



Enrollment / Change / Delete Form

Expert Solutions. Exceptional Service.

Please Note: Incomplete information may delay processing of this form (please print-black ink only).

GROUP ADMINISTRATOR: Please return completed forms to:
VBA at Elig@vbaplans.com (Confirmation will be sent by VBA when this form has been processed).

This section to be completed by the Group Administrator:

Date: _____ Group#/Name: **#4529 / Mountain View School District** Subgroup (if applicable): _____

Administrator: _____ Phone #: _____ Ext: _____

Effective Date of Change: _____ Enrollment Status: _____ Active _____ Cobra _____

Employee Information Transaction Type: _____ Add _____ Change _____ Delete _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

First Name, Middle Initial, Last Name Action Codes: (A)dd (C)hange (D)elele

SPOUSE:		SSN#	DOB:	GENDER	ACTION:
CHILD 1:		SSN#	DOB:	GENDER	ACTION:
CHILD 2:		SSN#	DOB:	GENDER	ACTION:
CHILD 3:		SSN#	DOB:	GENDER	ACTION:
CHILD 4:		SSN#	DOB:	GENDER	ACTION:
CHILD 5:		SSN#	DOB:	GENDER	ACTION:

Special Dependent Information – To be used to designate Full-Time Student or Handicapped Dependent

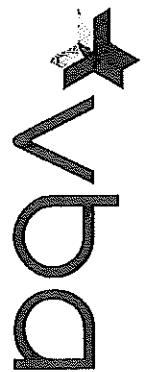
Child Name _____ Handicapped _____

Child Name _____ School _____

Child Name _____ School _____

I agree to all terms and conditions of the VBA Vision Plan and corresponding payroll deductions (if applicable).

Employee Signature: _____ Date: _____



Mountain View School District - #4529

VBA maintains a network of more than 18,000 participating optometrists, ophthalmologists and retail locations nationwide to provide professional vision care for those covered under this plan.

HOW YOUR VISION PROGRAM WORKS

Select a VBA participating provider in your area. When scheduling an appointment, please notify the VBA participating provider that your vision coverage is administered by VBA. A list of participating providers is available on our website at vbaplans.com. The provider selected will contact VBA to verify eligibility via online system and will process services received electronically.

To verify your benefit eligibility prior to visiting your eye care provider, please visit our website at vbaplans.com or contact one of VBA's exceptional customer care representatives toll-free at 1-800-432-4966.

Eligibility (from the last date of service)

Exam: Once every 12 months

And:

Lenses: Once every 12 months
 Frames: Once every 24 months

Or:

Contact Lenses: Once every 12 months

Member Services

To verify eligibility/dependent age, locate a participating provider or to receive answers to all your vision care related inquiries, please contact one of VBA's exceptional member services representatives at 1-800-432-4966/option 5.

SCHEDULE OF VISION BENEFITS

	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Routine Exam Once every 12 months -AND-	Covered 100%	Up to \$ 40
Lenses Once every 12 months Single Vision Bifocal Blended Bifocals Progressive Trifocal Lenticular Polycarbonate (under age 19) 1 Year Scratch Protection	Standard Glass or Plastic Covered 100% 100% 100% Controlled Cost 100% 100% 100% 100%	Up to \$ 40 Up to \$ 60 Up to \$ 60 Up to \$ 80 Up to \$ 80 Up to \$ 120 N/A N/A
Frame Once every 24 months -OR-	Covered 100% if within the plan's wholesale allowance	Up to \$ 50
Contact Lenses Once every 12 months		
Elective Contact Lenses* Elective Contact Lens Fit Fee	Up to \$ 150 15% Discount	Up to \$ 150 N/A
Medically Necessary (requires prior authorization from VBA)	100% In lieu of all other materials/services	Up to \$ 450 In lieu of all other materials/services
Lasik Surgery (Once every 8 years)	N/A	Up to \$ 125

*The contact allowances can be applied to contact lens fits and/or contact lens materials and there is no guarantee that these amounts will be sufficient to cover the full cost of said fits and/or materials.

NOTE: Utilization of both participating and non-participating providers in the same benefit period may reduce or eliminate coverage for services and materials depending upon reimbursement or provider payment amounts. Contact VBA's member services department for more information.

400 Lydia Street • Suite 300 • Carnegie, PA 15106 • 1-800-432-4966 • www.vbaplans.com



VBA Vision makes using your benefits simple and easy.

Step 1

Go to www.vbaplans.com, log in to your account then click on “Am I Eligible.”

Step 2

If you are eligible, click on “Find A Doctor” at the top of the page. From there you can fill in your zip code and find a doctor close to you.

Step 3

Go to your appointment and let your doctor know that you have a VBA Vision plan. During your appointment, your doctor will give you an exam, order your materials, make sure your lenses are made correctly, and dispense your prescription.

Step 4

Relax—we’ve got you covered! VBA Vision will pay your doctor for covered exams, lenses, and frames.

If your doctor is not within the VBA network, requesting reimbursement is simple.

To request reimbursement for services provided by an out-of-network provider, go to www.vbaplans.com, download and complete a reimbursement form, attach all receipts and mail or fax to the address below.

This sheet is for information only and does not guarantee benefits.

400 Lydia Street, Suite 300
Carnegie, PA 15106
1-800-432-4966
Fax: 412-881-4898
www.vbaplans.com





With VBA, your benefits extend beyond typical coverage.

VBA partners with several other companies that provide services to better your health and wellness.

LASIK OFFERS

LASIK surgery reshapes the cornea of your eye, redirecting the light angle as it enters the eye to refocus correctly on your retina. With this surgery, your dependence on glasses and contact lenses diminishes significantly.



Receive a free consultation and 10% off a LASIK procedure from TLC Laser Eye Centers.

TLC Laser Eye Centers offer the most advanced LASIK procedures including Bladeless and Custom LASIK. TLC has performed over two million procedures, and provides enhancement procedures free of charge if necessary. Learn more at www.TLCVision.com.



Save 40-50% off LASIK procedures from QualSight, including flexible payment plans as low as \$53/mth.

QualSight provides a managed Laser Vision Correction program through a national, credentialed network of the nation's most experienced surgeons, who have collectively performed more than 6.5 million procedures. QualSight has more than 900 locations nationwide, serving over 75 million members. Learn more at www.qualsight.com or call 877-437-6105.

HEARING OFFERS

Along with your vision, VBA understands the importance of your auditory health.



Receive a free hearing screening and 20% off all Beltone hearing aids, including free loss, stolen or damage protection.

For over 70 years, Beltone remains the most trusted brand for quality hearing products and care among adults aged 50 and older. We're devoted to giving patients the best listening experience, at over 1500 locations nationwide. Learn more at www.Beltone.com.

To take advantage of any of these offers, contact an exceptional customer care representative today.

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Carnegie, PA 15106
1-800-432-4966
www.vbaplans.com



Vision Benefits of America Notice of Privacy Practices

NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice outlines the ways in which Vision Benefits of America (VBA) may use and disclose protected health information about you. Protected health information (PHI) is health information that identifies a patient and relates to a patient's mental or physical condition, medical treatment, or payment for medical treatment.

We at VBA take great care to properly handle any personal health information about you and to maintain your privacy. This Notice is required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice describes how VBA protects the confidentiality of your health care information in our possession. Some examples of personal health information include your name, address, telephone and/or fax number, e-mail address, social security number or other identification number, date of birth, date of vision benefit services, enrollment and other claims records, VBA receives, uses and/or discloses your personal health information to administer your vision benefit plan as permitted or required by law. Any other disclosure of your personal health information without your authorization is strictly prohibited.

VBA must follow the privacy practices described in this Notice and also comply with any more stringent requirements under federal or state law. We are also required to notify affected individuals following a breach of unsecured health information.

We will inform you of these privacy practices the first time you become a VBA member. We must follow the privacy practices described in this Notice as long as it is in effect. This Notice is effective as of September 1st, 2016, and will remain in effect unless we replace it. We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. Any change to this Notice will be posted on our website. The revised Notice will contain its effective date on the first page. You may request a copy of this Notice at any time. You may contact VBA's Privacy Department with any questions or concerns regarding our privacy policies. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Disclosures required by HIPAA

- (i) *Disclosures to the Secretary of the U.S. Department of Health and Human Services* – We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule
- (ii) *Disclosures to You* – We are required to disclose to you most of your protected health information that is in a "designated record set" (defined by HIPAA Privacy Rule) when you request access to this information. Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about your vision care benefits. We are also required to provide, upon your request, an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment and health care operations.

Permitted Uses and Disclosures

Under HIPAA, VBA is permitted to use and disclose your personal health information for certain purposes without your prior authorization. These permitted uses and disclosures include:

- (i) Disclosure to you; and
- (ii) Disclosures for treatment, payment, or health care operations.
 - a. For example:
 - i. **Treatment** - We may use and disclose your personal health information to determine eligibility for vision benefit services and/or materials, or to coordinate vision benefit coverage.
 - ii. **Payment** - We may use and disclose your personal health information to bill you or your plan sponsor.
 - iii. **Health Care Operations** - We may use and disclose your personal health information to review the quality of care provided by our network providers.

VBA uses administrative, technical, and physical safeguards to maintain the privacy of your personal health information, and we are required by law to limit the use and disclosure of your personal health information to the minimum amount necessary.

Uses and Disclosures of Personal Health Information to Other Entities

VBA may disclose your personal health information to other covered entities, business associates, or other individuals (as permitted by HIPAA) who assist us in administering our programs and delivering services to our members. These parties are required by law to sign a contract with VBA agreeing to protect the confidentiality of your personal health information.

- (i) **Business Associates** – In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services. To perform these services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.
- (ii) **Plan Sponsors** – If your vision benefit program is sponsored by your employer or another party, VBA may disclose your personal health information in certain instances to permit the plan sponsor to perform plan administration functions. We will make such disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected. We may also disclose "summary health information" (defined in the HIPAA Privacy Rule) about the enrollees in your group health plan to the plan sponsor. For example, a plan sponsor may contact us regarding members' questions or concerns regarding claims, benefits, services, coverage, etc. The plan sponsor may use this information to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.
- (iii) **Health Care Providers** - VBA may disclose your personal health information to participating vision care providers. These providers are required to implement their own privacy policies and procedures that comply with applicable federal and state laws.

Other Permitted Disclosures of Personal Health Information

Under HIPAA, VBA is permitted to use and disclose your personal health information without your prior authorization under the following conditions:

- When required by law;
- For public health activities;
- Disclosures about victims of abuse, neglect or domestic violence;
- Health oversight activities;
- Judicial and administrative proceedings (e.g. in response to court order or subpoena);
- Law enforcement, organ donation, or research purposes;
- Uses and disclosures about decedents;
- To avert a serious threat to health or safety;
- For specialized government functions (e.g. military and veterans' activities);
- Regarding workers' compensation;
- For underwriting purposes; however, we are prohibited from using or disclosing your genetic information for these purposes.

Uses and Disclosures Requiring You to Have an Opportunity to Agree or Object

Unless you object, VBA may disclose your protected health information to a family member, close friend, or other person you have identified as being involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.