



Member Portal User Guide

September 2025



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The information presented in this user guide is for educational purposes only and does not alter or expand the terms of any agreement between you and VBA. To the extent there are any inconsistencies between this presentation and your agreement with VBA, the terms of the written agreement shall control.

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 Member 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

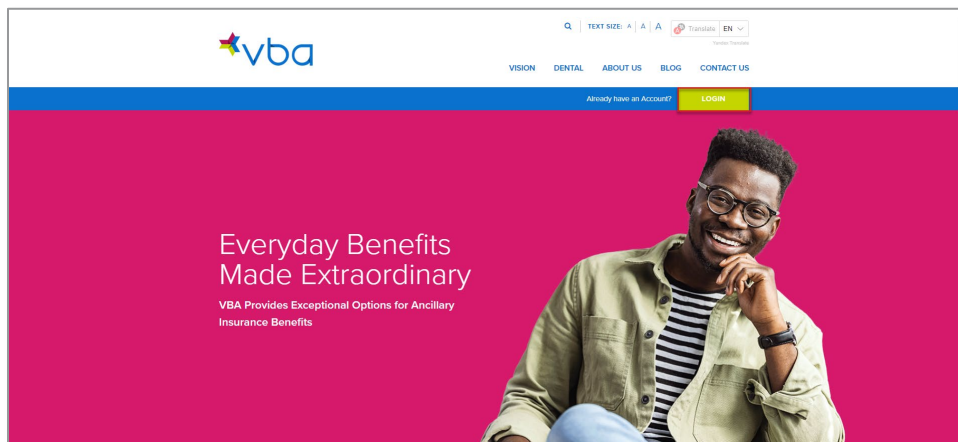
Our Member Portal provides a user-friendly, web-based environment that allows you to:

- View Member Information
- Access Your Benefits Summary
- Find a Provider
- Print an ID Card
- View Explanation of Benefits
- Submit Out-of-Network Claims
- Contact Us
- Chat Live

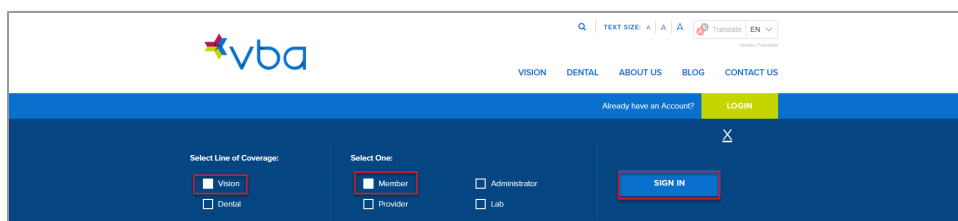
Logging In/Out

Registering Your Account

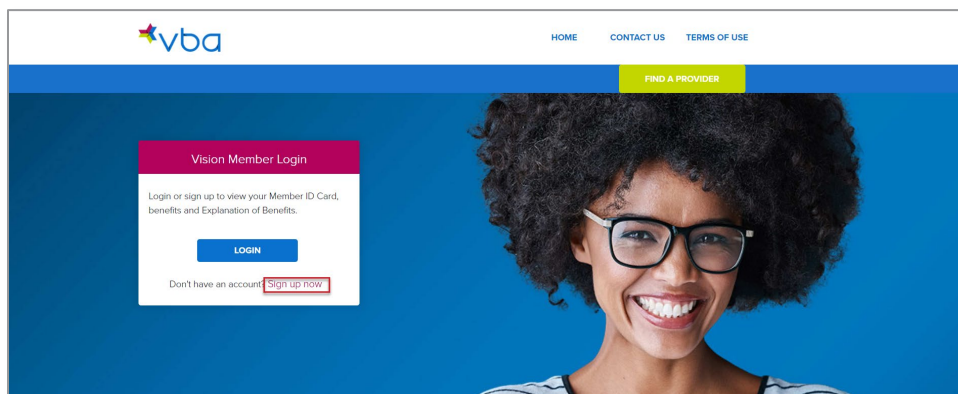
Go to www.vbaplans.com, then click **LOGIN**.



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



To register your account, click **Sign up now**.



Enter the **Policyholder's Email** address.



Each policyholder may only register their account with one email address. If your covered dependents need to access the VBA Member Portal, they must enter the registered email address and One-Time Code sent to the same email address to login.

Enter the **Policyholder's Birth Date** (in MM/DD/YYYY format).

Enter the **Policyholder's Zip Code**.

Enter the **last 4- digits of the Policyholder's Social Security Number** or Member ID provided by the group.

Click **Send Verification Code**.



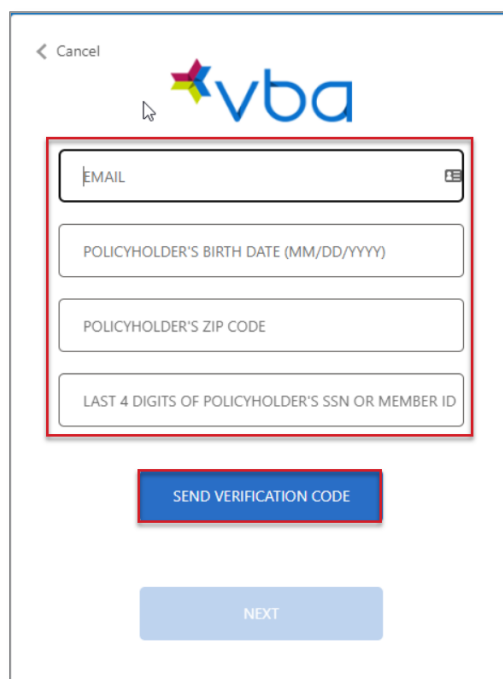
The combination of Policyholder's Birth Date, Zip Code and last 4 digits of their Social Security Number or Member ID must match for a user to be able to log in.

VBA receives member name, address and date of birth from the employer.

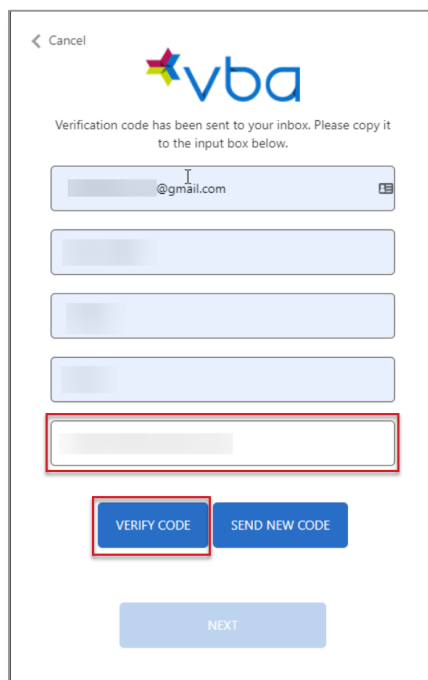
- If your information is incorrect, please contact the employer's benefits administrator or human resources department.
- All changes to your information must be made by the employer's benefits administrator or human resources department.



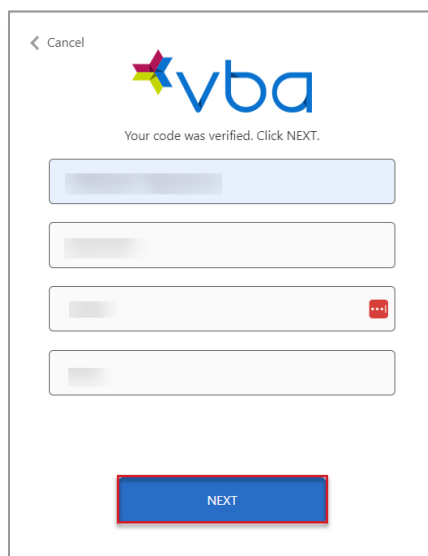
Access and use of this portal by and through any third-party software applications or services is strictly prohibited without the express written consent of VBA. VBA may suspend or terminate your access to these online services at any time, for any reason or for no reason at all. If you experience a disruption in service due to the unauthorized access or misuse of this portal, [contact us](#).

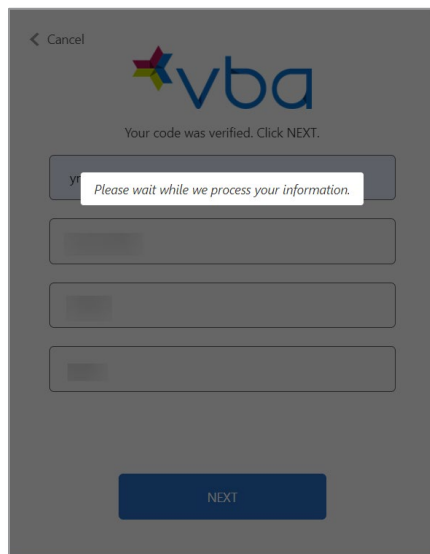


Enter the **code** sent to the email address you entered, then click **Verify Code**.




Click **Next**.






The policyholder's page loads with all the correct member information.



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE

Member Information


ANNOUNCEMENT
[Dismiss](#)

TESTING THE FUNCTIONALITY OF THE ANNOUNCEMENT BANNER ON THE MEMBER LANDING PAGE

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Quick Links

EXPLANATION OF BENEFITS
[GO >>](#)

FIND A PROVIDER
[GO >>](#)

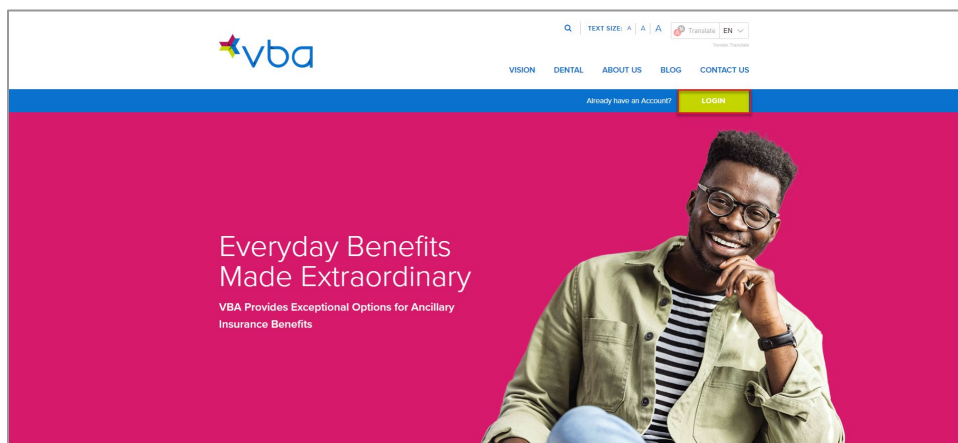
OUT-OF-NETWORK CLAIMS
[GO >>](#)

Enrolled Members

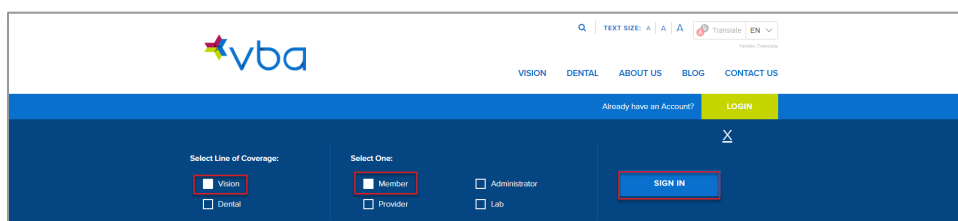
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Logging In After Registering

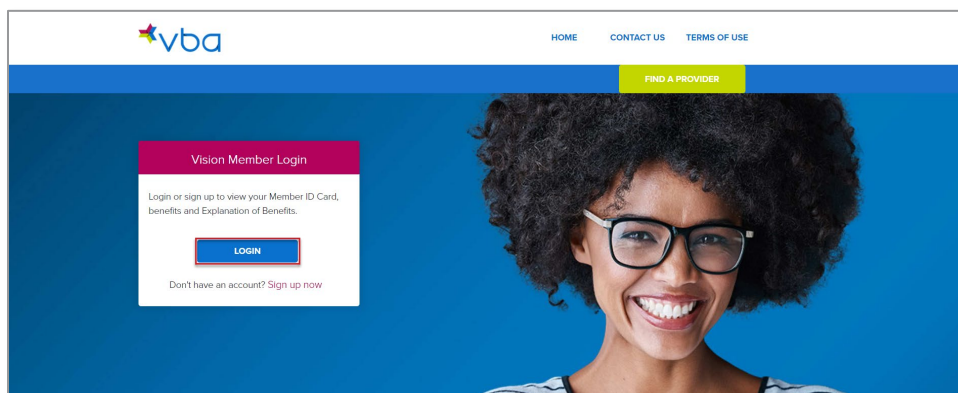
Go to www.vbaplans.com, then click **LOGIN**.



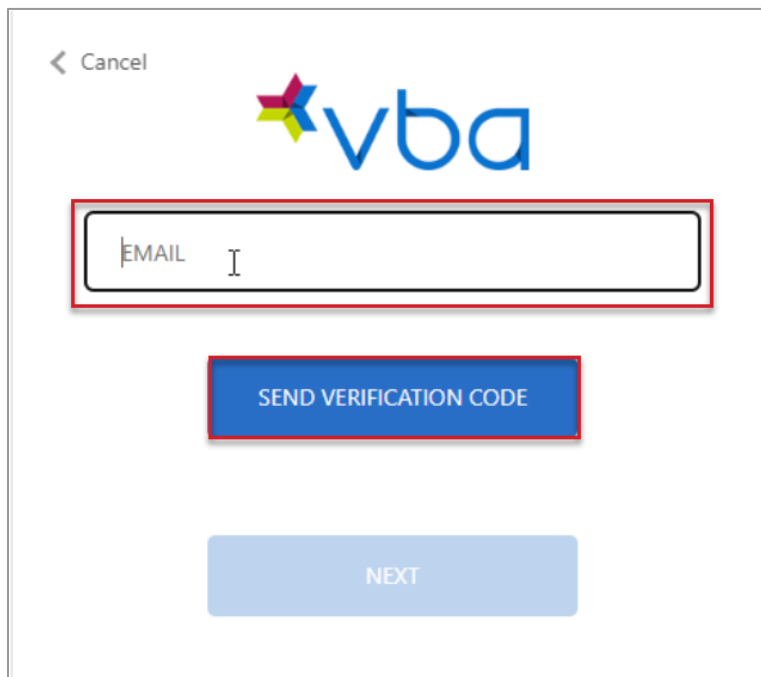
Select **Vision**, then **Member**, then click **SIGN IN**.




Click **Login**.



Enter the policyholder's email address, then click **Send Verification Code**.



< Cancel

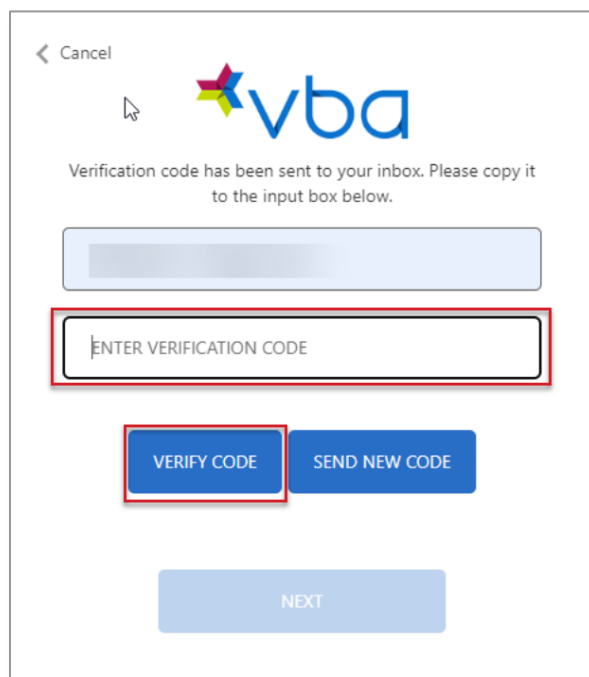


EMAIL


SEND VERIFICATION CODE

NEXT

Enter the **code** sent to the email address you entered, then click **Verify Code**.



< Cancel



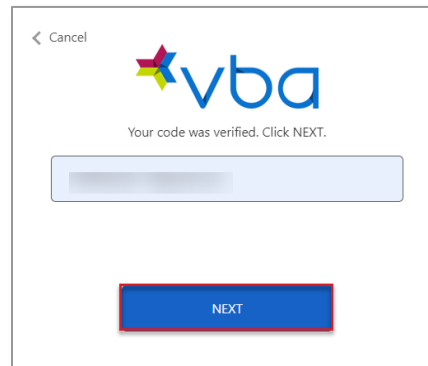
Verification code has been sent to your inbox. Please copy it to the input box below.

ENTER VERIFICATION CODE


VERIFY CODE SEND NEW CODE

NEXT

Click **Next**.



The **policyholder's** page loads with all the correct member information.



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Member Information

ANNOUNCEMENT
TESTING THE FUNCTIONALITY OF THE ANNOUNCEMENT BANNER ON THE MEMBER LANDING PAGE

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Quick Links

EXPLANATION OF BENEFITS
GO >>

FIND A PROVIDER
GO >>

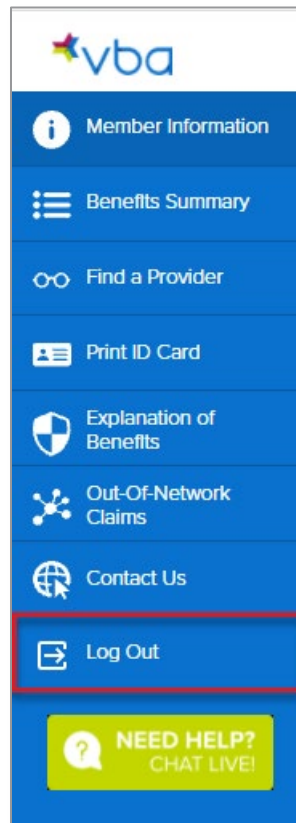
OUT-OF-NETWORK CLAIMS
GO >>

Enrolled Members

Li M Yan <table> <tr> <td>Member Type</td> <td>Date of Birth</td> </tr> <tr> <td>Policyholder</td> <td>8/23/67</td> </tr> <tr> <td>Exam</td> <td>Lens</td> </tr> <tr> <td>Ineligible Eligible on 10/27/2022</td> <td>Ineligible Eligible on 10/27/2022</td> </tr> <tr> <td>Frame</td> <td>Contacts</td> </tr> <tr> <td>Ineligible Eligible on 10/27/2022</td> <td>Ineligible Eligible on 10/27/2022</td> </tr> </table>	Member Type	Date of Birth	Policyholder	8/23/67	Exam	Lens	Ineligible Eligible on 10/27/2022	Ineligible Eligible on 10/27/2022	Frame	Contacts	Ineligible Eligible on 10/27/2022	Ineligible Eligible on 10/27/2022	Sunny M Yan <table> <tr> <td>Member Type</td> <td>Date of Birth</td> </tr> <tr> <td>Spouse/Domestic Partner</td> <td>3/1/71</td> </tr> <tr> <td>Exam</td> <td>Lens</td> </tr> <tr> <td>Ineligible Eligible on 10/27/2022</td> <td>Ineligible Eligible on 10/27/2022</td> </tr> <tr> <td>Frame</td> <td>Contacts</td> </tr> <tr> <td>Ineligible Eligible on 10/27/2022</td> <td>Ineligible Eligible on 10/27/2022</td> </tr> </table>	Member Type	Date of Birth	Spouse/Domestic Partner	3/1/71	Exam	Lens	Ineligible Eligible on 10/27/2022	Ineligible Eligible on 10/27/2022	Frame	Contacts	Ineligible Eligible on 10/27/2022	Ineligible Eligible on 10/27/2022
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Logging Out

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

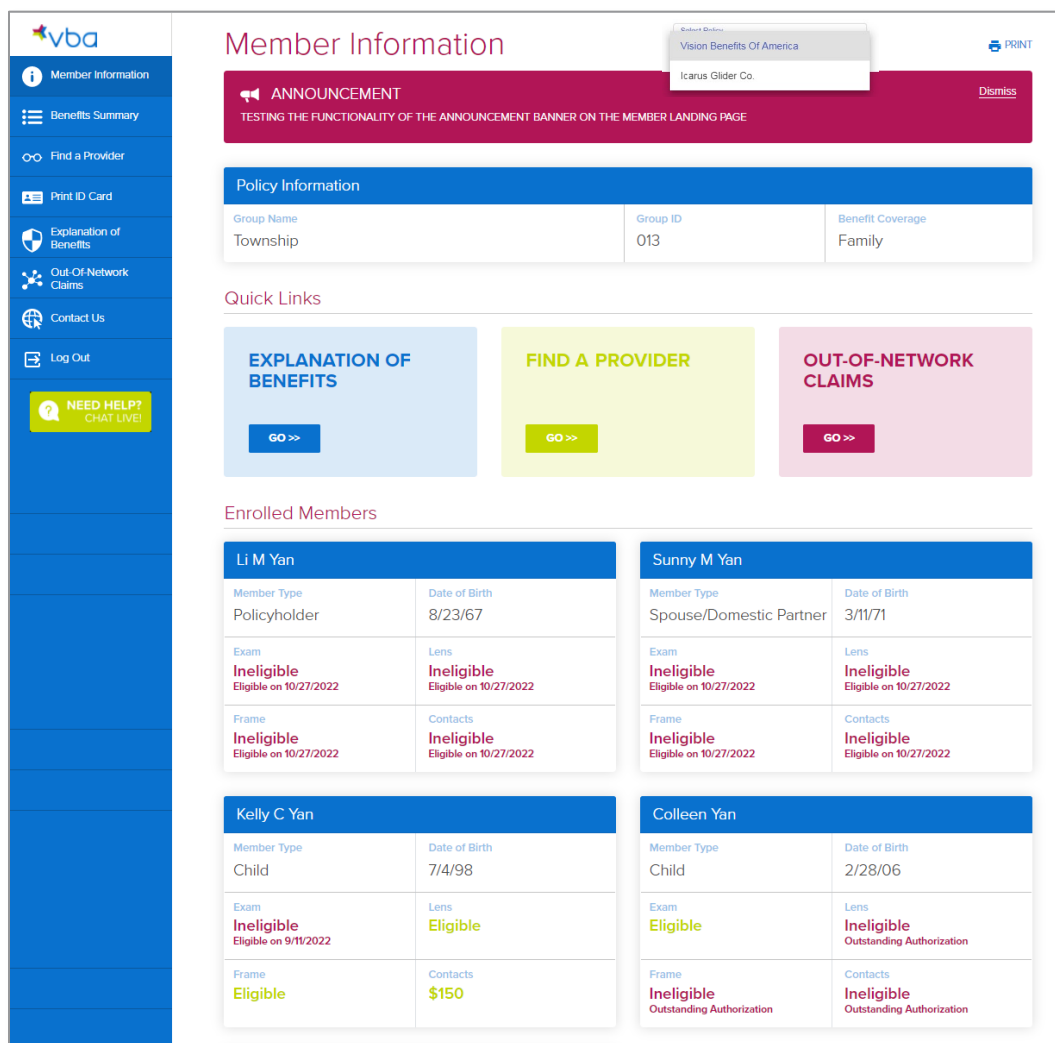


View Member Information

The Member Information page provides a snapshot of eligibility based on the plan's requirements, as well as quick links to other important Member Portal functions.

The screen is broken down as follows:

- If the policyholder is associated with more than one policy, a drop-down box appears at the top of the screen to allow the user to select which policy they want to reference.
- Important announcements are displayed in the top banner. Click **Dismiss** after you have read the announcement to remove it from your page view.
- Policy Information provides the member's Group Name, Group ID and Benefit Coverage details.
- Quick Links provide navigational shortcuts to featured pages.
- Enrolled Members provides detailed eligibility information for each active person enrolled under the policyholder's plan.



The screenshot displays the Member Information page. On the left is a blue sidebar with navigation links: Member Information, Benefits Summary, Find a Provider, Print ID Card, Explanation of Benefits, Out-Of-Network Claims, Contact Us, Log Out, and a 'NEED HELP? CHAT LIVE!' button. The main content area has a header with the vba logo and a dropdown menu for 'Select Division' (currently showing 'Vision Benefits Of America' and 'Icarus Glider Co.'). A 'PRINT' icon is in the top right. Below the header is a red announcement banner with the text 'ANNOUNCEMENT TESTING THE FUNCTIONALITY OF THE ANNOUNCEMENT BANNER ON THE MEMBER LANDING PAGE' and a 'Dismiss' link. The 'Policy Information' section shows a table with Group Name (Township), Group ID (013), and Benefit Coverage (Family). The 'Quick Links' section contains three colored boxes: 'EXPLANATION OF BENEFITS' (blue), 'FIND A PROVIDER' (yellow), and 'OUT-OF-NETWORK CLAIMS' (pink), each with a 'GO >>' button. The 'Enrolled Members' section lists four members in a grid: Li M Yan (Policyholder, 8/23/67), Sunny M Yan (Spouse/Domestic Partner, 3/11/71), Kelly C Yan (Child, 7/4/98), and Colleen Yan (Child, 2/28/06). Each member's details are shown in a table with columns for Member Type, Date of Birth, Exam, Lens, Frame, and Contacts, along with eligibility status and dates.

Li M Yan		Sunny M Yan	
Member Type	Policyholder	Member Type	Spouse/Domestic Partner
Date of Birth	8/23/67	Date of Birth	3/11/71
Exam	Ineligible Eligible on 10/27/2022	Exam	Ineligible Eligible on 10/27/2022
Lens	Ineligible Eligible on 10/27/2022	Lens	Ineligible Eligible on 10/27/2022
Frame	Ineligible Eligible on 10/27/2022	Frame	Ineligible Eligible on 10/27/2022
Contacts	Ineligible Eligible on 10/27/2022	Contacts	Ineligible Eligible on 10/27/2022


Kelly C Yan		Colleen Yan	
Member Type	Child	Member Type	Child
Date of Birth	7/4/98	Date of Birth	2/28/06
Exam	Ineligible Eligible on 9/11/2022	Exam	Eligible
Lens	Eligible	Lens	Ineligible Outstanding Authorization
Frame	Eligible	Frame	Ineligible Outstanding Authorization
Contacts	\$150	Contacts	Ineligible Outstanding Authorization

Access Your Benefits Summary

This page describes the member's general and detailed plan/coverage information across four different tabs:

- **General** – provides coverage information, plan specifics and plan benefit frequency.
- **In-Network** – provides detailed fully- and partially-covered services and materials.
- **Out-of-Network** – provides coverage information for Out-of-Network services and materials.
- **Limitations** – provides details on non-covered services and materials, as well as plan terms and conditions.

General



- Member Information
- Benefits Summary**
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Benefits Summary

PRINT

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

General

In-Network

Out-of-Network

Limitations

Coverage Information

EITHER ROUTINE VISION EXAM WITH LENSES & FRAME OR AN ALLOWANCE TOWARDS A ROUTINE VISION EXAM, CONTACT LENS FITTING & CONTACT LENS MATERIALS

SOME PLANS MAY INCLUDE COVERAGE FOR SUNGLASSES OR SAFETY GLASSES. IF YOUR PLAN INCLUDES SUNGLASS OR SAFETY GLASS BENEFITS, CONTACT US FOR ELIGIBILITY INFORMATION.


Plan Specifics

Eligibility Type	Student Age Limit	Child Age Limit
Last Date Of Service	Not Applicable - See Child Age Limit	26
	Exam Copay	Lens Frame Copay
	None	None

Plan Benefit Frequency

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

In-Network



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Benefits Summary PRINT

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

General
In-Network
Out-of-Network
Limitations

Fully-Covered Services and Materials

Eyeglass Lenses & Materials

Blended Bifocal Lens	
----------------------	--

Lens Options and Treatments

Polycarbonate (up to age 19)	UV 400
Visual Fatigue	Solid or Gradient Tint
1-Year Scratch Coating	2-Year Scratch

Partially-Covered Services and Materials

Eyeglass Lenses & Materials

Digital/ Elite Progressive Lens	Standard Progressive Lens
Premium Progressive Lens	


Professional Services

Medically Necessary Contact Lenses	\$200 Elective Contact Lenses
------------------------------------	-------------------------------

Other

\$60 Wholesale Frame Allowance	
--------------------------------	--

Out-of-Network



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Benefits Summary

PRINT

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

General

In-Network


Out-of-Network

Limitations


Services And Materials

Professional Services	Reimbursement up to:
Routine Vision Exam	\$35
Elective Contact Lenses	\$200
Medically Necessary Contact Lenses	\$250
Eyeglass Lenses & Materials	
Base Lens	\$30
Bifocal	\$40
Trifocal	\$60
Progressive	\$60
Lens Options and Treatments	
Lenticular	\$80
Frame	
Frames	\$40


Limitations



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out



Benefits Summary



Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

General

In-Network

Out-of-Network

Limitations

Non-Covered Services and Materials

Lens Options and Treatments

Anti-Reflective Bluelight	Anti-Reflective Ultra
Anti-Reflective 1	Anti-Reflective 2
Anti-Reflective 3	Anti-Reflective Optifog
Aspheric/Atoric	Backside UV on Anti-Reflective
Color Coating	Digital Surfacing, Single Vision
Edge Treatments	Mid/High Index
Near Variable Focus	Photochromic
Plano	Polarized
Mirror	Rimless Mounting
Trivex	

Additional Terms and Conditions

Medically necessary benefits are subject to prior-approval when specific benefit criteria are satisfied and can only be selected in lieu of all other benefits.

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

Amount is based on wholesale frame cost at non-retail locations. Contact your provider before requesting services.

Lasik benefits may be limited to no more than 50% per eye.

Benefits may only be used for contact lenses when selected in lieu of all other materials and services. If purchased at the same time from a single provider, you will receive a total allowance of up to \$200 towards the cost of a routine eye exam, contact fitting fees and contact lenses. Any provider charges that exceed this amount shall be the responsibility of the member. Members may be required to pay contact fitting fees out of pocket at some locations.

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

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

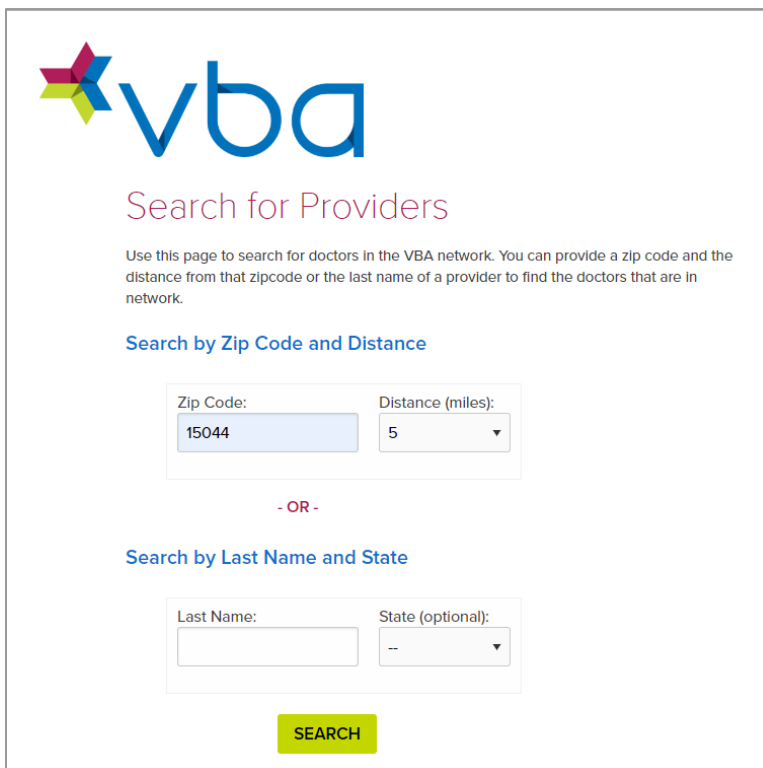
Find a Provider

Search by Zip Code and Distance

Enter a **Zip Code**.

Enter the **Distance** from that Zip Code.

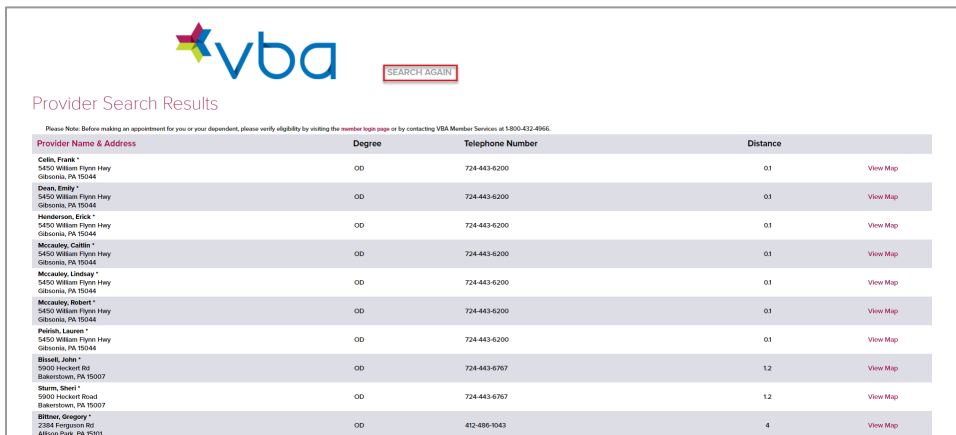
Click **Search**.



The screenshot shows the VBA logo at the top. Below it is the heading "Search for Providers". A sub-heading "Search by Zip Code and Distance" is followed by two input fields: "Zip Code:" with the value "15044" and "Distance (miles):" with a dropdown menu showing "5". Below these fields is a red "- OR -" separator. Underneath is another section titled "Search by Last Name and State" with two input fields: "Last Name:" and "State (optional):" with a dropdown menu showing "--". At the bottom of this section is a yellow "SEARCH" button.

The results will display in a new window.

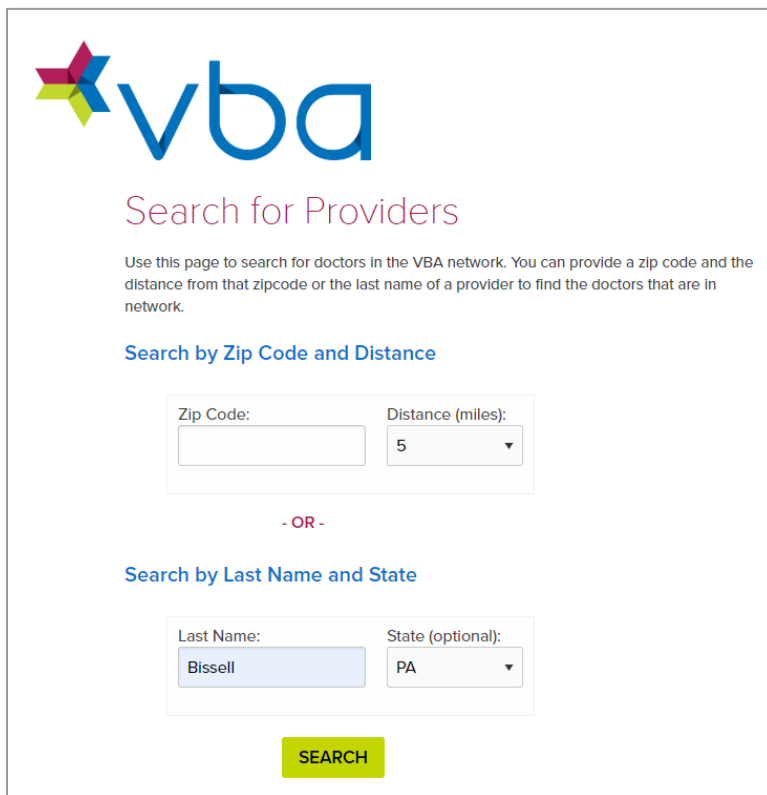
Click **Search Again** to return to the Find a Provider screen.



The screenshot shows the VBA logo at the top. Below it is a red "SEARCH AGAIN" button. The heading "Provider Search Results" is followed by a small note: "Please Note: Before making an appointment for you or your dependent, please verify eligibility by visiting the member login page or by contacting VBA Member Services at 1-800-432-4966." Below this is a table with four columns: "Provider Name & Address", "Degree", "Telephone Number", and "Distance". Each row also has a "View Map" link.

Provider Name & Address	Degree	Telephone Number	Distance
Cole, Frank * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Dean, Emily * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Henderson, Erick * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Mccaulley, Collin * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Mccaulley, Lindsay * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Mccaulley, Robert * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Petish, Lauren * 5450 William Flynn Hwy Gibsonia, PA 15044	OD	724-443-6200	01
Blissell, John * 5900 Hockett Rd Bakertown, PA 15007	OD	724-443-6767	12
Shurtz, Steve * 5900 Hockett Road Bakertown, PA 15007	OD	724-443-6767	12
Blissell, Gregory * 2384 Ferguson Rd Allison Park, PA 15101	OD	412-486-3043	4

Search by Last Name and State



vba

Search for Providers

Use this page to search for doctors in the VBA network. You can provide a zip code and the distance from that zip code or the last name of a provider to find the doctors that are in network.

Search by Zip Code and Distance

Zip Code: Distance (miles):

- OR -

Search by Last Name and State

Last Name: State (optional):

SEARCH

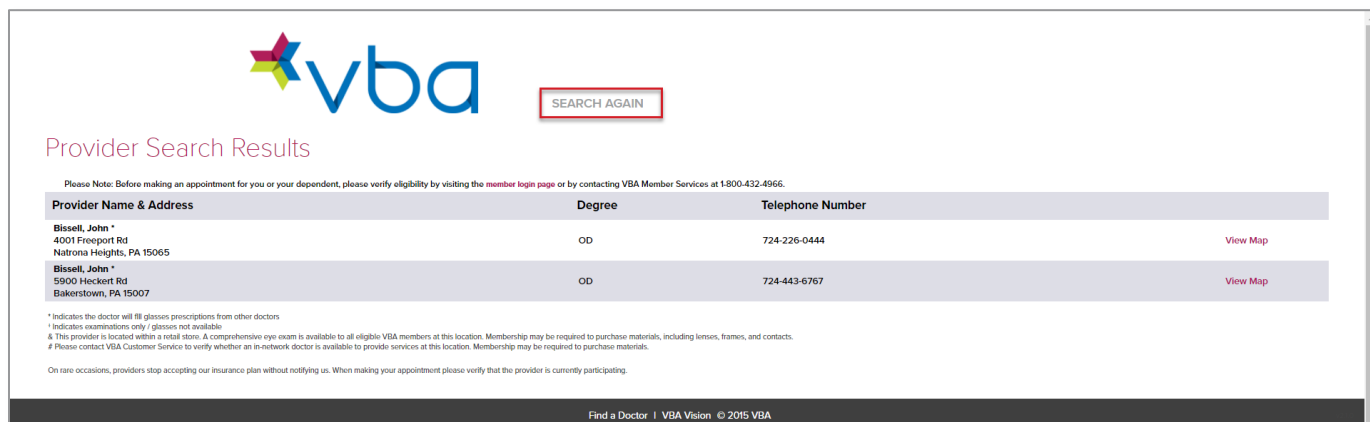
Enter the **Last Name** of the provider.

Optionally, enter the **State** the provider is located in.

Click **Search**.

The results will display in a new window.

Click **Search Again** to return to the Find a Provider screen.



vba **SEARCH AGAIN**

Provider Search Results

Please Note: Before making an appointment for you or your dependent, please verify eligibility by visiting the [member login page](#) or by contacting VBA Member Services at 1-800-432-4966.

Provider Name & Address	Degree	Telephone Number	
Bissell, John * 4001 Freeport Rd Natrona Heights, PA 15065	OD	724-226-0444	View Map
Bissell, John * 5900 Heckert Rd Bakerstown, PA 15007	OD	724-443-6767	View Map

* Indicates the doctor will fill glasses prescriptions from other doctors
 † Indicates examinations only / glasses not available
 ‡ This provider is located within a retail store. A comprehensive eye exam is available to all eligible VBA members at this location. Membership may be required to purchase materials, including lenses, frames, and contacts.
 § Please contact VBA Customer Service to verify whether an in-network doctor is available to provide services at this location. Membership may be required to purchase materials.

On rare occasions, providers stop accepting our insurance plan without notifying us. When making your appointment please verify that the provider is currently participating.

Find a Doctor | VBA Vision © 2015 VBA

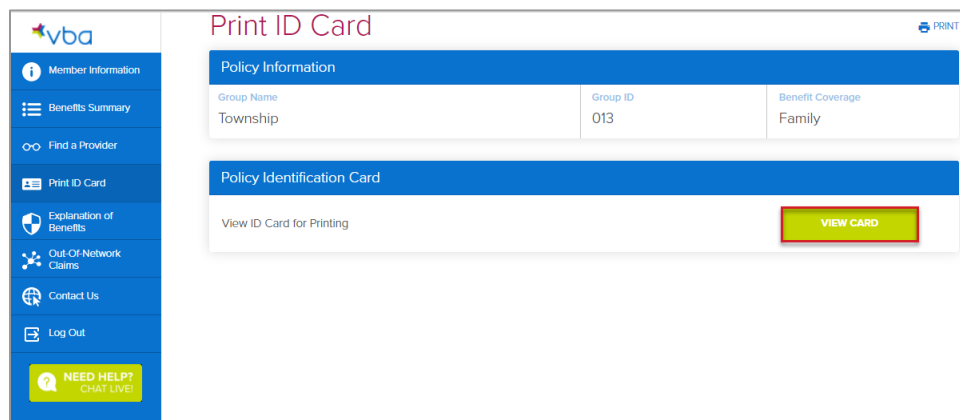
Print an ID Card


The Print ID Card screen allows members to view and print their member ID card.



VBA does not require the use of member ID cards to make an appointment or visit your in-network VBA provider.

Click on **View Card** to download a copy.





- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE

Print ID Card

PRINT

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Policy Identification Card

View ID Card for Printing

VIEW CARD

The PDF will open in a new window for you to view or print it.



THANK YOU FOR BEING A VBA MEMBER!

At VBA, we strive to make things as simple as possible for our members. While a member card is not necessary to access your benefits, you can use your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.

Using your in-network benefits is simple.

- Log in to the VBA Member Portal to confirm eligibility for services and materials.
- Use our online Provider Finder to search for doctors in the VBA network.
- Schedule an appointment with the provider and let the office know you have vision benefit coverage through VBA prior to receiving services or purchasing materials.
- The provider will submit all claims for covered benefits directly to VBA.
- The provider will discuss and collect any copayments and/or out-of-pocket expenses from you, if applicable.

On rare occasions, a provider may discontinue participation in our network without proper notice. While making your appointment, verify participation to avoid any inconvenience.

Do you know all the advantages of VBA membership?

We partner with several other companies that provide services to better your health and wellness.




Save up to \$1000 on Custom Bladeless LASIK using Wavelight with featured in-network providers LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute. Schedule your free consultation today! Call 1-877-437-6105.



Schedule a complimentary hearing evaluation and save over 40% on premium aids with the latest technology. Call 855-203-7979.


Member Identification Card

		1-800-432-4966 www.vbaplans.com		Looking for an in-network VBA provider? Use our online Provider Finder to search our network. Once you've selected your provider, let them know that you have vision benefit coverage through VBA prior to receiving services or purchasing materials.	
Policyholder Name: Li M Yan Group #: 013 Group Name: Township		p: 1-800-432-4966 f: 412-881-4898 400 Lydia Street, Suite 300 Carnegie, PA 15106 www.vbaplans.com			

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966

View Explanation of Benefits

The Explanation of Benefits (EOB) page enables you to view and download EOB statements for you and your active dependents. EOB statements are available online for four years.



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out Of Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Explanation of Benefits

[PRINT](#)

Policy Information		
Group Name	Group ID	Benefit Coverage
Township	013	Family

Filter By Name:

Li M Yan

Date of Service	Statement ID	Service Type	Statement Date	
10/27/21	11403750	Exam, Lens, Frame	10/29/2021	Download
9/14/18	10180611	Contacts, \$150.00	9/18/2018	Download
9/14/18	10179528	Exam Only	9/18/2018	Download

Sunny M Yan

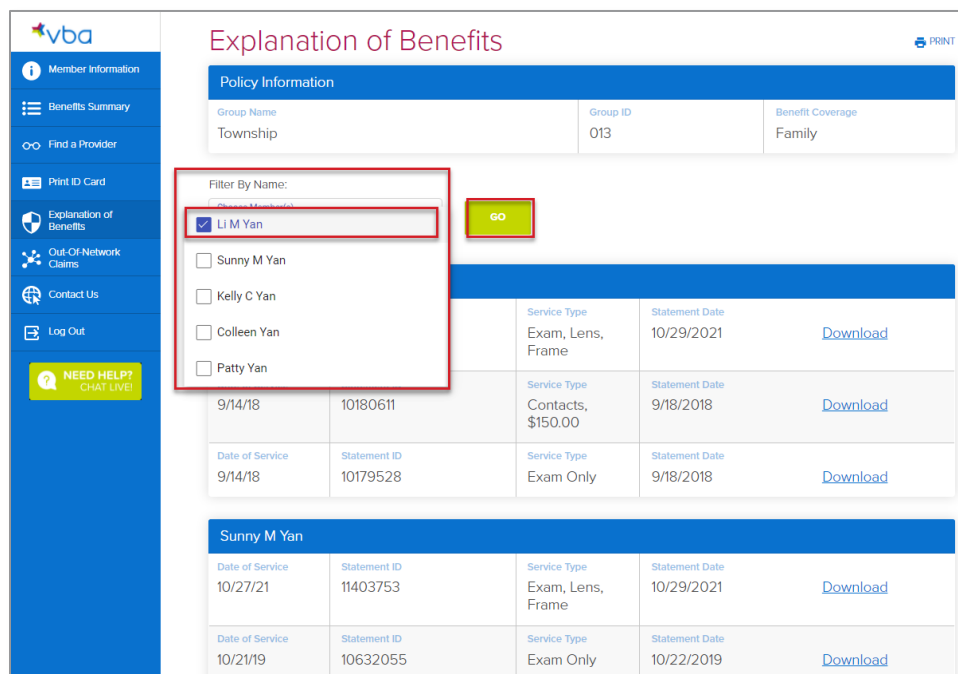
Date of Service	Statement ID	Service Type	Statement Date	
10/27/21	11403753	Exam, Lens, Frame	10/29/2021	Download
10/21/19	10632055	Exam Only	10/22/2019	Download
6/21/17	9651151	Exam Only	6/22/2017	Download

Kelly C Yan

Date of Service	Statement ID	Service Type	Statement Date	
9/11/21	11349124	Exam Only	9/11/2021	Download
7/1/19	10505563	Exam Only	7/2/2019	Download
7/10/17	9673029	Contacts, \$150.00	7/12/2017	Download
7/10/17	9671755	Exam Only	7/11/2017	Download

To filter by name:

- Select one or more **Names** from the **Filter By Name** drop-down list.
- Click **Go** twice.



Explanation of Benefits

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Filter By Name:

☒ Li M Yan

☐ Sunny M Yan

☐ Kelly C Yan

☐ Colleen Yan

☐ Patty Yan

GO

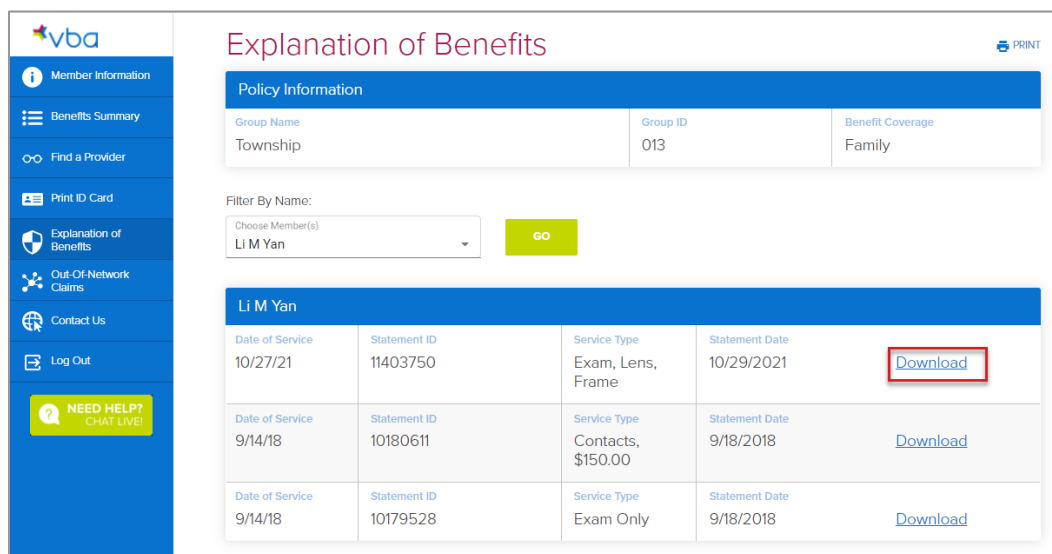
Date of Service	Statement ID	Service Type	Statement Date	Download
9/14/18	10180611	Exam, Lens, Frame	10/29/2021	Download
Date of Service	Statement ID	Service Type	Statement Date	Download
9/14/18	10179528	Exam Only	9/18/2018	Download

Sunny M Yan

Date of Service	Statement ID	Service Type	Statement Date	Download
10/27/21	11403753	Exam, Lens, Frame	10/29/2021	Download
Date of Service	Statement ID	Service Type	Statement Date	Download
10/21/19	10632055	Exam Only	10/22/2019	Download

To download an EOB statement:

- Click **Download** next to the Policyholder or Dependent you want to view the EOB statement for.
- The PDF will open in a new window for you to view or print it.



Explanation of Benefits

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Filter By Name:

Choose Member(s)

Li M Yan

GO

Li M Yan

Date of Service	Statement ID	Service Type	Statement Date	Download
10/27/21	11403750	Exam, Lens, Frame	10/29/2021	Download
Date of Service	Statement ID	Service Type	Statement Date	Download
9/14/18	10180611	Contacts, \$150.00	9/18/2018	Download
Date of Service	Statement ID	Service Type	Statement Date	Download
9/14/18	10179528	Exam Only	9/18/2018	Download



For any Questions on this Statement, Please Call:
1-800-432-4966 • Monday–Friday, 8:30 a.m. – 6:00 p.m., EST.

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Policyholder Name: Li M Yan **Group Name:** Township
Policyholder Address: 123 Main Street **Group #:** 013
Address Line 2: Gibsonia, PA 19464 **Statement Date:** 10/29/2021
Policyholder ID Number: 6576

Claim Details	
Claim #: 11403750	Provider: Drs Darbenzio & Sokol & Salak
Patient: Li M Yan (Member)	Provider ID: PA01402

Date of Service	Service	Total Amount	Amount Covered by Plan	Member Responsibility	Explanation
10/27/2021	Routine Examination	\$50.00	\$50.00	\$0.00	
	Dispensing Fee	\$38.00	\$38.00	\$0.00	
	Basic Scratch Coating	\$0.00	\$0.00	\$0.00	
	Premium 1 (B) Progressive - Base	\$18.50	\$18.50	\$0.00	
	Premium 1 (B) Progressive - Upcharge	\$90.00	\$0.00	\$90.00	
	Aspheric & Atoric (Mid Index) MF	\$0.00	\$0.00	\$0.00	
	Mid Index / Trivex MF	\$50.00	\$0.00	\$50.00	
	Standard A/R 2	\$52.00	\$0.00	\$52.00	
	ZYL Frame Mounting	\$0.00	\$0.00	\$0.00	
	Frames	\$60.00	\$60.00	\$0.00	
	Total	\$358.50	\$166.50	\$192.00	

*Please call VBA at 1-800-432-4966 if you need diagnosis and/or treatment code information for the services referenced above.

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966



IMPORTANT INFORMATION - PLEASE READ

This Explanation of Benefits (EOB) is a summary of claims (bills) sent to Vision Benefits of America, Inc. (VBA) for benefits provided on the date(s) of service listed above. The EOB tells you what services VBA covered and indicates the Member's financial responsibility to the Provider. The "Plan" refers to your vision insurance plan with VBA.

If you believe this claim was submitted as the result of fraud, please contact VBA at 1-800-432-4966.

This statement may only list benefits covered (fully or partially) by the Plan. In the event you need information regarding additional non-covered options, services or materials received during the Patient's visit as part of a private-pay transaction with the Provider, please contact the Provider's office directly. Provider pricing for certain services may be higher in some states where discounts/cost-containment on non-covered services and/or materials is prohibited. Additionally, sales tax may be added, where required by state law.

Please see Below for Important Information about your Rights related to this Statement.

About Your Rights Appeals. You have the right to appeal any decision not to pay for an item or service (in whole or in part). To file an appeal, you can obtain VBA's "Member Grievance Form" by calling 1-800-432-4966 or going to www.vbaplans.com, in the "Member" section under the "FORMS" tab. Appeals must be submitted to VBA in writing at the following address: VBA Appeals, 400 Lydia Street, Suite 300, Carnegie, PA 15106. Appeals must be made within 180 days from the date you receive this statement. VBA must complete its internal review of the appeal within 30 days by a reviewer different from, and independent of, the initial reviewer. You will be provided with a notice of the appeal decision. All relevant records associated with VBA's decision are available free of charge upon request. If you are unsatisfied with the outcome of VBA's internal review, you may be able to request an external review by an independent third party. You may also have the right to bring civil action under the Employee Retirement Income Security Act of 1974 (ERISA), if all required reviews of your claim have been completed. If you have questions about the appeal process, please contact VBA at 1-800-432-4966.

Availability of Consumer Assistance Programs. There may be other resources to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-3272. If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Center for Consumer Information and Insurance Oversight at 1-888-393-2789. Your state consumer assistance program may also be able to assist you at:

Pennsylvania Department of Insurance
1209 Strawberry Square
Harrisburg, PA 17120
(877) 881-6388

<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

For a list of health insurance consumer assistance programs, by state, you can visit:
<https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/#statelisting>

Privacy Protection. You have the right to request an alternative location and/or method of receipt for this statement. You may access VBA's Notice of Privacy Practices for your full list of rights under the Health Insurance Portability and Accountability Act (HIPAA), at www.vbaplans.com or by contacting VBA's Compliance Department at 1-800-432-4966.

Civil Rights. VBA complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you think you were treated unfairly, you can send a complaint to: VBA, Civil Rights Coordinator, at the address listed on the bottom of this statement. You must send the complaint within 60 days of when you found out about it. We will send a decision to you within 30 days. If you disagree with the decision, you have 15 days to ask us to review your complaint again. If you need help with your complaint, please call us toll-free at 1-800-432-4966, Monday through Friday, 8:30 a.m. – 6:00 p.m., EST.

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights at 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201. For complaint forms and additional help, you can call the Dept. of HHS toll-free at (800) 368-1019, (800) 537-7697 (TDD).


Foreign Language Services

SPANISH (español): Para obtener asistencia en español, por favor llame al 1-800-432-4966.
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-432-4966.
CHINESE (中文): 如需中文帮助, 请致电 1-800-432-4966.
NAVAJO (Dine): Dine'ehgo shika a'ot'wol ninisingo, kwijigo holne' 1-800-432-4966.

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966

Submit Out-of-Network Claims

The Out-of-Network (OON) Claims page allows you to download the appropriate claim form and upload the completed form with associated receipts for out-of-network services.



- Member Information
- Benefits Summary
- Find a Provider
- Print ID Card
- Explanation of Benefits
- Out-Of-Network Claims
- Contact Us
- Log Out
- NEED HELP? CHAT LIVE!

Out-of-Network Claims

PRINT

Policy Information

Group Name	Group ID	Benefit Coverage
Township	013	Family

Claim Submission Process

If your plan offers out-of-network coverage and you were eligible for benefits on the date of service, you may submit a claim to VBA for reimbursement.

Getting Started

- Confirm eligibility for out-of-network benefits by accessing the [Member Information](#) tab or by contacting us.

What You'll Need

- To submit a claim, you will need to provide us with a copy of your itemized receipts or service statements with the following information:

 - Provider's name
 - Patient's name
 - Date of Service
 - Services and/or materials received
 - Amounts paid

Once you have collected the above documents, use the information to complete VBA's Out-of-Network Reimbursement Form.

[VIEW FORM](#)

How to Submit

- Submit via Mail, Fax or Upload:

After completing and signing the Out-of-Network Reimbursement Form, you may mail or fax your claim with copies of your itemized receipts to:

VBA
400 Lydia Street, Suite 300
Carnegie, PA 15106

412-881-4898 (Facsimile)

OR

Go Green! For faster processing, you can now submit your claim to VBA electronically. Simply follow the prompts below to upload images of your signed forms and receipts. After you have successfully selected and uploaded all documents related to your claim, click "Submit" and your information will be securely emailed to VBA.

Upload Document

Upload your Out-of-Network Claims application and receipt(s) for submission in any of the following formats: JPG, PNG, GIF, BMP, or PDF. The total file size cannot exceed 10 MB.

[Select File to Upload](#)

*Please allow up to 15 business days (after receipt) for VBA to process your reimbursement claim.

Uploading Out-of-Network Claims

Select **Files** to upload from your computer.



The user can upload multiple files at the same time.



The user can upload their Out-of-Network Claims application and receipt(s) for submission in any of the following formats: JPG, PNG, GIF, BMP or PDF.

Upload Document

Upload your Out-of-Network Claims application and receipt(s) for submission in any of the following formats: JPG, PNG, GIF, BMP, or PDF. The total file size cannot exceed 10 MB.

[Select File to Upload](#)

*Please allow up to 15 business days (after receipt) for VBA to process your reimbursement claim.

Your Documents

Test Upload.pdf	0.2 MB	Remove
-----------------	--------	------------------------

SUBMIT



The user must have selected at least one file to upload for the **Submit** button to be activated.

Click **Submit**. The system will display the following confirmation message to the user on the screen.

Your Documents

Upload Successful

Thank you for submitting your Out-of-Network form(s).



Office 365 has a default maximum message size of 10 MB. If the total of all files to be submitted exceeds 10 MB, the **Submit** button will not be activated and the system will display the following error message:


Your Documents

Test Upload File Size.pdf	11.4 MB	Remove
---------------------------	---------	--------

Attachment size exceeds the allowable limit. Please select file less than 10 MB.

SUBMIT

Contact Us

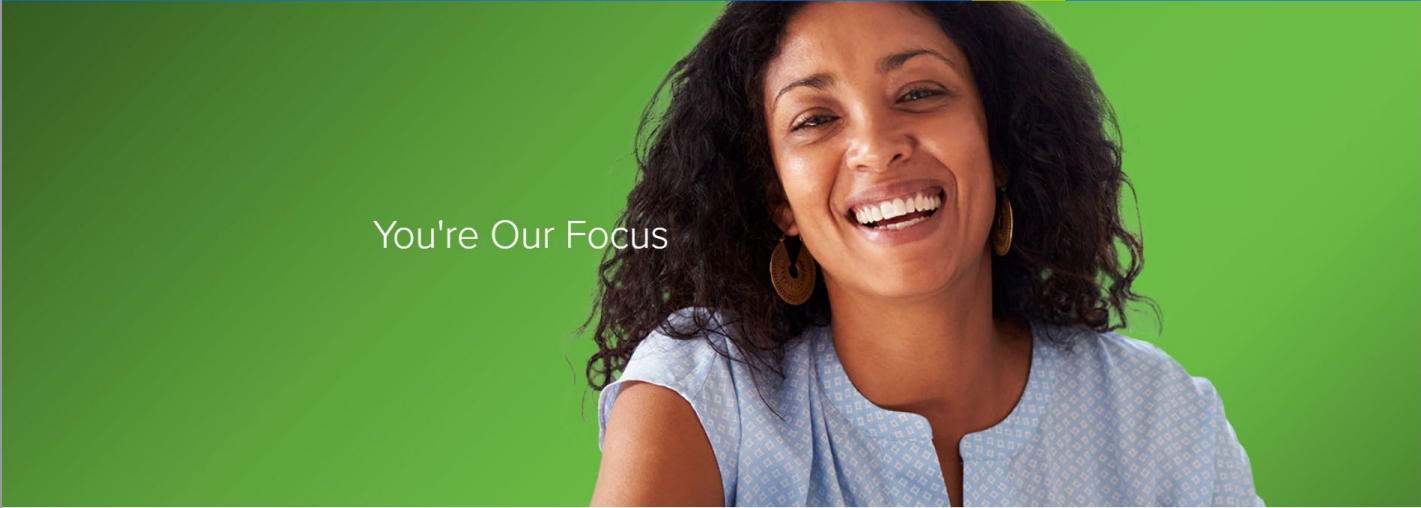


TEXT SIZE: A | A | A

Translate EN

[VISION](#)
[DENTAL](#)
[ABOUT US](#)
[BLOG](#)
[CONTACT US](#)

[Already have an Account?](#)
[LOGIN](#)



You're Our Focus

Connect With a VBA Expert Today

We're Here to Answer Your Questions

Our customer care representatives are available to answer your questions Monday through Friday, 8:30 a.m. to 6:00 p.m. ET.

Members
Phone – 1-800-432-4966 or 412-881-4900 x 1
Fax – 412-881-4898
Email – memberservices@vbaplans.com

Benefits Administrators & Brokers
For billing questions
Phone – 1-800-432-4966
Fax – 412-881-5522
Email – billing@vbaplans.com

For enrollment questions
Phone – 1-800-432-4966 x 3, option 1
Fax – 412-881-4898
Email – clientrelations@vbaplans.com

For plan questions
Phone – 1-800-432-4966 x 3, option 1
Fax – 412-881-7319
Email – clientrelations@vbaplans.com

Providers
Phone – 1-800-432-4966 x 2
Fax – 412-885-5646
Email – providers@vbaplans.com

Laboratories
Phone – 1-800-432-4966 x 2
Fax – 412-885-5646
Email – labs@vbaplans.com

Contact Us After Hours

Enter your **Name**.

Enter a valid **Email Address**.

Select the **Member** radio button.

Enter an optional message.

Click **Submit**. You will receive a Thank You message to confirm your submission.

If you are unable to reach us during regular working hours, please call us at our alternative phone number 402-532-5199 or fill out the form below and one of our exceptional customer care representatives will get back to you as soon as possible.

First name Theresa	Last name Heaver
Email yheaver@vbaplans.com	
I am a: <input checked="" type="radio"/> Member <input type="radio"/> Benefits Administrator <input type="radio"/> Broker <input type="radio"/> Provider <input type="radio"/> Loh	
Message This is a test of the Member Portal.	
<input checked="" type="checkbox"/> I would like to receive future updates from VBA.	
powered by reCAPTCHA Privacy Terms	
<input type="button" value="Submit"/>	

Stay in Touch

Click the **Drop-Down Arrow** to select Member.

Stay in Touch
Sign up to receive the latest news and information from VBA.

I am a:	email
<input type="button" value="Drop-Down Arrow"/>	
Member Benefits Administrator Broker Provider Loh	

Enter a valid **Email Address**.

Click **Submit**. You will receive a Thank You message to confirm your submission.

Stay in Touch
Sign up to receive the latest news and information from VBA.

Benefits Administrator	yheaver@vbaplans.com
<input type="button" value="Submit"/>	

Chat Live



Chat is only available during VBA business hours Monday through Friday.

Select **Customer Service**.

Enter **Your Name**.

Enter the **last 4 digits of the Policyholder's Social Security Number (SSN)**

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

Enter the **Policyholder's Date of Birth**.

Enter an **Email Address** for follow up.

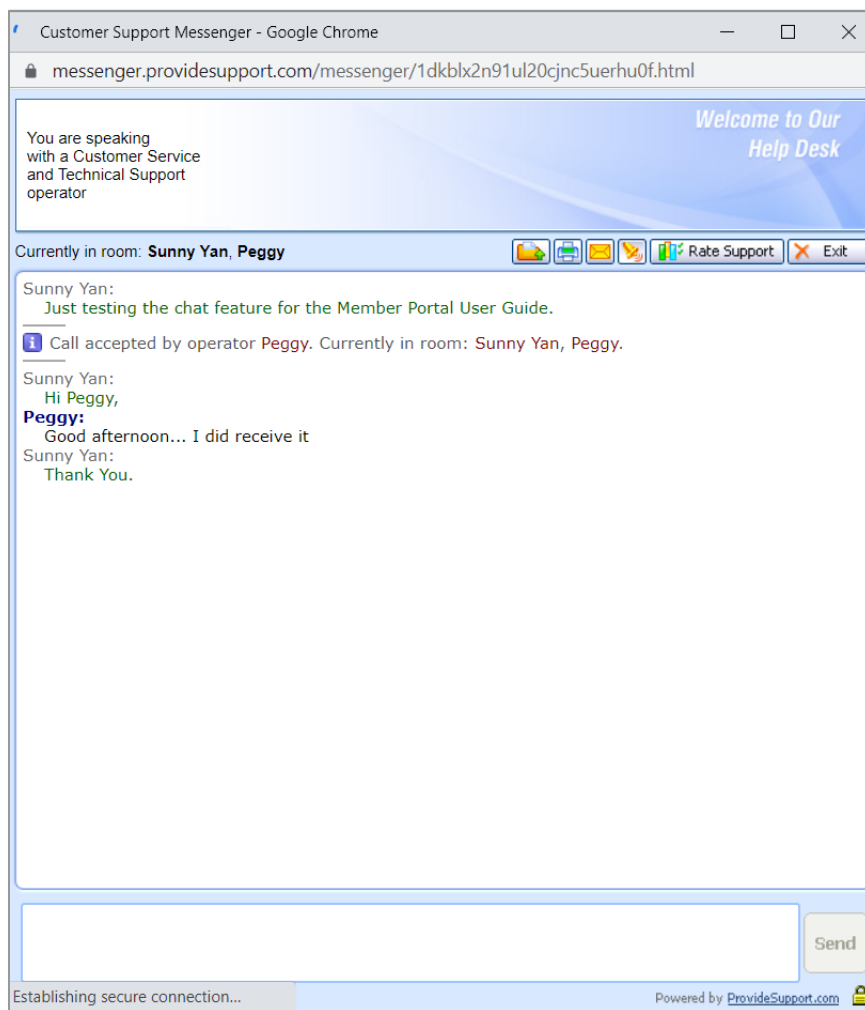
Enter **Your Question**.

Click **Start Chat**.

The screenshot shows a web browser window titled "Customer Support Messenger - Google Chrome" with the URL "messenger.providesupport.com/messenger/1dkblx2n91ul20cjc5uerhu0f.html". The page has a blue header with the text "Welcome to Our Help Desk". Below the header, it says "Welcome to Online Support!" and "Fields marked with * are required". The form contains the following fields:

- Please select the department you would like to reach:**
 - ☐ Customer Service
 - ☒ **Online!**
- Your Name:** Sunny Yan *
- Policy Holder's SSN (Last 4 digits only)** *
- Policy Holder's Last Name** Yan *
- Policy Holder's Date of Birth** *
- Email Address (for follow up)** lyan@gmail.com *
- Your Question:** Just testing the chat feature for the Member Portal User Guide. *

A red box highlights the "Start Chat" button at the bottom of the form. The footer of the page says "Powered by ProvideSupport.com".



Account Registration FAQs

With an eye on your data security, VBA strives to be ahead of the curve when it comes to protecting your group's private and protected information. On November 2, 2023, we're updating the authentication method for members to access the VBA Member Portal.

We understand that data security is critical and, at times, complicated. That's why we're providing answers to the most frequently asked questions about member portal authentication.

Getting Started

Access The VBA Member Portal

- Go to vbaplans.com and click Login from the menu.
- Select Vision and Member options and click Sign In.
- Login or register your account.
- Access your and your covered dependents' benefits and claims information, chat with us, find a provider, print an ID card, access Explanation of Benefits (EOBs) and upload out-of-network claim forms.

Register Your Account

- Go to vbaplans.com and click Login from the menu.
- Select Vision and Member options and click Sign In.
- Select Sign Up Now.
- Enter your email address, the policyholder's birth date, zip code and last four digits of SSN or Member ID and click Send Verification Code.
- You will receive an email with a One-Time Code from noreply@visionbenefits.com.
- Enter your One-Time Code and click Verify Code.
- Select Next.
- Access your and your covered dependents' benefits and claims information, chat with us, find a provider, print an ID card, access Explanation of Benefits (EOBs) and upload out-of-network claim forms.

Login to Your Account

- Go to vbaplans.com and click Login from the menu.
- Select Vision and Member options and click Sign In.
- Select Login.
- Enter the email address you used to register your account and click Send Verification Code.
- You will receive an email with a One-Time Code from noreply@visionbenefits.com.
- Enter your One-Time Code and click Verify Code.
- Select Next.
- Access your and your covered dependents' benefits and claims information, chat with us, find a provider, print an ID card, access Explanation of Benefits (EOBs) and upload out-of-network claim forms.

Passwords

We know passwords are difficult to remember and fundamentally insecure. For these reasons, we've created a more secure user experience using a One-Time Code sent via email to authenticate your account. It's the same easy to use features of the VBA Member Portal without the frustrations of a password.

Why is VBA changing its member portal login process?

At VBA, we take great care to properly handle any protected health information (PHI) and maintain members' privacy. Collecting and maintaining this data is critical to our business, so we use technical, administrative and physical security measures to protect it.

We regularly test and review our technical security measures. We work with our expert team to make sure we have the most up-to-date technology.

Troubleshooting

Possible Reasons an Account is Not Accessible

It is important to verify that you are an actively enrolled VBA member before attempting to access the VBA Member Portal.

Pending or Terminated Enrollment

Contact your employer's benefits administrator or human resources department to make sure you are an actively enrolled VBA member. Members who are terminated or have a future enrollment date cannot access the VBA Member Portal.

Incorrect Policyholder Information

When you initially register your account, verify that you have provided a valid email address. If your email address is accurate and you are an active VBA member, we may have received information from your employer that does not match what you entered on the information screen.

VBA receives member name, address and date of birth from the employer.

- If your information is incorrect, please contact the employer's benefits administrator or human resources department.
- All changes to your information must be made by the employer's benefits administrator or human resources department.

Incorrect Email Address

Each policyholder may only register their account with one email address. If your covered dependents need to access the VBA Member Portal, they must enter the registered email address and One-Time Code sent to the same email address to login.

If you would like to change the email address associated with your registered account, [contact us](#).

Update or Change Email Address

If you would like to change the email address associated with your registered account, [contact us](#).

Account Not Registered

All active policyholders must register their account the first time they visit the VBA Member Portal beginning on November 2, 2023.

One-Time Code Not Received

If you are not receiving the One-Time Code emails in your inbox, search your spam folder as sometimes the emails end up there.

To prevent issues in the future, safelist noreply@visionbenefits.com to ensure you receive all One-Time Passcode emails.

If none of those steps resolve the issue, [contact us](#).

Questions About Registration

If you are not sure if you have registered your account, [contact us](#).

Miscellaneous**Email Usage**

The email address used to register your account is not used for email marketing purposes. VBA only uses this email address to send a One-Time Code for account authentication. We do not sell your data to third parties.

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	9/2025	