-3938
Pinnacle Optical	1900 Crestwood Blvd Ste 304	Birmingham	AL	35210	205-558-9341	205-951-7397
Plunkett Optical	1705 N A St, Po Box 21	Fort Smith	AR	72901	800-272-4730	800-272-0321
Avante Optics	2425 N 32nd St	Phoenix	AZ	85008	602-778-6650	
Hoya Phoenix	1635 W University Dr, Ste 123-124	Tempe	AZ	85281	844-736-5767	844-773-2149
Meridian Optical Laboratories	3711 E Atlanta Ave	Phoenix	AZ	85040	800-352-5465	602-426-0287
Bartley Optical	1300 Optical Dr	Azusa	CA	91702	800-347-4733	626-969-2179
Capitol Optical Co Inc	11899 Edgewood Rd Ste L5	Auburn	CA	95603	909-285-9585	530-823-3937
Dc Optical Laboratory	670 McCormick St	San Leandro	CA	94577	510-357-1800	510-357-1686
E Optical Wholesale Laboratories	5290 Long Beach Blvd Ste B	Long Beach	CA	90805	562-728-8865	562-728-8864
Elite Optical	9901 Horn Rd	Sacramento	CA	95827	800-556-5502	
Elite Optical	801 N Burke St	Visalia	CA	93292	559-625-5816	
Elite Optical	1450 W Walnut St	Rancho Dominguez	CA	90220	800-468-6788	
Empire Optical Of California	7633 Varna Ave	North Hollywood	CA	91605	818-997-6474	818-997-7816
Express Lens Lab	17150 Newhope St Ste 305	Fountain Valley	CA	92708	714-545-1024	714-556-2026
Hoya Modesto	1400 Carpenter Ln	Modesto	CA	95351	844-736-5774	800-622-9672
Hoya San Diego	3959 Ruffin Rd	San Diego	CA	92123	844-736-5773	800-356-7269
Meridian Optical	9560 Ridgehaven Ct	San Diego	CA	92123	800-532-3840	
Orange Optical	1075 N Batavia St	Orange	CA	92867	714-997-2881	714-997-3255
Padre Optical	235 Benji Ln	Santa Maria	CA	93455	805-287-9071	
Paris Optical	9371 Kramer Ave Ste F	Westminster	CA	92683	714-897-9474	714-897-7434
Prime Optical	660 W Valley Blvd	Colton	CA	92324	909-888-8700	909-888-8710
San Gabriel Valley Optical	15927 Main St	La Puente	CA	91744	626-336-0163	626-336-2222
Sharper Vision Laboratories	Po Box 6606	Westlake Village	CA	91359	805-557-1101	805-557-1106
Visionary	2940 E Miraloma Ave	Anaheim	CA	92806	800-488-2020	800-300-3299
Wheeler Optical	8200 Katella Ave Ste A	Stanton	CA	90680	714-891-2016	714-891-2037
Duffens Optical	2929 W Ninth Ave	Denver	CO	80204	800-999-5367	
Pasch Optical	2700 W Hampden Ave	Sheridan	CO	80110	800-888-0036	303-789-0010
Walman Optical	10515 E 40th Ave Ste 116	Denver	CO	80239	303-777-4484	303-722-7024
Encore Optics	140 Commerce Way	South Windsor	CT	06074	860-282-0082	860-291-0536
Hoya Hartford	580 Nutmeg Rd N	South Windsor	CT	06074	844-736-5756	800-322-7659
Bristol Optical	13301 Sw 132 Ave Ste 210	Miami	FL	33186	786-522-1101	
East Coast Ophthalmic	7018 A C Skinner Pkwy Ste 240	Jacksonville	FL	32256	904-281-5350	
Future Optics	11333 47th St	Clearwater	FL	33762	888-641-2352	

Lab Name	Address	City	State	Zip	Phone	Fax
Hoya Largo	12345 E Starkey Rd	Largo	FL	33773	844-736-5760	800-528-0163
Kosh Ophthalmic	2901 W Mcnab Rd	Pompano Beach	FL	33069	800-327-4118	
Milroy Optical	5067 Savarese Cir	Tampa	FL	33634	800-366-2702	
Pelican Optical	6850 Whitfield Industrial Ave	Sarasota	FL	34243	800-862-0966	941-751-9486
Sunshine Optics	5459 115th Ave N	Clearwater	FL	33760	800-558-0715	866-343-0992
Hoya Atlanta	591 F Thornton Rd	Atlanta	GA	30122	844-736-5744	800-358-0374
Robertson Optical	2309 Hwy 81 S	Loganville	GA	30052	800-929-2765	770-554-3017
Southern Optical	1856 Corporate Dr Ste 150	Norcross	GA	30093	800-765-7343	
Optical Suppliers Inc	99-1253 Halawa Valley St	Aiea	HI	96701	808-487-0139	
Pech Optical	2717 Murray St	Sioux City	IA	51111	800-831-2352	800-227-3081
Precision Optical	701 S Oak St, Po Box 369	Creston	IA	50801	800-497-9239	800-507-4285
Walman Optical	1214 Maple St	Des Moines	IA	50265	515-223-5280	515-223-0092
Hoya Boise	2741 W Airport Way	Boise	ID	83705	844-736-5747	208-342-3746
Chicago - Midland Optical	2600 Beverly Ste 101	Aurora	IL	60502	800-244-7090	888-319-3937
Custom Eyes	4470-48th Ave Ct	Rock Island	IL	61201	800-322-6754	800-336-2114
Expert Optics	305 Earl Rd	Shorewood	IL	60404	800-892-0097	800-775-6370
Hoya Chicago	3531 Martens St	Franklin Park	IL	60131	844-736-5749	888-678-4799
Hoya St Louis	301 Vision Dr	Columbia	IL	62236	844-736-5775	800-279-1021
I. F. Optical	2812 W Touhy	Chicago	IL	60645	800-972-5847	773-761-3601
Walman Optical	901 Parkland Ct	Champaign	IL	61821	217-352-7865	
Walman Optical	3384 N Publishers Dr	Rockford	IL	61109	815-874-9565	
Walman Optical	1280 11th St W	Milan	IL	61264	309-787-1859	
Interstate Lab Group - Indy - Formerly Gk Optical	2902 Mitthoeffer Pl	Indianapolis	IN	46229	800-467-2545	
Interstate Lab Group - Indy - Formerly Lenstech Optical Lab	2902 Mitthoeffer Pl	Indianapolis	IN	46229	317-882-1249	
Walman Optical	4920 Executive Blvd Ste C	Fort Wayne	IN	46808	260-484-5527	
Walman Optical	2540 Waterbridge Way	Evansville	IN	47710	812-424-7521	
Walman Optical	4555 Independence Sq	Indianapolis	IN	46302	317-780-1677	
Duffens Langley Optical	8140 Marshall Dr	Lenexa	KS	66214	913-492-5379	
Carl Zeiss Vision Ky- Sola Technologies	1050 Worldwide Blvd	Hebron	KY	41048	866-596-5467	
Twin City Optical	4601 B Proximity Dr	Louisville	KY	40213	800-647-6970	
Gulf State Optical	313 Coolidge St	Jefferson	LA	70121	800-662-7889	
Perfer X Optical	25 Downing Three	Pittsfield	MA	01201	800-649-2550	877-484-1933
Homer Optical	2401 Linden Ln	Silver Spring	MD	20910	800-627-2710	
Walman Optical	6304 Blaire Hill Ln	Baltimore	MD	21209	410-828-7424	
Optical Supply Inc (osi)	1526 Plainfield Ave Ne	Grand Rapids	MI	49505	800-441-4441	

Lab Name	Address	City	State	Zip	Phone	Fax
Twin City Optical	2323 Aero Park Ct	Traverse City	MI	49684	800-424-0344	800-441-0344
Walman Optical	1051 Business Park Dr	Traverse City	MI	49686	612-520-6000	
Walman Optical	5533 Ann Arbor Rd	Jackson	MI	49201	517-764-5100	
Carl Zeiss Vision North Central Ophthalmic	4605 Rusan St	Saint Cloud	MN	56303	800-328-3829	
Custom Eyes	1001 Stearns Dr	Sauk Rapids	MN	56379	800-535-1493	800-858-7217
Dbl Labs	6650 Saukview Dr	Saint Cloud	MN	56303	800-888-0222	800-888-9624
Eye Kraft Optical	Industrial Park Po Box 400	Saint Cloud	MN	56302	888-455-2022	320-257-1187
Hoya Ramsey	7000 Sunwood Dr Nw	Ramsey	MN	55303	320-251-8140	855-851-3937
Walman Optical	510 Baltrami Ave	Bemidji	MN	56601	218-751-5327	218-751-5346
Walman Optical	327 Second St Ste 3	Proctor	MN	55810	800-945-3937	800-945-6908
Walman Optical	9200 Wyoming Ave N	Brooklyn Park	MN	55445	866-731-3243	
Gateway Optical	18 Kirkham Ind Dr	Saint Louis	MO	63119	800-325-1416	314-968-0895
Gold Eagle Optics	14000 Big Ridge Rd Ste A	Biloxi	MS	39532	228-872-1170	228-872-1190
Superior Optical Labs Inc	6525 Sunplex Dr	Ocean Springs	MS	39564	800-476-2285	
Walman Optical	2747 Enterprise Ave Ste 3	Billings	MT	59102	406-252-2143	800-948-3152
Optical Wholesale	2633 Randleman Rd	Greensboro	NC	27406	800-632-0297	336-370-1273
Southern Optical	860 Aviation Pkwy Ste 1300	Morrisville	NC	27560	800-969-8256	
Southern Optical	1909 N Church St	Greensboro	NC	27405	800-436-9622	336-273-6625
Twin City Optical	1213 Continental Ave	Bismarck	ND	58502	800-258-4186	
Walman Optical	629 20 Ave Se Ste B	Minot	ND	58701	701-852-1048	800-735-5956
Walman Optical	1404 33rd St S Ste K	Fargo	ND	58103	701-235-0571	800-347-8190
Walman Optical	12240 Emmet St	Omaha	NE	68614	402-492-8822	800-820-0042
Carl Zeiss Vision Inc - Blackwood	10 Harmon Drive	Blackwood	NJ	08012		
I-see Optical Lab	44 W Church St	Blackwood	NJ	08012	856-795-6435	
M H Optical Supplies	128 Leuning St	South Hackensack	NJ	07606	800-445-3090	201-457-0482
Sheridan Optical	108 Clinton Ave	Pitman	NJ	08071	800-704-1375	856-582-1970
Truckee-sunstar	5960 S Edmond St	Las Vegas	NV	89118	775-359-6667	
Walman Optical	3321 Sunrise Ave Ste 110	Las Vegas	NV	89101	702-438-1235	702-438-1215
21st Century Optics	4700 33rd St	Long Island City	NY	11101	718-392-2310	718-685-0404
Nova Optical	165 Rt 303	Orangetburg	NY	10962	800-668-2411	
Optogenics	2840 Erie Blvd E	Syracuse	NY	13224	800-678-4225	
Rochester Optical	920 Emerson St	Rochester	NY	14606	585-254-0022	585-254-5026
Tri-supreme Optical	91 Carolyn Blvd	Farmingdale	NY	11735	800-321-1100	
Us Optical	6848 Ellicott Dr	East Syracuse	NY	13057	315-463-4800	315-463-4340
Winchester Optical	1935 Lake St	Elmira	NY	14901	800-847-9357	800-654-5680

Lab Name	Address	City	State	Zip	Phone	Fax
Anchor Optical	3617 Dayton-xenia Rd	Beavercreek	OH	45432	937-429-1730	937-429-5343
Bell Columbus	3671 Interchange Rd	Columbus	OH	43204	800-776-8077	
Central One Optical	6981 Southern Blvd	Youngstown	OH	44512	800-322-6678	888-897-9725
Ecp Choice Llc	1750 South Ave	Youngstown	OH	44502	330-743-9333	330-743-9377
Hoya Cleveland	94 Pelret Industrial Pkwy	Berea	OH	44017	844-736-5750	800-373-0305
Jj Optical Lab	4410 Shepler Church Ave Sw	Canton	OH	44706	330-526-5100	330-484-6590
R And D Optical Lab	4024 Bach Buxton Rd	Batavia	OH	45103	513-273-4034	513-273-4035
Walman Optical	1851 Ebert Ave	Dayton	OH	45439	937-298-0223	
Walman Optical	1201 Jefferson Ave	Toledo	OH	43604	419-248-3384	
B & D Optical	1141 Nw 1st St Ste B	Oklahoma City	OK	73106	800-273-4450	405-524-3255
Classen Optical	6600 N Olie Ste C	Oklahoma City	OK	73116	800-755-6346	405-842-0902
Dunlaw Optical	1313 Sw A Ave	Lawton	OK	73501	800-678-4525	800-365-3409
Team Duffins	713 Sw 119th St	Oklahoma City	OK	73170	800-256-9800	405-682-9738
Carl Zeiss Vision Portland	14450 Se 98th St	Clackamas	OR	97015	503-655-4787	
Hoya Portland	4500 Se Criterion Ct Ste 200	Milwaukie	OR	97222	844-736-5768	800-545-4655
Opti Craft	12130 Ne Anisworth Circle Ste 260	Portland	OR	97220	800-288-8078	503-256-4564
Allentown Optical	525 Business Park Ln	Allentown	PA	18109	800-322-9021	610-435-7865
B & G Optics Llc	1320 Unity St	Philadelphia	PA	19124	800-360-5367	215-289-4046
Balester Optical	388 N River St	Wilkes-barre	PA	18702	800-233-8373	800-548-3487
Beitler McKee Optical	160 S 22nd St	Pittsburgh	PA	15203	800-989-4700	412-488-1024
East Coast Optical	10787 Bustleton Ave	Philadelphia	PA	19116	215-725-4404	215-725-2986
Eyenvision Optical Inc	1501 Reedsdale St Ste 203	Pittsburgh	PA	15233	412-456-2736	412-594-7024
Fea Industries	1 N Morton Ave	Morton	PA	19070	800-327-2002	610-543-1996
Hirshland Optical	2867 Post Rd	Orefield	PA	18069	800-322-9064	610-395-5197
Homer Optical Barton Division	60 Hokes Mill Rd	York	PA	17404	800-899-1822	717-843-2278
K Optical	29 W Main	Hummelstown	PA	17036	800-548-7540	717-566-0782
Lens Tech	41 S Franklin St, Po Box 426	Du Bois	PA	15801	814-375-5250	814-375-5524
Luzerne Optical	180 N Wilkes-barre Blvd	Wilkes-barre	PA	18703	800-432-8096	800-525-5597
Mb Optical	104 Trolley Ct	Pittsburgh	PA	15237	412-366-8051	412-366-5654
Occularis Inc	13 Kendron Ave	Morton	PA	19070	888-215-2737	215-671-0698
Three Rivers Optical	260 Bilmar Dr	Pittsburgh	PA	15205	800-756-2020	800-756-0034
Walman Optical	150 Rose Ct	York	PA	17406	717-767-5193	
Mgm Optical Laboratory Inc.	Valle Tolima Industrial Park, 14a3 Multifabril Bldg	Caguas	PR	00726	787-781-6299	
Mcleod Optical	50 Jefferson Park Rd	Warwick	RI	02888	401-467-3000	
Outer Vision Lab	3215 Fortune Dr Ste 104	North Charleston	SC	29418	843-566-1111	843-566-1120

Lab Name	Address	City	State	Zip	Phone	Fax
Robertson Optical	411 Commerce Dr Ne	Columbia	SC	29223	800-922-5525	803-708-8475
Walman Optical	623s Lyons Ave Ste 400	Sioux Falls	SD	57106	605-336-3650	855-424-8076
Hoya Knoxville	1529 Western Ave	Knoxville	TN	37971	844-736-5759	800-247-6207
Muller Optical	203 W Baltimore St	Jackson	TN	38301	800-238-3811	800-441-5655
Peak Optical Llc	1060 Progress Dr	Clarksville	TN	37040	931-444-5116	
Southern Optical	136b Industrial Park Rd	Piney Flats	TN	37686	800-888-2544	
Southern Optical	501 Merritt St	Nashville	TN	37203	800-333-8498	
Classic Optical	Payment Processing Center, P.O. Box 816187	Dallas	TX	75381	888-522-2020	888-522-2022
Duffens Optical Houston	3625 Willowbend Blvd Ste 110	Houston	TX	77054	800-392-9774	
Hoya Dallas	651 Corporate Dr	Lewisville	TX	75057	800-423-2361	800-336-3941
Omega Optical	13675 N Stemmons Frwy	Dallas	TX	75234	800-366-6342	972-241-2947
Rgv Optics	519 Nolana Ave	Mcallen	TX	78504	956-683-6235	
Wilson Optical	8990 Summerford Ln	El Paso	TX	79907	800-351-2287	
United Optical	933 E 3300 S	Salt Lake City	UT	84106	801-486-1001	
Homer Optical	5819-a Ward Ct	Virginia Beach	VA	23455	800-848-1329	
Schroeder Optical	1845 Westland Rd Sw	Roanoke	VA	24018	800-628-4146	800-344-4329
Southern Optical	10813 Trade Rd	Richmond	VA	23236	800-999-3882	
Virginia Lens Service	12704 Jefferson Davis Hwy	Chester	VA	23831	804-520-6979	
Hoya Seattle	2330 S 78th St	Tacoma	WA	98409	844-736-5771	800-356-7269
Walman Optical	20417 80th Ave S	Kent	WA	98032	253-872-7137	800-216-5591
W O S Optical	610 Lombardi Ave	Green Bay	WI	54304	800-888-4454	
Walman Optical	3108 Airport Rd	La Crosse	WI	54603	608-784-5836	
Walman Optical	715 14th Ave	Green Bay	WI	54304	800-365-2828	
Walman Optical	7300 S 1st St	Oak Creek	WI	53154	414-764-8878	800-677-0780
Walman Optical	205 S Stoughton Rd	Madison	WI	53714	800-736-6544	800-736-9633
Bell Optical	2182 Rt 75 Ste 2	Kenova	WV	25530	304-429-8470	
Courts Optical	16 Burkham Ct	Wheeling	WV	26003	304-312-0761	866-346-2987
N Focus Optical Lab	500 17th St	Vienna	WV	26105	877-295-5764	800-926-5764