



Benefits Administrator Portal User Guide

March 2023

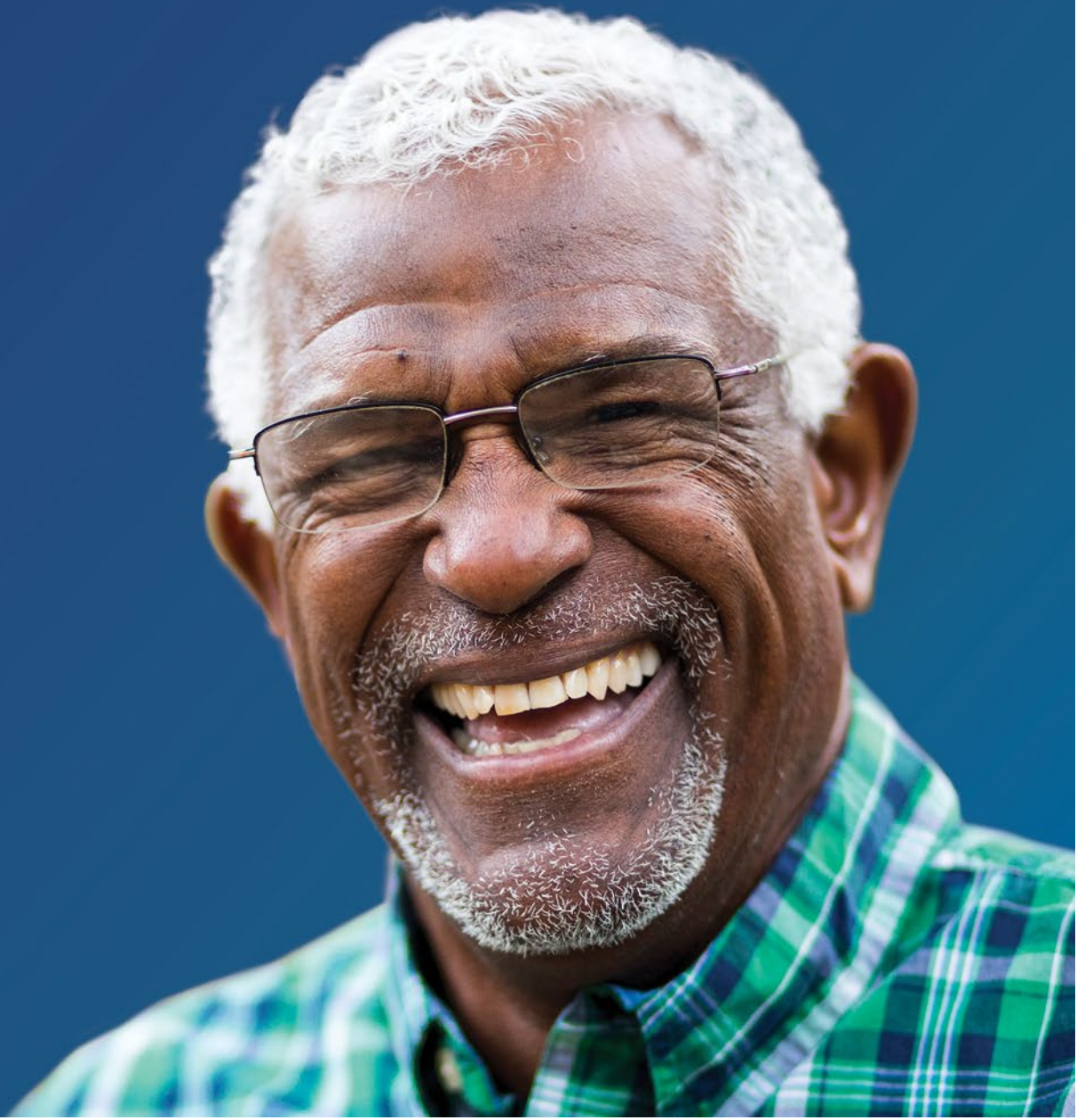


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About This Guide

Icons Used in Documentation

As you read this document, you will notice the following icons:

Icon	Description
	Notes contain additional information to help you complete your work more efficiently.
	Important facts contain critical information that can affect your Benefits Administrator Portal procedures.
	Shortcuts contain information about a faster way to accomplish a task.

 To increase the viewing size of the information and screen captures in this document, use the zoom feature of Adobe Acrobat Reader. Click the plus (+) sign to increase the viewing size and the minus (-) sign to decrease the viewing size of the documents.



Introduction

Our Benefits Administrator Portal provides a user-friendly, web-based environment that allows you to:

- View Plan Rules
- Download Enrollment Reports
- Access Online Bills
- Manage Enrollment by adding, modifying or terminating an employee or dependent



If your group submits enrollment using EDI 834 or flat files, enrollment management is not available through the portal. However, portal access may be used to view plan rules, access online bills and download enrollment reports.



For Administrative Services Only (ASO) Groups, online bills are not available.

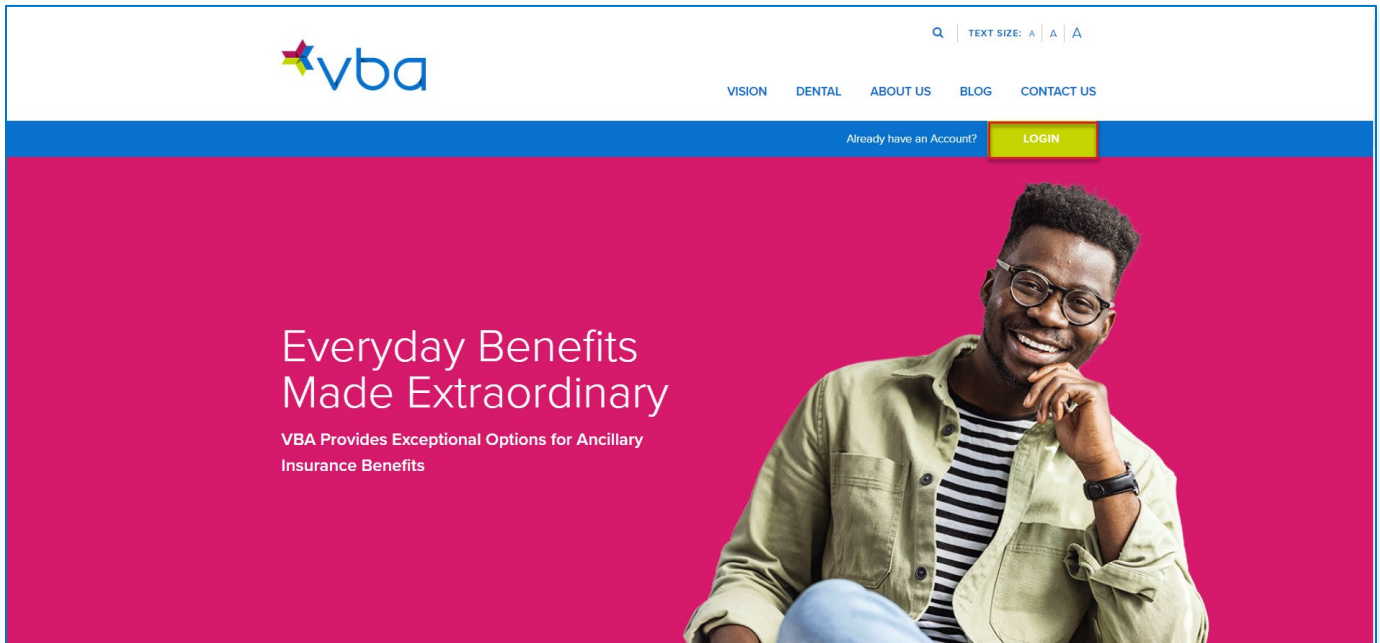
Navigation & Functionality

This user guide describes general navigation and functionality of the Benefits Administrator Portal. Detailed information on the following topics is provided.

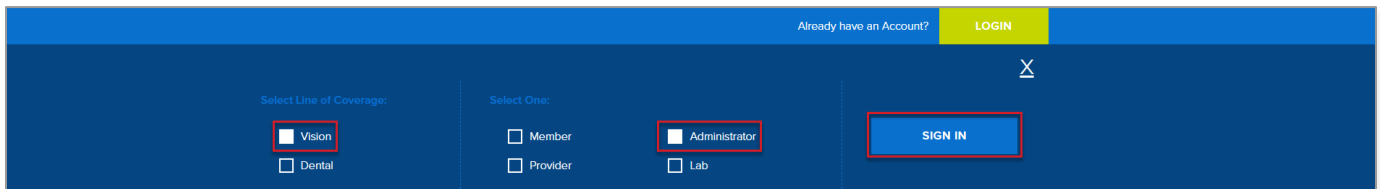
Topic	Description
Plan Rules	Enables you to select detailed information for the overall vision plan, or information on coverage for sunglasses and safety glasses depending on your group's plan rules.
Adding an Employee	Allows you to add a newly eligible employee.
Searching for an Existing Employee	Enables you to find an individual employee or view all employees.
Editing an Existing Employee	Permits you to edit demographic and coverage information for existing employees and their dependents.
Online Billing and Eligibility Reports	Allows you to view/download your monthly bills, billing history or eligibility reports online.
Downloads	Provides multiple documents for download.
View Changes	Enables you to verify that you have made the appropriate changes before you exit the portal.
Frequently Asked Questions	Provides answers to the most frequently asked questions about the Benefits Administrator Portal.

Logging In/Out

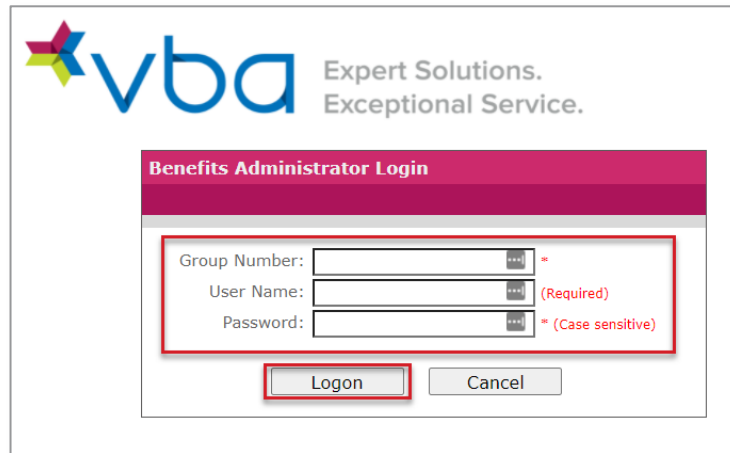
Go to <http://www.vbaplans.com/>, then click **Login**.



Select **Vision**, then **Administrator**, then click **SIGN IN**.

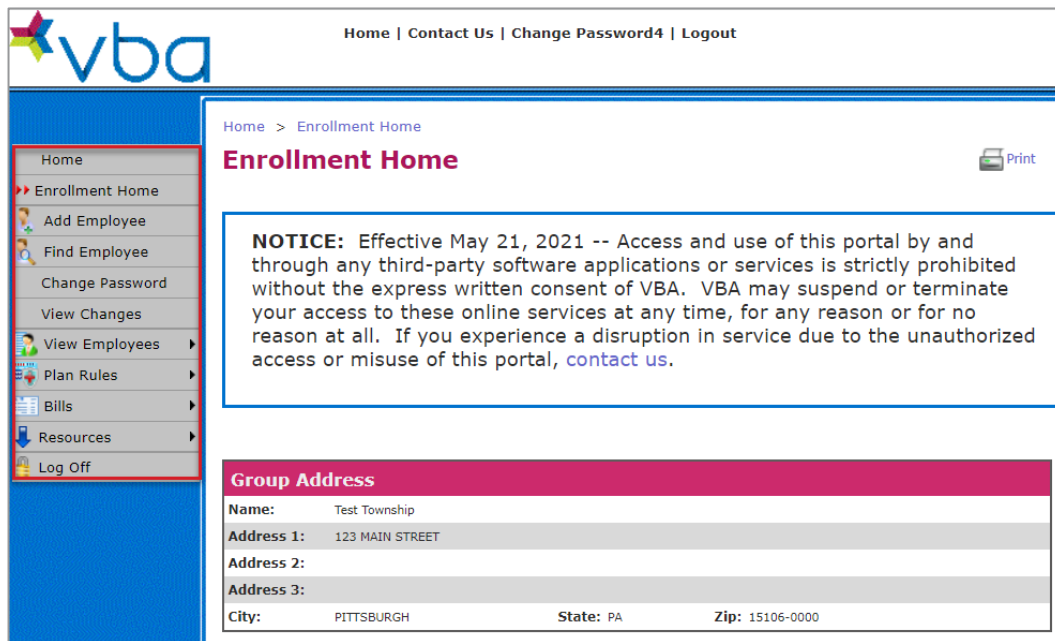


The Benefits Administrator Login page displays. Enter your **Group Number**, **User Name** and **Password**, then click **Logon**.



The screenshot shows the 'Benefits Administrator Login' page. At the top left is the vba logo with the tagline 'Expert Solutions. Exceptional Service.' Below this is a pink header bar with the text 'Benefits Administrator Login'. The main content area contains three input fields: 'Group Number:', 'User Name:', and 'Password:'. The 'User Name' and 'Password' fields have red asterisks and the text '(Required)' and '(Case sensitive)' respectively. Below the input fields are two buttons: 'Logon' and 'Cancel'.

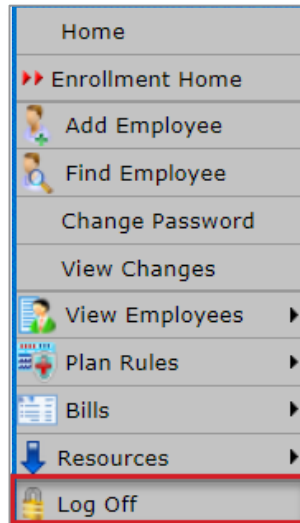
The Enrollment Home page displays with the **Main Menu** for all Administrator functions in the left navigation.



The screenshot shows the 'Enrollment Home' page. At the top left is the vba logo. To the right of the logo is a navigation bar with links: 'Home | Contact Us | Change Password4 | Logout'. Below the logo is a blue sidebar menu with the following items: Home, Enrollment Home (highlighted with a red border), Add Employee, Find Employee, Change Password, View Changes, View Employees, Plan Rules, Bills, Resources, and Log Off. The main content area has a breadcrumb trail 'Home > Enrollment Home' and a 'Print' icon. Below this is a pink header bar with the text 'Enrollment Home'. A large blue-bordered box contains a **NOTICE**: 'Effective May 21, 2021 -- Access and use of this portal by and through any third-party software applications or services is strictly prohibited without the express written consent of VBA. VBA may suspend or terminate your access to these online services at any time, for any reason or for no reason at all. If you experience a disruption in service due to the unauthorized access or misuse of this portal, [contact us](#).' Below the notice is a pink header bar with the text 'Group Address'. Underneath is a table with the following data:

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

To log out, click **Log Off** in the left navigation.



Changing Your Password

To create your own password, select **Change Password** from the **Main Menu**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Enrollment Home

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Group Address

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
Zip:	15106-0000		

Enter your **Old Password**, then enter a **New Password**, then **Re-enter** your **New Password**. Finally, click **Save**.



Passwords must be at least 12 characters and are case sensitive.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Change Password

Change Password

Old Password: *

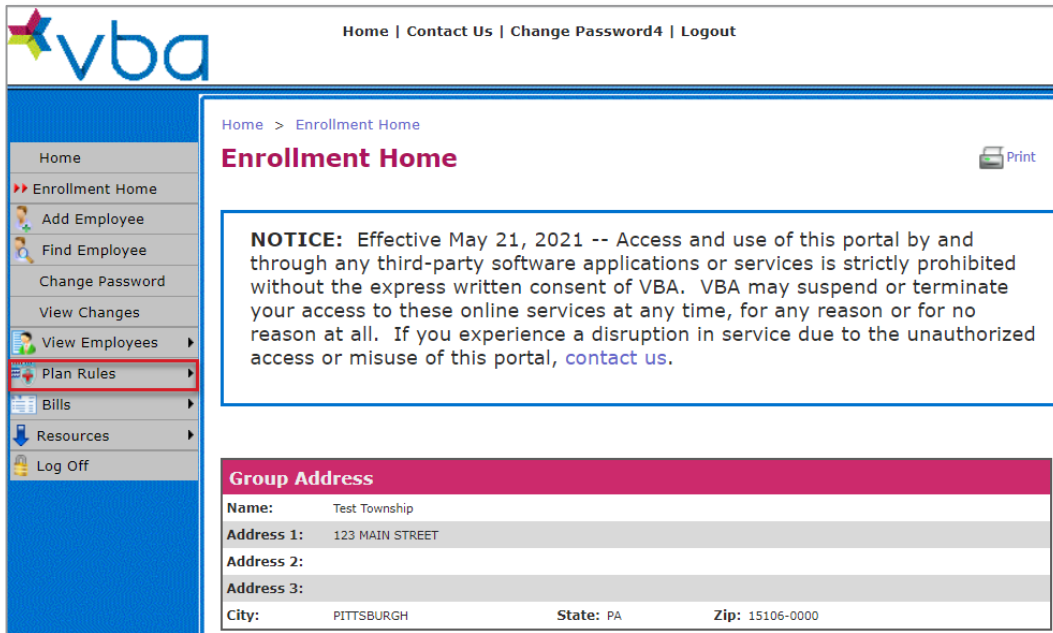
New Password: * (must contain 12 characters)

Re-enter New Password: *

Save


Plan Rules

To view the Plan Rules for your group, select Plan Rules.



Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

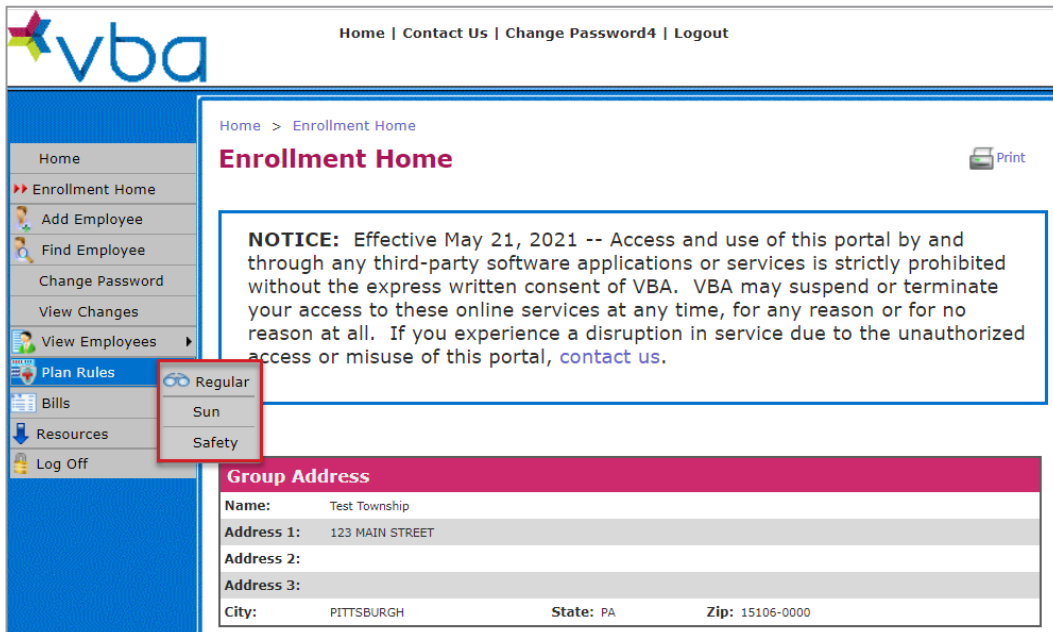
Enrollment Home 

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Group Address


Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

Depending on your group's plan rules, you can select detailed information for the overall vision plan or information on coverage for sunglasses and safety glasses if applicable.



Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Enrollment Home 

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Group Address

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

Plan Rules - Regular

Under **Plan Rules - Regular**, there are two tabs: **General** and **Details**. The **General** tab provides a plan overview.

The screenshot shows the VBA portal interface. At the top, there are navigation links: Home | Contact Us | Change Password4 | Logout. The main content area is titled 'Plan Rules - Regular' and includes a 'Print' icon. Below the title, the 'Group' is identified as '013 - Test Township'. Two tabs are visible: 'General' (which is highlighted with a red box) and 'Details'. The 'General Plan Rules' section includes a heading 'What is covered?' with the text: 'EITHER (1) EYEGLASS EXAM WITH LENSES & FRAME OR (2) ALLOWANCE TOWARD CONTACT EXAM & CONTACT LENS MATERIALS'. Below this is a 'Plan Specifics' table with the following data:

Plan Type:	LAST DATE OF SERVICE
Student Age Limit:	Not Applicable - See Child Age Limit
Child Age Limit:	26
Exam Copay	Lens/Frame Copays
None	None

Below the table is a 'Plan Benefit Frequency' table:

	Exam	Lens	Frame	Contacts
Child	12 months	12 months	12 months	- OR - \$200 every 12 months ¹
Adult	12 months	12 months	12 months	- OR - \$200 every 12 months ¹

Footnotes at the bottom of the page:

- ¹ Elective contact lens can only be selected in lieu of all other benefits. When selected, your plan will provide a **total allowance of up to \$200 toward the cost of the routine eye exam, contact fitting fees and contacts** (if all purchased at the same time and same provider). Any additional cost over the \$200 will be the member's responsibility. *Member may be asked to pay the contact fitting fee out of pocket, at some locations.*
- * Contact lens policies and pricing varies by provider. Be sure to check both before receiving services. Your coverage does not provide both glasses and contact lenses in the same eligibility period.
- * Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.
- * Coupons or advertised specials cannot be used in conjunction with your vision coverage.

The **Details** tab provides more specific information.

Home | Contact Us | Change Password4 | Logout

- Home
- Enrollment Home
- Add Employee
- Find Employee
- Change Password
- View Changes
- View Employees
- Plan Rules
- Bills
- Resources
- Log Off

Home > Enrollment Home

Plan Rules - Regular

Print

Plan Rules - Regular

Group: 013 - Test Township

General

Details

In Network Covered Services*

Vision Care Exam(for Glasses)	Covered
Digital Retinal Screening	Non-Covered
Single Vision Lens	Covered
Lined Multifocals	Covered
Lenticular	Covered
Wholesale Frame Allowance	\$60.00 ¹
Polycarbonate (up to age 19)	Covered
UV 400	Covered
Solid or Gradient Tint	Covered
Premium Scratch	Covered
Blended Bifocal	Covered
Medically Necessary Contact Lenses	Covered w/ Authorization
Basic Scratch	Covered
Elective Contact Lens Allowance	\$200 ²

In Network Lens Options**

Option Name	
Premium 3 (V) & 4 (D) Progressive	Partially Covered
Premium 1 (B) & 2 (C) Progressive	Partially Covered
Basic (Z) Progressive	Partially Covered
Standard (A) Progressive	Partially Covered
Polycarbonate	Non-Covered
High Index	Non-Covered
Photochromic	Non-Covered
Polarized	Non-Covered
Plano	Non-Covered
Aspheric & Atoric	Non-Covered
Digital Surfacing, Single Vision	Non-Covered
Standard A/R 1	Non-Covered
Standard A/R 2	Non-Covered
Premium A/R 1	Non-Covered
Color Coating	Non-Covered
Mirror Coating	Non-Covered
Edge Treatment	Non-Covered
Rimless Mounting	Non-Covered
Mid-Index / Trivex	Non-Covered
Near Variable Focus	Non-Covered
Blue Protection	Non-Covered
Premium A/R 2	Non-Covered
Ultra A/R	Non-Covered

Out of Network Reimbursements (up to)

Exam:	\$35
Single Vision Lens	\$30
Bifocal:	\$40
Trifocal:	\$60
Lenticular	\$80
Contacts:	\$200 ²
Medically Necessary Contact Lenses	\$250 ³
Frames:	\$40
Progressive:	\$60

¹ Amount is based on wholesale frame cost at non-retail locations. Members can contact their provider before requesting services.

² Elective contact lens can only be selected in lieu of all other benefits. When selected, your plan will provide a total allowance of up to \$200 toward the cost of the routine eye exam, contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost over the \$200 will be the member's responsibility. Member may be asked to pay the contact fitting fee out of pocket, at some locations.

³ Authorization of medical condition required.

⁴ Price does not include base charge for material (if applicable).

⁵ Medical contacts can only be selected in lieu of all other benefits.

⁶ Member may select only one pair of the covered lens options listed below.

⁷ Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

⁸ Benefits may vary where prohibited by state law.

⁹ Certain plans may specify that no more than 50% of the above benefit may be used per eye.

Plan Rules – Sun

Plan Rules – Sun provides the Covered Options offered under your plan for sunglasses if applicable.

Home | [Contact Us](#) | [Change Password4](#) | [Logout](#)

- Home
- Enrollment Home
- Add Employee
- Find Employee
- Change Password
- View Changes
- View Employees
- Plan Rules
- Bills
- Resources
- Log Off

Home > Enrollment Home
 Print

Plan Rules - Sun

Plan Rules - Sun

Group:

General

Details

General Plan Rules *

What is covered ?

EYEGLASS LENSES AND FRAMES (no exam or contact lens materials)

Plan Specifics

Plan Type: LAST DATE OF SERVICE

Student Age Limit:

Child Age Limit:

Exam Copay	Lens/Frame Copays
None	None

Plan Benefit Frequency

	Exam	Lens	Frame	Contacts
Child	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Adult	Not Allowed	24 months	24 months	Not Allowed

† Elective contacts can only be selected in lieu of the spectacle lens and frame benefits listed herein. When elective contacts are selected, your plan will provide up to \$0 towards the cost of contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost for contacts over the \$0 will be the member's responsibility.
 Member may be asked to pay the contact fitting fee out of pocket, at some locations.
 * Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.
 * Coupons or advertised specials cannot be used in conjunction with your vision coverage.

The **Details** tab provides more specific information.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home
Print

Plan Rules - Sun

Plan Rules - Sun
 Group:

General
Details

In Network Covered Services*

Contact Eval and/or Fitting	Partially Covered ⁵
Digital Retinal Screening	Non-Covered
Single Vision Lens	Covered
Lined Multifocals	Covered
Lenticular	Covered
Retail Frame Allowance:	\$180.00 ¹
Polycarbonate (up to age 19)	Covered
Photochromic	Covered
Plano	Covered
Solid or Gradient Tint	Covered
Color Coating	Covered
Blended Bifocal	Covered
Basic Scratch	Covered

In Network Lens Options **

Option Name	
Premium 3 (V) & 4 (D) Progressive	Partially Covered
Premium 1 (B) & 2 (C) Progressive	Partially Covered
Basic (Z) Progressive	Partially Covered
Standard (A) Progressive	Partially Covered
Polycarbonate	Non-Covered
High Index	Non-Covered
Polarized	Non-Covered
UV 400	Non-Covered
Aspheric & Atoric	Non-Covered
Digital Surfacing, Single Vision	Non-Covered
Premium Scratch	Non-Covered
Standard A/R 1	Non-Covered
Standard A/R 2	Non-Covered
Premium A/R 1	Non-Covered
Mirror Coating	Non-Covered
Edge Treatment	Non-Covered
Rimless Mounting	Non-Covered
Mid-Index / Trivex	Non-Covered
Near Variable Focus	Non-Covered
Blue Protection	Non-Covered
Premium A/R 2	Non-Covered
Ultra A/R	Non-Covered

Out of Network Reimbursements (up to)

Single Vision Lens	\$20
Bifocal:	\$30
Trifocal:	\$50
Lenticular	\$70
Frames:	\$20
Progressive:	\$50

¹ Amount is based on retail pricing at most locations. Members can contact their provider before requesting services.

² Elective contacts can only be selected in lieu of the spectacle lens and frame benefits listed herein. When elective contacts are selected, your plan will provide up to \$0 towards the cost of contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost for contacts over the \$0 will be the member's responsibility. Member may be asked to pay the contact fitting fee out of pocket, at some locations.

³ Authorization of medical condition required.

⁴ Price does not include base charge for material (if applicable).

⁵ 15% Discount from UCR.

⁶ Medical contacts can only be selected in lieu of all other benefits except for the vision exam.

* Member may select only one pair of the covered lens options listed below.

** Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

*** Benefits may vary where prohibited by state law.

**** Certain plans may specify that no more than 50% of the above benefit may be used per eye.

Plan Rules – Safety

Plan Rules – Safety provides the Covered Options offered under your plan for safety glasses if applicable.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Plan Rules - Safety

Group:

General | Details

General Plan Rules *

What is covered ?

EYEGLASS LENSES AND FRAMES (no exam or contact lens materials)

Plan Specifics

Plan Type: LAST DATE OF SERVICE

Student Age Limit:

Child Age Limit:

Exam Copay	Lens/Frame Copays
None	None

Plan Benefit Frequency

	Exam	Lens	Frame	Contacts
Child	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Adult	Not Allowed	24 months	24 months	Not Allowed

1 Elective contacts can only be selected in lieu of the spectacle lens and frame benefits listed herein. When elective contacts are selected, your plan will provide up to \$0 towards the cost of contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost for contacts over the \$0 will be the member's responsibility. Member may be asked to pay the contact fitting fee out of pocket, at some locations.

* Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

** Coupons or advertised specials cannot be used in conjunction with your vision coverage.

The **Details** tab provides more specific information.

Home | [Contact Us](#) | [Change Password4](#) | [Logout](#)

Home > [Enrollment Home](#)

Plan Rules - Safety

Plan Rules - Safety

Group:

General

Details

In Network Covered Services*

Contact Eval and/or Fitting	Partially Covered ⁵
Digital Retinal Screening	Non-Covered
Single Vision Lens	Covered
Lined Multifocals	Covered
Lenticular	Covered
Retail Frame Allowance:	\$180.00 ¹
Polycarbonate	Covered
Blended Bifocal	Covered
Basic Scratch	Covered

In Network Lens Options **

Option Name	
Premium 3 (V) & 4 (D) Progressive	Partially Covered
Premium 1 (B) & 2 (C) Progressive	Partially Covered
Basic (Z) Progressive	Partially Covered
Standard (A) Progressive	Partially Covered
High Index	Non-Covered
Photochromic	Non-Covered
Polarized	Non-Covered
UV 400	Non-Covered
Plano	Non-Covered
Aspheric & Atoric	Non-Covered
Digital Surfacing, Single Vision	Non-Covered
Solid or Gradient Tint	Non-Covered
Premium Scratch	Non-Covered
Standard A/R 1	Non-Covered
Standard A/R 2	Non-Covered
Premium A/R 1	Non-Covered
Color Coating	Non-Covered
Mirror Coating	Non-Covered
Edge Treatment	Non-Covered
Rimless Mounting	Non-Covered
Mid-Index / Trivex	Non-Covered
Near Variable Focus	Non-Covered
Blue Protection	Non-Covered
Premium A/R 2	Non-Covered
Ultra A/R	Non-Covered

Out of Network Reimbursements (up to)

Single Vision Lens	\$20
Bifocal:	\$30
Trifocal:	\$50
Lenticular	\$70
Frames:	\$20
Progressive:	\$50

¹ Amount is based on retail pricing at most locations. Members can contact their provider before requesting services.

² Elective contacts can only be selected in lieu of the spectacle lens and frame benefits listed herein. When elective contacts are selected, your plan will provide up to \$0 towards the cost of contact fitting fees and contacts (if all purchased at the same time and same provider). Any additional cost for contacts over the \$0 will be the member's responsibility. Member may be asked to pay the contact fitting fee out of pocket, at some locations.

³ Authorization of medical condition required.

⁴ Price does not include base charge for material (if applicable).

⁵ 15% Discount from UCR.

⁶ Medical contacts can only be selected in lieu of all other benefits except for the vision exam.

** Member may select only one pair of the covered lens options listed below.

* Benefits may vary at participating retail locations. Members may contact VBA at 412-881-4900 for more information regarding benefits available at participating retail locations.

*** Benefits may vary where prohibited by state law.

**** Certain plans may specify that no more than 50% of the above benefit may be used per eye.

Adding an Employee

To add a newly eligible employee, select **Add Employee**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Enrollment Home

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Group Address

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

You will be redirected to the data entry screen for a new employee.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Add Employee

General

Group: 013 - Test Township

Member Info

First Name: * **MI:** **Last Name:** * **Suffix:**

SSN: * (do not enter dashes)

Birth Date: * (MMDDYYYY)

Address

Address 1: *

Address 2:

City: * **ST:** * **Zip:** * -

Eligibility

Start Date	Coverage Type	Subgroup Number
<input type="text"/> * (MMDDYYYY)	SINGLE	<input type="text"/> Pick



Required fields are marked with an asterisk (*).

Enter the employee's **First Name**.

Optionally, enter the employee's **Middle Initial**.

Enter the employee's **Last Name**.

Optionally, enter a **Suffix** for the employee's name.

Enter the employee's **Social Security Number (SSN)**.

Enter the employee's **Birth Date**

Enter the first line of the employee's **Address 1**.

Optionally, enter a second line for the employee's **Address 2**.

Enter the employee's **City**.

Enter the two-letter abbreviation of the employee's **State (ST)**.

Enter the employee's **Zip** code.

Enter the effective **Start Date** of the employee's coverage.



The Start Date is the effective date of coverage and NOT the date of hire.

Select a **Coverage Type** from the drop down.

- Single
- Family
- Emp/Spouse
- Emp/Dependent(s)
- 2 Person



Coverage types are group specific, so you may not see all the above options listed. If your group is billed by tier, Coverage Type is not automatically determined by VBA's System. (i.e., If Family is selected and only the employee is enrolled, VBA will bill for Family Coverage for that employee.)

To determine the correct **Subgroup Number**, click on **Pick** to display Subgroups.



Not all groups have Subgroup Numbers.

Eligibility

Start Date	Coverage Type	Subgroup Number
04012023 * <small>(MMDDYYYY)</small>	FAMILY ▼	<input type="text"/> Pick

Find the correct **Subgroup Number**, then click **Select**.

General

Group: 013 - Test Township

Subgroups

Subgroup #	Name	City	State	Zipcode
Select 0001	POLICE	PITTSBURGH	PA	15106

Click **Save**.

Home | Contact Us | Change Password4 | Logout

- Home
- Enrollment Home
- Add Employee
- Find Employee
- Edit UNGER
- Change Password
- View Changes
- View Employees
- Plan Rules
- Bills
- Resources
- Log Off

Home > Enrollment Home

Add Employee

Print

General

Group: 013 - Test Township

Member Info

First Name: * **MI:** **Last Name:** * **Suffix:**

SSN: * (do not enter dashes)

Birth Date: * (MMDDYYYY)

Address

Address 1: *

Address 2:

City: * **ST:** * **Zip:** * -

Eligibility

Start Date	Coverage Type	Subgroup Number
04012023 * <small>(MMDDYYYY)</small>	FAMILY ▼	<input type="text" value="0001"/> Pick

Save

In this example, we selected Family coverage. Once you click **Save**, you will automatically be redirected to the **Add Family Member** screen.



Required fields are marked with an asterisk (*).

Enter the dependent's **First Name**.

Optionally, enter the dependent's **Middle Initial**.

Enter the dependent's **Last Name**.

Optionally, enter a **Suffix** for the dependent's name.

Enter the dependent's **Birth Date**

Enter the dependent's **Relation** to the employee.

- Spouse/Domestic Partner
- Child
- Handicapped
- Student

If applicable, enter the dependent's **School**.

Enter the effective **Start Date** of the dependent's coverage.



Dependent Start Date may not be prior to Employee Start Date.

Click **Save** to save the dependent information you just entered or click **Save & Add Another** to save the dependent information you just entered and add another dependent.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Add Family Member

General

Group: 013 - Test Township

Employee: LOUIS QUESTEAU

Dependent Info

First Name: Marie * MI: Last Name: Questeau * Suffix:

Birth Date: 12311967 * (MMDDYYYY)

Relation: SPOUSE/DOMESTI *

School: (required for child in post secondary education)

Start Date: 04012023 * (MMDDYYYY)

Buttons: Save, Save & Add Another, Cancel

The View Policy screen will display.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

View Policy

You may NOW retroactively add or terminate an employee's coverage up to two months prior to the first day of the current month.

General

Group: 013 - Test Township

Employee Info

Name: LOUIS QUESTEAU

Address 1: 111 JOAN DRIVE

Address 2:

City: PITTSBURGH State: PA Zip: 15101

Eligibility

	Coverage Type	Subgroup	Start Date	End Date	Status
DETAIL	FAMILY	0001 - POLICE	04/01/23		PENDING

Participants

	First Name	Birth Date	Relationship	Start Date	End Date	Status
	LOUIS	08/12/66	MEMBER	04/01/23		PENDING
EDIT EDIT ELIG	MARIE	12/31/67	SPOUSE/DOMESTIC PARTNER	04/01/23		PENDING

Searching for an Existing Employee

The search options are **Find Employee** or **View Employees**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Enrollment Home Print

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Group Address		
Name:	Test Township	
Address 1:	123 MAIN STREET	
Address 2:		
Address 3:		
City:	PITTSBURGH	State: PA Zip: 15106-0000

Find Employee

If you select **Find Employee**, you can search for an employee by Member ID or Social Security Number (SSN), then click **Find**.



In most cases, the Member ID is the member's SSN. Occasionally, an employer assigns a unique number to use as a Member ID.

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Find Employee Print

Find Employee

Member ID (or SSN): (no dashes)

The View Policy page for that employee displays.

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Home > Enrollment Home

View Policy Print

You may NOW retroactively add or terminate an employee's coverage up to two months prior to the first day of the current month.

General

Group: 013 - Test Township

Employee Info

Name: FELIX UNGER
 Address 1: 217 BURCHFIELD ROAD
 Address 2:
 City: ALLISON PARK State: PA Zip: 15101

Eligibility

	Coverage Type	Subgroup	Start Date	End Date	Status
DETAIL	EMP/SPOUSE		01/01/18		ACTIVE

Participants

	First Name	Birth Date	Relationship	Start Date	End Date	Status
	FELIX	08/03/85	MEMBER	01/01/18		ACTIVE
EDIT	EDIT ELIG	JESSICA	SPOUSE/DOMESTIC PARTNER	01/01/18		ACTIVE

View Employees

If you select **View Employees**, you have three options:

- View as Web Page
- View as PDF File
- View as Spreadsheet

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Enrollment Home Print

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Group Address

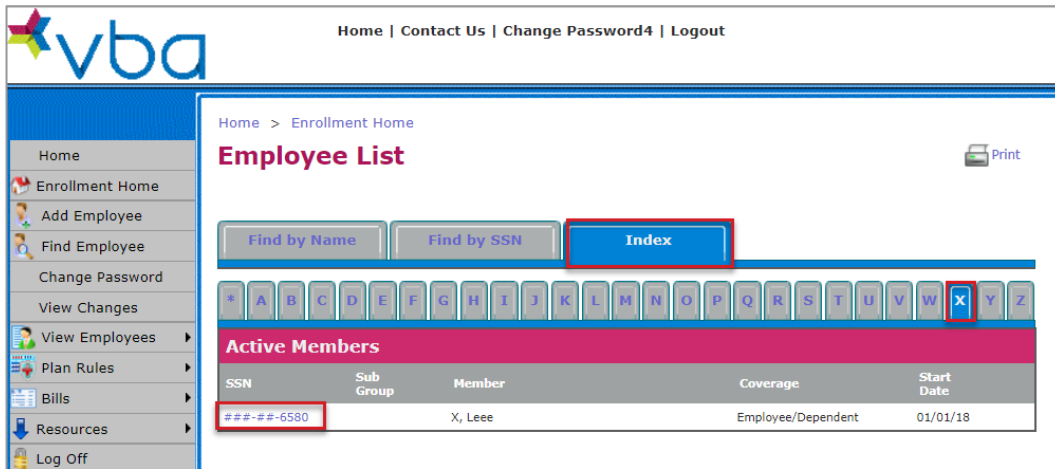
Name: Test Township
 Address 1: 123 MAIN STREET
 Address 2:
 Address 3:
 City: PITTSBURGH State: PA Zip: 15106-0000

View as a Web Page

If you select **View as Web Page**, you can look an employee up by using the **Index**, **Find by Name** or **Find by SSN**.

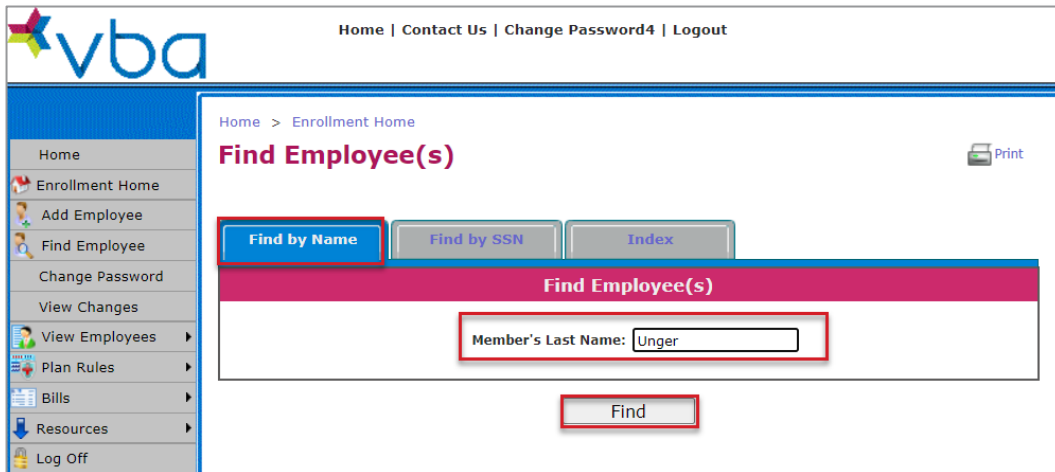
Index

Using the Index, employees can be sorted quickly by the first letter of the last name. Once the correct employee is found, click on their **SSN** to **View Policy** details.



Find by Name

Using **Find by Name**, you can look up an employee by their last name, then click **Find**.



The last name look-up feature allows for the partial entry of a last name.

Once the correct employee is found, click on their **SSN** to **View Policy** details.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Employee List

Print

Find by Name | Find by SSN | Index

* A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Active Members

SSN	Sub Group	Member	Coverage	Start Date
#####-0765		Unger, Felix	Employee/Spouse	01/01/18

Find by SSN

Using **Find by SSN**, you can look up an employee by their social security number, then click **Find**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Find Employee(s)

Print

Find by Name | Find by SSN | Index

Find Employee

Member ID (or SSN): (no dashes)

Find

Once the correct employee is found, click on their **SSN** to **View Policy** details.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Employee List

Print

Find by Name | Find by SSN | Index

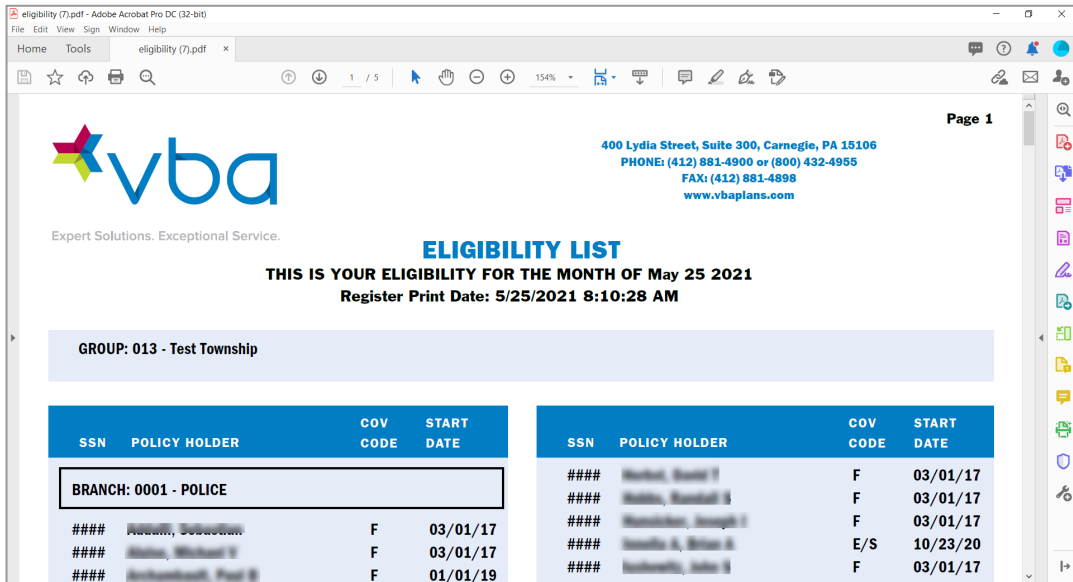
* A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Active Members

SSN	Sub Group	Member	Coverage	Start Date
#####-0765		Unger, Felix	Employee/Spouse	01/01/18

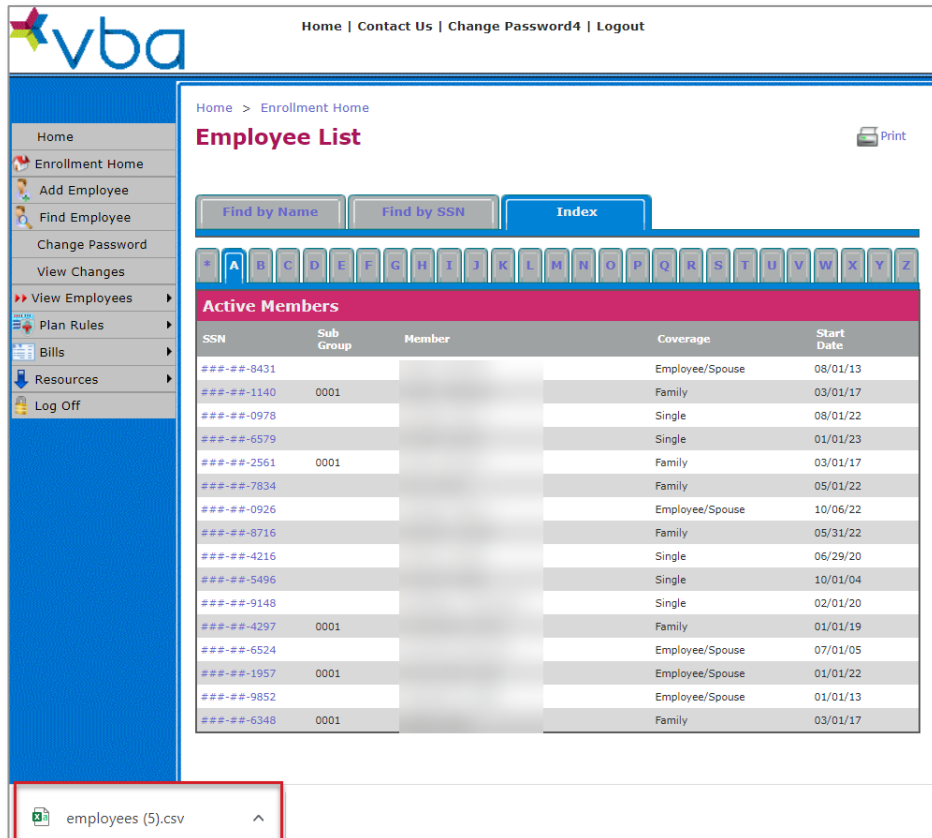
View as PDF File

If you select **View as PDF File**, you can view a list of your eligible employees in PDF format.



View as Spreadsheet

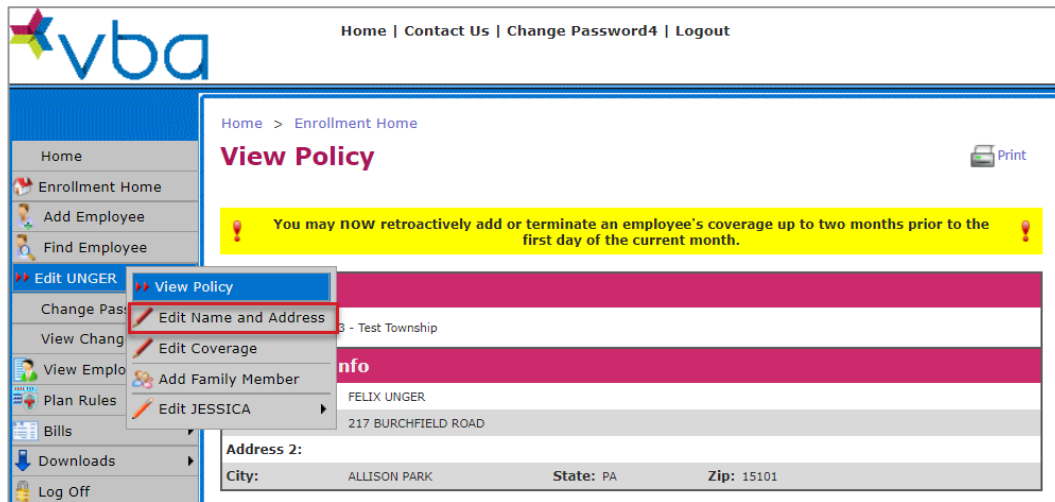
If you select **View as Spreadsheet**, you can download a list of your eligible employees or eligible employees and their dependents in Excel format.



Editing an Existing Employee

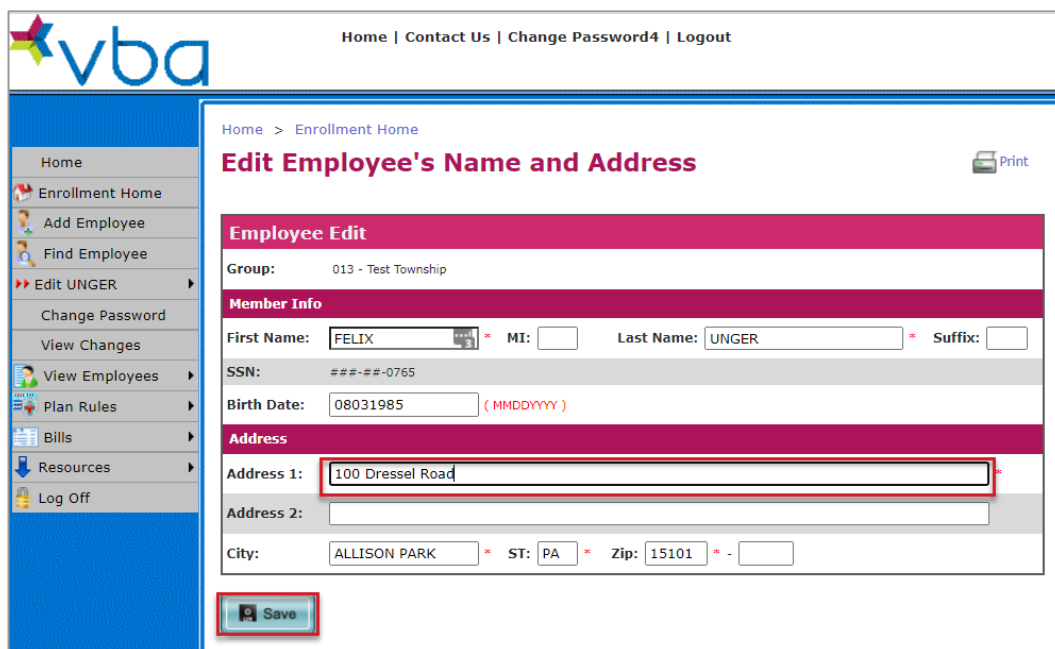
Edit Employee Name and Address

To change demographic information for an existing employee, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee's last name in the left navigation. From here, you can **Edit Name and Address** information.



The employee's social security information cannot be changed as that field is used as a record index. If you discover an employee's social security number has been entered incorrectly, call 1-800-432-4966 option 3 to speak with a member of our Client Relations team.

The **Edit Employee's Name and Address** screen will display. Make any necessary changes, then click **Save**.



Edit Employee Coverage



When modifying an existing employee's coverage (changing coverage type or moving from one subgroup to another), it is extremely important to start at the employee level. By starting at the employee level, the system will adjust dependents accordingly.

Changing Employee Coverage Type

To change coverage information for an existing employee, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee's last name in the left navigation. From here, you can **Edit Coverage** information.



In the following example, the employee is going from Employee/Spouse to Single coverage.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

View Policy Print

You may NOW retroactively add or terminate an employee's coverage up to two months prior to the first day of the current month.

Personal Info

3 - Test Township

FELIX UNGER
100 DRESSEL ROAD

Address 2:
City: ALLISON PARK State: PA Zip: 15101

Eligibility

Coverage Type	Subgroup	Start Date	End Date	Status
DETAIL	EMP/SPOUSE	01/01/18		ACTIVE

Participants

	First Name	Birth Date	Relationship	Start Date	End Date	Status
	FELIX	08/03/85	MEMBER	01/01/18		ACTIVE
EDIT	EDIT ELIG	JESSICA	11/23/85	SPOUSE/DOMESTIC PARTNER	01/01/18	ACTIVE

Select **Edit**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Edit Employee's Coverage

General

Group: 013 - Test Township

Employee Info

Name: FELIX UNGER
 SSN: ###-##-0765
 Birth Date: 8/3/1985

Employee Eligibility History

	Start Date	End Date	Coverage Type	Cobra	Medical Condition	How Notified	Subgroup #
EDIT	01/01/18		EMP/SPOUSE	NO	NO	BLILICK013	

Enter the new **Effective On** date of the benefits, then select the **Coverage Type** from the dropdown. If applicable, click **Pick** to select the Subgroup Number. Click **Save**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Employee Eligibility Edit

General

Group: 013 - Test Township
 Employee: FELIX UNGER

Eligibility

Effective On: 04012023
 Coverage Type: SINGLE
 Subgroup Number: 0001 **Pick**

(MMDDYYYY)

Save

A warning message will appear that indicates enrolled dependents will be dropped from coverage. Click **Continue** to set a new effective date for the employee and terminate all dependents.

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Home > Enrollment Home

Family Member Change Notice

Print

General

Group: 013 - Test Township

Employee: FELIX UNGER

Notice

NOTICE:
You have elected to downgrade this employee's coverage. The system will automatically terminate the uncovered participants on the effective date shown below. If you wish to proceed with this downgrade in coverage, click the Continue button. Otherwise, click the Cancel button.

Uncovered Participants

First Name	Birth Date	Relationship	Action	On Date
JESSICA	11/23/85	SPOUSE/DOMESTIC PARTNER	TERMINATE	04/01/23

Continue Cancel

Terminating an Employee

To terminate an existing employee, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee's last name in the left navigation. From here, you can select **Edit Coverage**.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Edit Employee's Coverage

Print

General

Group: 013 - Test Township

Employee: FELIX UNGER

SSN: ##-##-0765

Employee Eligibility History

	Start Date	End Date	Coverage Type	Cobra	Medical Condition	How Notified	Subgroup #
EDIT	04/01/23	03/31/23	SINGLE	NO	NO	WEB	0001
	01/01/18	03/31/23	EMP/SPOUSE	NO	NO	WEB	

Info

Select Terminate.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Edit Employee's Coverage

Print

General

Group: 013 - Test Township

Employee Info

Name: FELIX UNGER
 SSN: ###-##-0765
 Birth Date: 8/3/1985

Employee Eligibility History

	Start Date	End Date	Coverage Type	Cobra	Medical Condition	How Notified	Subgroup #
EDIT	04/01/23		SINGLE	NO	NO	WEB	0001
	01/01/18	03/31/23	EMP/SPOUSE	NO	NO	WEB	

The Employee Eligibility Termination screen displays. Enter an End Date and click Save to terminate the employee.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Employee Eligibility Termination

Print

General

Group: 013 - Test Township
 Employee: FELIX UNGER

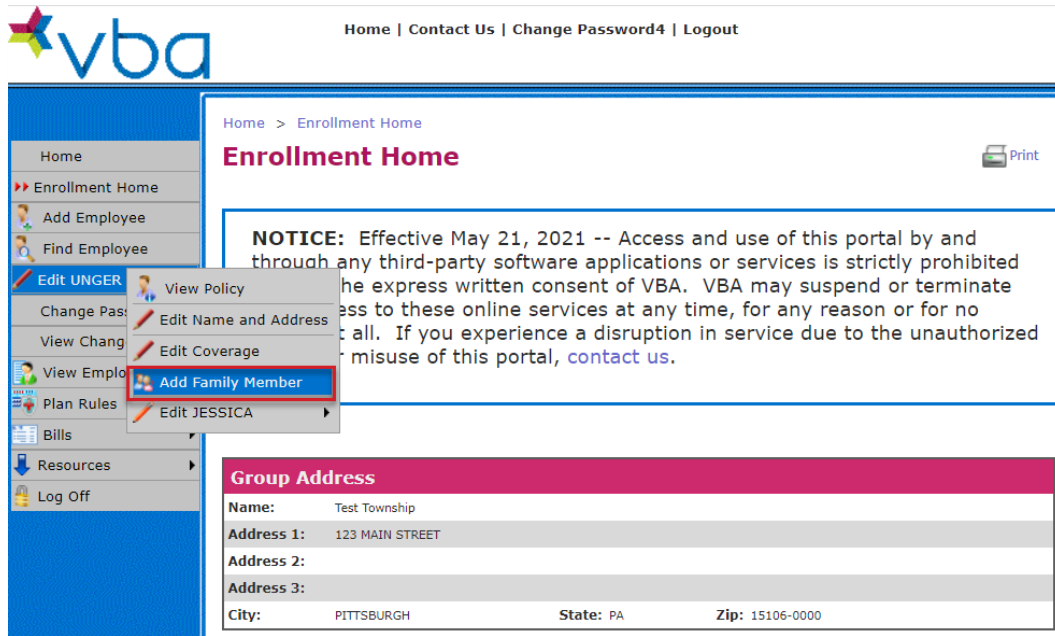
Eligibility

Start Date	End Date	Coverage Type	Subgroup Number	Subgroup Name
04/01/23	03312024 (MMDDYYYY)	SINGLE	0001	POLICE

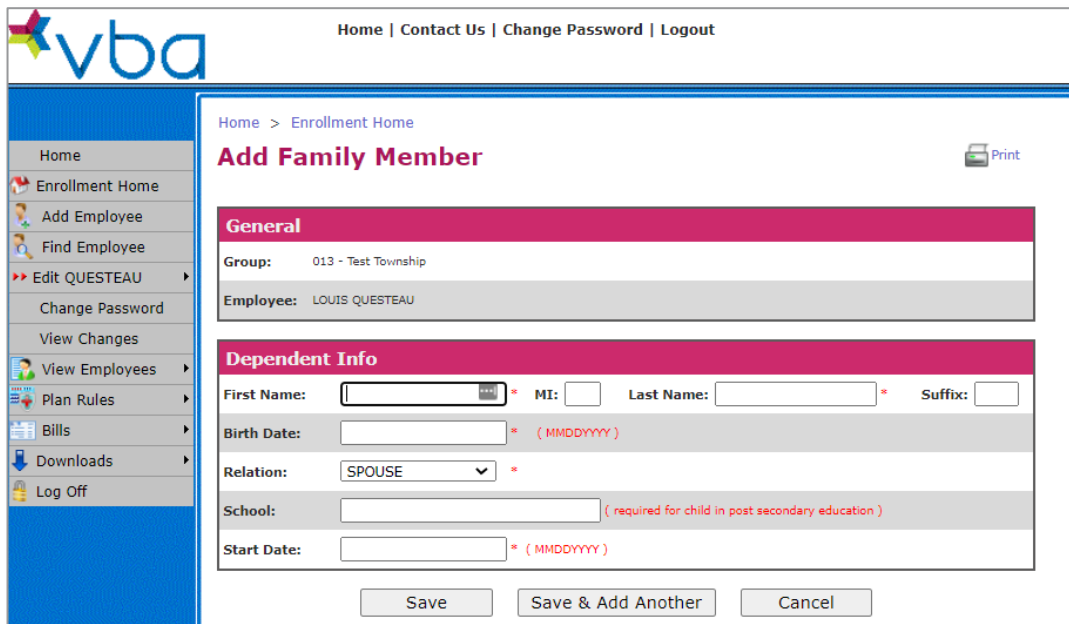
Save

Add New Family Member

To Add a New Family Member to an employee’s plan, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee’s last name in the left navigation. From here, you can select **Add Family Member** to add a dependent to the plan.



Since Family Coverage was already selected, the Add Family Member screen will automatically appear.



Required fields are marked with an asterisk (*).

Enter the dependent's **First Name**.

Optionally, enter the dependent's **Middle Initial**.

Enter the dependent's **Last Name**.

Optionally, enter a **Suffix** for the dependent's name.

Enter the dependent's **Birth Date**

Enter the dependent's **Relation** to the employee.



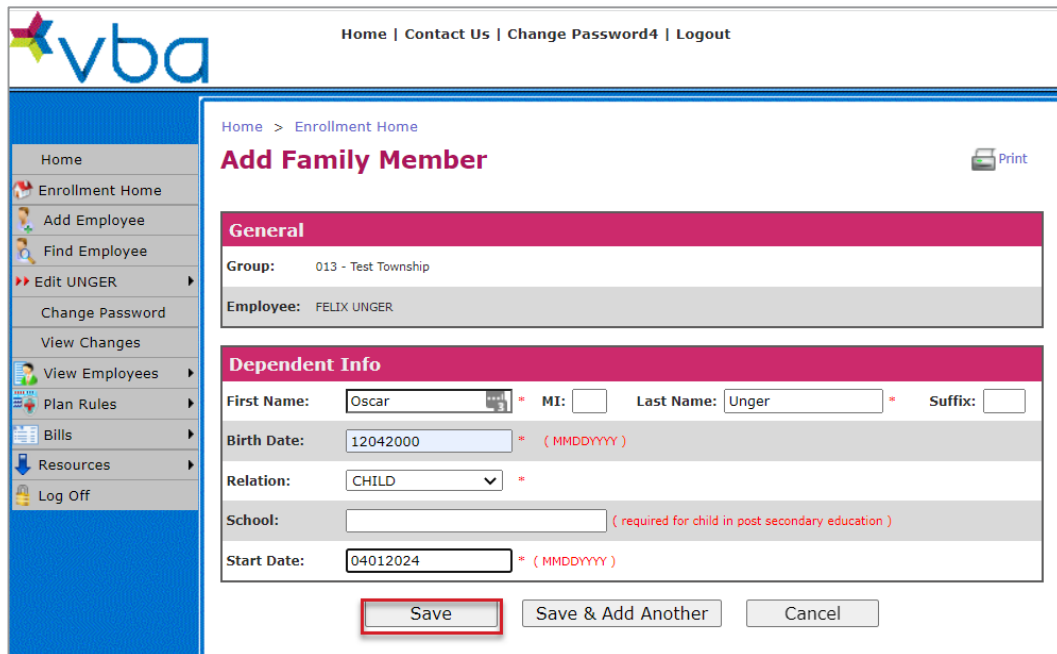
This is an example of adding a dependent child. Be sure to set the correct **Relation** for the child.

- Spouse/Domestic Partner
- Child
- Handicapped
- Student

If applicable, enter the dependent's **School**.

Enter the effective **Start Date** of the dependent's coverage.

Click **Save** to save the dependent information you just entered or click **Save & Add Another** to save the dependent information you just entered and add another dependent.



Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Add Family Member

Print

General

Group: 013 - Test Township

Employee: FELIX UNGER

Dependent Info

First Name: Oscar * MI: Last Name: Unger * Suffix:

Birth Date: 12042000 * (MMDDYYYY)

Relation: CHILD *

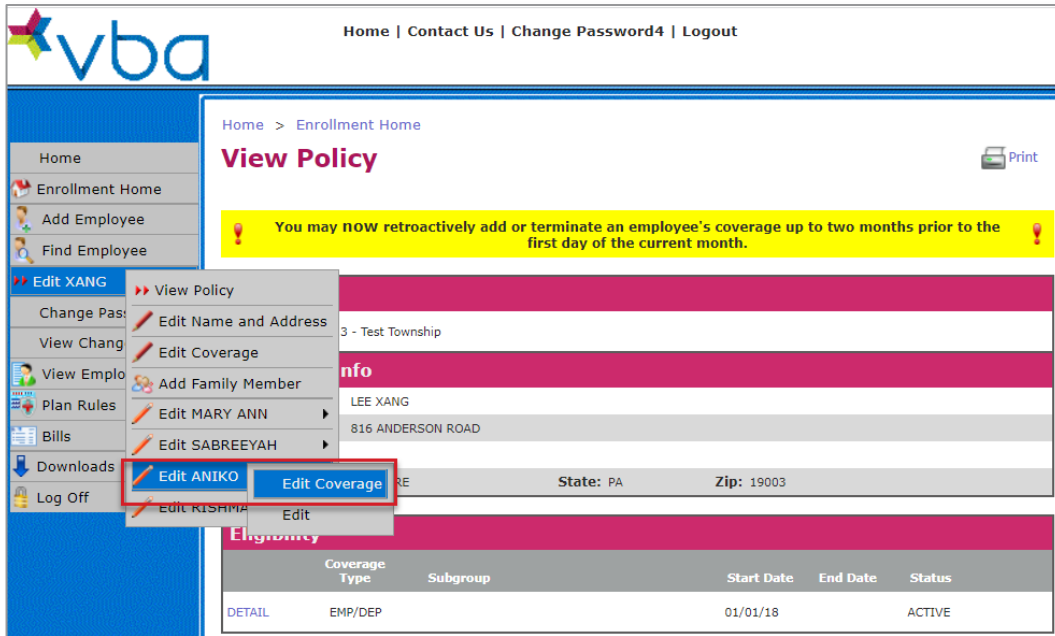
School: (required for child in post secondary education)

Start Date: 04012024 * (MMDDYYYY)

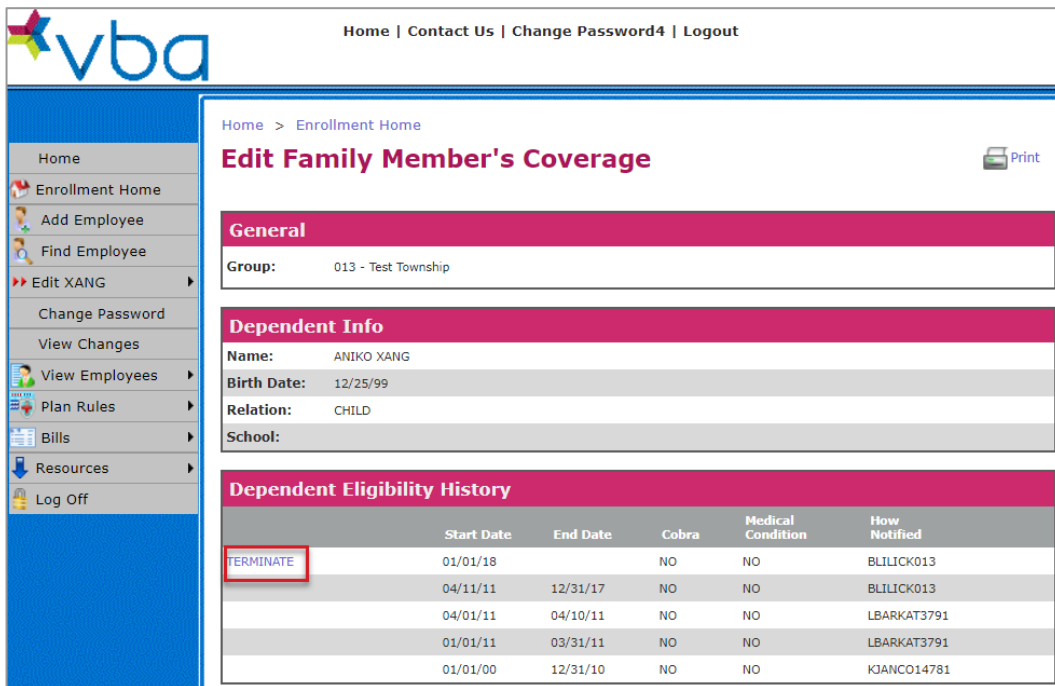
Save Save & Add Another Cancel

Edit Existing Dependent Coverage

To change coverage information for an existing dependent, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee's last name in the left navigation. From here, you can select the **Edit** option beside the dependent's name, then select **Edit Coverage**.



Select **Terminate** to take the dependent out of coverage.



A warning message will display to determine whether the Termination will affect the employee's Coverage Type.



If terminating the dependent will result in a change to the member's coverage tier, click **Cancel** and edit the coverage tier first. In this example, no coverage tier change is needed.

Click **Continue**.

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Home > Enrollment Home

Dependent Termination Confirmation

Will this dependent termination change the member's coverage tier?

If terminating a dependent will result in a coverage tier change for the member, please select **Cancel** now and edit the coverage tier first. After changing the coverage tier you will be able to make any additional modifications to dependents for this member.

If the coverage tier has already been adjusted or no coverage tier change is needed, please press **Continue** to continue to the termination screen.

The **Dependent Activation** screen displays. Enter an **End Date** and click **Save** to terminate the dependent.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Dependent Activation

General

Group: 013 - Test Township

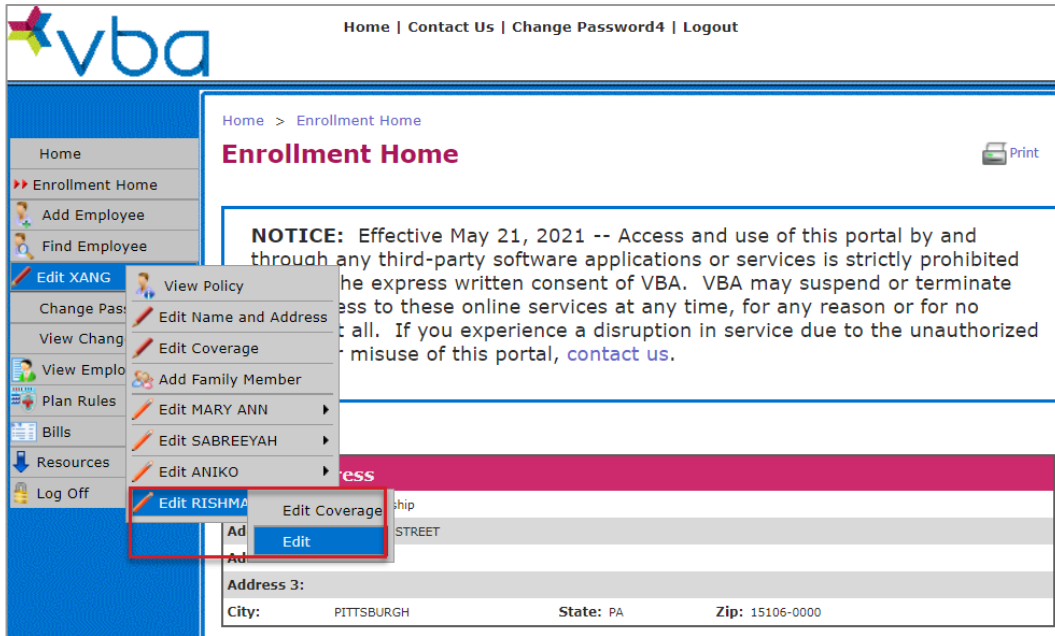
Employee: LEE XANG

Dependent

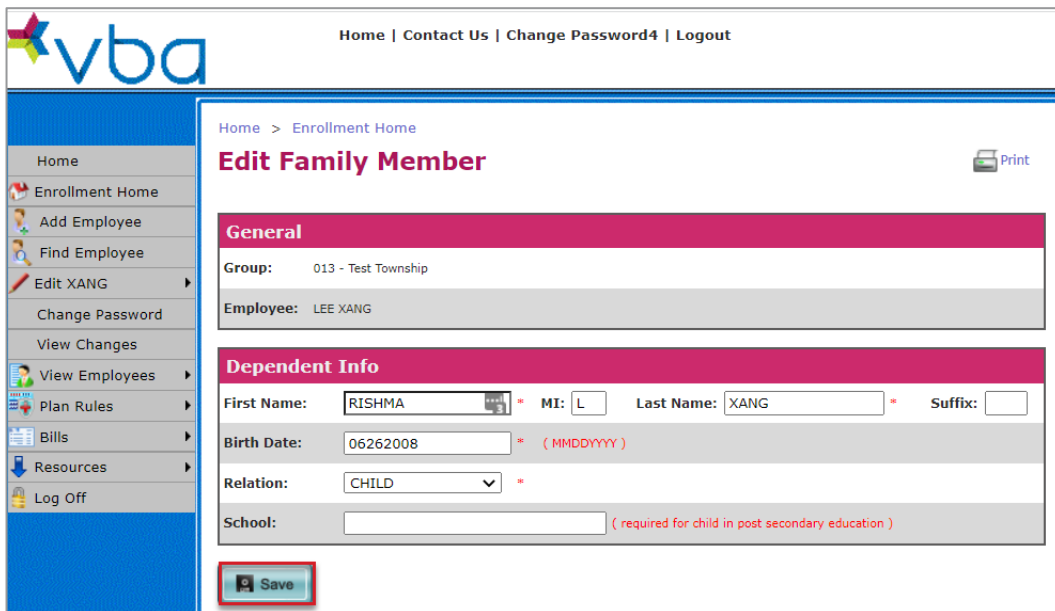
First Name	Birth Date	Relationship	Start Date	End Date
ANIKO	12/25/1999	CHILD	01/01/18	04012023 (MMDDYYYY)

Edit Existing Dependent Demographic Information

To change demographic information for an existing dependent, first **Search** for the employee and click on the **SSN** to **View Policy** information. The **Edit** button displays the employee's last name in the left navigation. From here, you can select the **Edit** option beside the dependent's name, then select **Edit**.



The **Edit Family Member** screen will display. Make any necessary changes, then click **Save**.



Online Billing and Eligibility Reports

If your group participates in this program, monthly bills and billing history are available online. Options include the ability to view/download your **Current Bill** or view/download your **Bill History**.

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Enrollment Home

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Bills | Current Bill | Bill History

Address

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

View/Download Current Bill or Eligibility Report

Click on **Bills**, **Current Bill**.

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Enrollment Home

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Bills | Current Bill | Bill History

Address

Name:	Test Township		
Address 1:	123 MAIN STREET		
Address 2:			
Address 3:			
City:	PITTSBURGH	State:	PA
		Zip:	15106-0000

The Insurance Bill screen displays your current bill. Select the appropriate button under Bill Summary to view your **Full Eligibility Report**, **Download** a PDF version of your **Bill**, or **Download** your **Employee List** in PDF or Excel format.

Home | Contact Us | Change Password | Logout

Home > Enrollment Home

Insurance Bill

Print

Group

Group Name: 013 - Test Township

Bill Summary

Bill Number: 1549765-1549766

Bill Due On: SEPTEMBER 01 2020 for Billing Period SEPTEMBER 2020

Employees: 354

Bill Amount: \$ 4,387.98

Bill Detail

Bill #	Number of Employees	Subgroup	Amount
<input type="radio"/> 1549765	102	0001 - POLICE	\$ 1,438.46
<input type="radio"/> 1549766	252	None	\$ 2,949.52

To view Bill Detail, select one of the **radio buttons** under **Bill Detail**, then click the **Detail** button.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Insurance Bill

Print

Group

Group Name: 013 - Test Township

Bill Summary

Bill Number: 1722403-1722404

Bill Due On: APRIL 03 2023 for Billing Period APRIL 2023

Employees: 343

Bill Amount: \$ 4,295.10

Bill Detail

Bill #	Number of Employees	Subgroup	Amount
<input checked="" type="radio"/> 1722403	108	0001 - POLICE	\$ 1,487.28
<input type="radio"/> 1722404	235	None	\$ 2,807.82

The **Insurance Bill Detail** screen displays. Select the appropriate button under Bill Summary to view your **Full Eligibility Report**, **Download** a PDF version of your **Bill**, or **Download** your **Employee List** in PDF or Excel format.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Insurance Bill Detail Print

Group

Group Name: 013 - Test Township

Subgroup Name: 0001 - POLICE

Billing Address:

Bill Summary

Bill Number: 1722403

Bill Due On: APRIL 03 2023 for Billing Period APRIL 2023

Employees: 108

Bill Amount: \$ 1,487.28

[Full Eligibility Report](#)
[Download Bill](#)
[Download Employee List](#)

Bill Detail

Coverage Level	Number of Employees	Rate	Amount
<input type="radio"/> Employees @ Single Rate	24	\$ 6.50	\$ 156.00
<input type="radio"/> Employees @ Employee/Spouse Rate	12	\$ 12.36	\$ 148.32
<input type="radio"/> Employees @ Employee/Child Rate	8	\$ 12.67	\$ 101.36
<input type="radio"/> Employees @ Family Rate	64	\$ 16.90	\$ 1,081.60
			\$ 1,487.28

[Eligibility Detail](#)

To view Eligibility Detail, select one of the **radio buttons** under **Bill Detail**, then click the **Eligibility Detail** button.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Insurance Bill Detail Print

Group

Group Name: 013 - Test Township
 Subgroup Name: 0001 - POLICE
 Billing Address: [Redacted]

Bill Summary

Bill Number: 1722403
 Bill Due On: APRIL 03 2023 for Billing Period APRIL 2023
 Employees: 108
 Bill Amount: \$ 1,487.28

[Full Eligibility Report](#)
[Download Bill](#)
[Download Employee List](#)

Bill Detail

Coverage Level	Number of Employees	Rate	Amount
<input type="radio"/> Employees @ Single Rate	24	\$ 6.50	\$ 156.00
<input type="radio"/> Employees @ Employee/Spouse Rate	12	\$ 12.36	\$ 148.32
<input type="radio"/> Employees @ Employee/Child Rate	8	\$ 12.67	\$ 101.36
<input checked="" type="radio"/> Employees @ Family Rate	64	\$ 16.90	\$ 1,081.60
			\$ 1,487.28

[Eligibility Detail](#)

View/Download Bill History or Eligibility Report

To view your billing history, click **Bills**, then **Bill History**.

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Enrollment Home

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Address

Name: Test Township
 Address 1: 123 MAIN STREET
 Address 2:
 Address 3:
 City: PITTSBURGH State: PA Zip: 15106-0000

The **Insurance Bill History** screen displays. Select one of the **radio buttons** under **Billing History**, then click the appropriate button to view your bill **Detail**, **Full Eligibility Report** or **Download** your **Bill** in PDF format.

Home | Contact Us | Change Password4 | Logout

Home > Enrollment Home

Insurance Bill History

Group

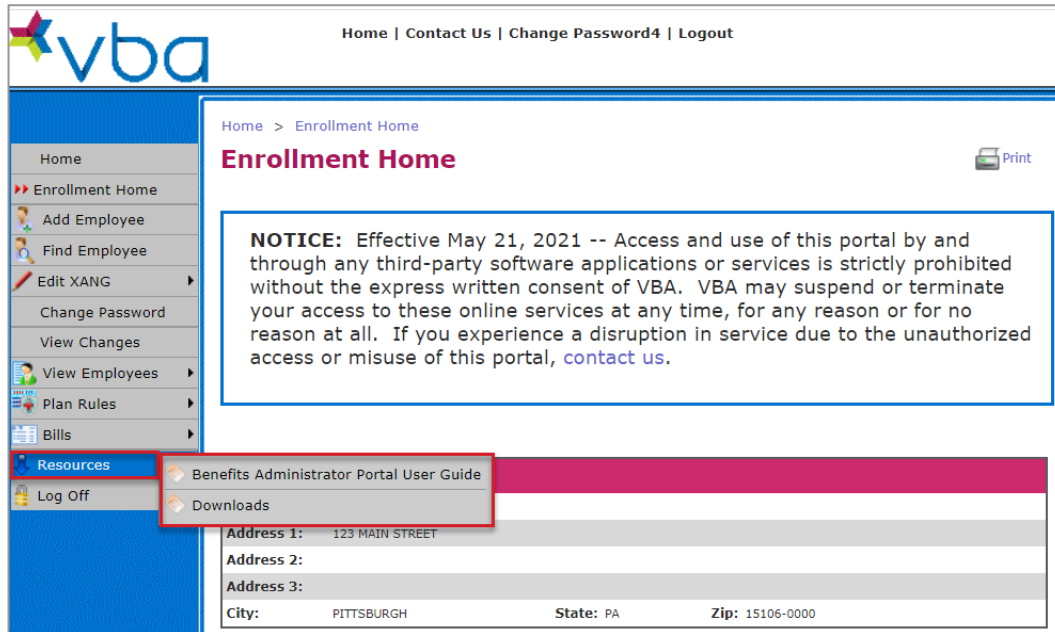
Group: 013 - Test Township

Billing History

Billing Period	Invoice(s)	Number of Employees	Amount Billed
<input type="radio"/> Apr 2023	1722403-1722404	343	\$ 4,295.10
<input type="radio"/> Mar 2023	1716542-1716543	345	\$ 4,332.80
<input checked="" type="radio"/> Feb 2023	1710683-1710684	348	\$ 4,358.78
<input type="radio"/> Jan 2023	1705069-1705070	346	\$ 4,356.55
<input type="radio"/> Dec 2022	1699241-1699242	345	\$ 4,355.93
<input type="radio"/> Nov 2022	1693383-1693384	346	\$ 4,403.31
<input type="radio"/> Oct 2022	1687514-1687515	341	\$ 4,297.35
<input type="radio"/> Sep 2022	1681703-1681704	337	\$ 4,259.63
<input type="radio"/> Aug 2022	1675895-1675896	334	\$ 4,128.35
<input type="radio"/> Jul 2022	1670126-1670127	339	\$ 4,239.49
<input type="radio"/> Jun 2022	1664363-1664364	338	\$ 4,169.60
<input type="radio"/> May 2022	1658595-1658596	340	\$ 4,198.55

Resources

There are multiple resources available to download including a PDF of the Benefits Administrator Portal User Guide, as well as a link to our Beneficial Resources for Benefit Administrators. Here we have compiled our most requested documents for your convenience.



View Changes

Before you exit the portal, you can verify that you have made the appropriate changes by selecting **View Changes**.

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Enrollment Home

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Group Address

Name: Test Township

Address 1: 123 MAIN STREET

Address 2:

Address 3:

City: PITTSBURGH State: PA Zip: 15106-0000

https://vtest.vba.local/Pages/Group/EligChangeRpt.aspx?Gid=1307 - Google Chrome

Not secure | vtest.vba.local/Pages/Group/EligChangeRpt.aspx?Gid=1307

Eligibility Change Report

Group: 013 - Test Township

Run On: 9/15/2020 12:55:26 PM

Changes

SSN	Member	Sub Group	Cov ¹	Rel ²	Dependent	Birth Day	Start Date	End Date	Address	City	St	Zip	User
###-##-6888	QUINN, MICHAELA	0001	S	M		09/23/51	01/01/08		110 MT. IVY LANE	PITTSBURGH	PA	15209	
###-##-6888	QUINN, MICHAELA			S	CHRISTOPHER	06/24/51	01/01/08	10/31/20					
###-##-6580	XANG, XAVIAR		E/D	M		12/20/56	01/01/18		4812 JOSEPHINE DRIVE	GIBSONIA	PA	15044	
###-##-6580	XANG, XAVIAR			S	ZENA	12/08/61	01/01/00	12/31/17					
###-##-6580	XANG, XAVIAR			C	RISHMA	12/25/99	01/01/00						
###-##-6580	XANG, XAVIAR			C	ANIKO	06/26/08	01/01/11						

¹ Coverage Type: S=Single, F=Family
² Relation: M=Member, S=Spouse, C=Child

If you elect to receive emails from our system upon setup, you will also be e-mailed a list of changes the next day.

Frequently Asked Questions

We understand that managing enrollment for your employees is critical, and at times, complicated.

That is why we are providing answers to the most frequently asked questions.

Are there circumstances where a member cannot be enrolled through the portal?

In most cases, member enrollment may be managed through the VBA Benefits Administrator Portal. In some circumstances, enrollment management through the portal is not available:

- Any members who are enrolled in multiple plans, even if that plan is associated with your group (e.g., Safety or Sun plan under another VBA Group number), you will have to contact the VBA Client Relations team at: elig@vbaplans.com or call 1-800-432-4966 opt. 3 to enroll that member.
- If you have any COBRA enrollments, changes or terminations, please contact the VBA Client Relations team at elig@vbaplans.com with COBRA in the subject line or call 1-800-432-4966 opt. 3.
- If your group submits enrollment using EDI 834 or flat files, enrollment management is not available through the portal. Member data will be view only.

Am I able to change my password on the web portal?

To change your password through the web portal, you will need to select Change Password from the left navigation and enter your old password and new password. New passwords must be at least 12 characters and are case sensitive.

If you do not have your old password, please refer to the following question and answer.

What if I lose or forget my password for the web portal?

To reset your password, please contact VBA Client Relations by email at mis@vbaplans.com or call 1-800-432-4966 opt. 3.

Once you receive your new password, we recommend that you login to the Benefits Administrator Portal within 24 hours. After you initially logon to the Portal, we recommend that you change your password.

Will VBA issue Member ID cards?

VBA has simplified our process. Your enrolled employees do not need an ID card to make an appointment or visit a VBA in-network provider.

- An ID card is not needed to receive services or materials from an in-network provider.
- When making an appointment, your enrolled employees need to tell the VBA in-network provider they have VBA.
- Enrolled employees will need to provide their VBA Member ID Number to a VBA in-network provider.
- If your enrolled employees would like a VBA Member ID Card, they can print one from the VBA Member portal.

What if I incorrectly enter member data during enrollment?

To access benefits, providers use the member's SSN (last 4 digits, zip code and date of birth). If that information is incorrect in VBA's system, the member and/or the member's dependent(s) may be denied services.

To send Out-of-Network payments, VBA mails all paper checks to the address listed in the member's account. VBA is unable to mail checks to any additional or alternate addresses.

From time-to-time, a member may contact VBA's Member Services department regarding incorrect information. VBA will instruct the member to contact their employer's Benefits Administrator or Human Resources department. All changes to member information must be made by the Benefits Administrator either through the portal or file submission, whichever is applicable.

Change Summary

The Change Summary log below will be used to document revisions that are made after the initial publication of this guide.

Version	Date	Change Description
V1	06/2021	
V2	03/2023	Updated all screenshots and example for new left navigation.