



## WBACC Trust 12/12/24 Vision Plan

### Participating Provider

### Non-Participating Provider

#### **Examination**

Every **12** months

Paid in full after \$10 Copay

Reimbursed up to \$45 after \$10 copay

*Prescription glasses subject to \$30 copay*

#### **Basic Lenses**

Every **12** months

- Single Vision
- Lined Bifocal
- Lined Trifocal

Paid in Full

Paid in Full

Paid in Full

Reimbursed up to \$45

Reimbursed up to \$65

Reimbursed up to \$85

#### **Frames**

Every **24** months

\$130 allowance plus 20% off any amount over allowance

Reimbursed up to \$47

#### **Contacts**

Every **12** months

- In lieu of lenses and frames

\$105 Allowance

Reimbursed up to \$105

## **VSP Benefits...Easy as 1, 2, 3!**

Vision Service Plan, your vision care provider, has the simplest method of delivering benefits. You can receive quick and direct access to vision care without completing any claim forms. When you use a VSP member provider, your doctor will contact VSP directly to obtain authorization for services. Follow the convenient steps below for fast and easy vision benefits!

- 1. Consult the reverse side of this form for a description of your vision plan coverage.** If you do not already have a doctor who is a VSP member provider, talk with your benefits administrator for a list of doctors in your area, or call VSP at (800)877-7195 for a referral
- 2. The next step is to call a VSP member doctor for an appointment and identify yourself as a VSP member.** When you call, you will need to inform the VSP member doctor of the covered member's identification number (usually a social security number), and that the covered member belongs to the WBACC trust. Make sure you have this information on hand before you call the VSP member doctor.
- 3. After you've scheduled your appointment, the VSP member doctor will contact VSP to verify your eligibility and plan coverage.** The doctor will also obtain benefits authorization from VSP for services and materials. *If you elect to use a non-member provider, you will need to contact VSP for a claim form and submit the claim to VSP at the address below with an itemized receipt of services and materials.*

## **Vision Service Plan has made it as easy as 1, 2, 3!**

Benefits Provided by Vision Service Plan  
Claims & Customer Service:

Vision Service Plan – P.O. Box 997105, Sacramento, CA 95899-7100 – (800) 877-7195