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Broker/Employer Benefit Comparison

(Do not distribute to employees)

Available Plans and Rates Effective 03/01/26 – 02/28/28

	Option 1 (009)		Option 2 (2712)		Option 3 (2713)		Option 4 (4146) NEW	
Single	\$5.76		\$7.85		\$8.70		\$10.44	
Family	\$11.51		\$15.65		\$17.40		\$20.88	
	Frequency of Services:		Frequency of Services:		Frequency of Services:		Frequency of Services:	
	19 & Older	Under Age 19	19 & Older	Under Age 19	19 & Older	Under Age 19	19 & Older	Under Age 19
Exam	24	12	12	12	12	12	12	12
Lenses	24	12	12	12	12	12	12	12
Frames	24	24	24	24	12	12	12	12

Note: A \$5 monthly administrative billing fee is charged per employer group.

	Plan Options 1- 3 BENEFITS	Plan Option 4 Only BENEFITS
	VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)	VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)
Vision Exam (Glasses or Contacts) ~ Only covers 1 exam, not both	100%	N/A
Vision Exam (Glasses & Contacts) ~ Cover both exams	N/A	100%
Clear Standard Lenses (Pair):		
Single Vision	100%	100%
Bifocal	100%	100%
Blended "No-Line" Bifocals	100%	100%
Trifocal	100%	100%
Progressive ^D	Controlled Cost ^E	Controlled Cost ^E
Lenticular	100%	100%
Polycarbonate ^C	100%	100%
Scratch Coat – 1 Yr	100%	100%
Frame ^B	100%	100%
Elective Contacts	- OR - (in lieu of eyeglass benefits)	- AND -
Material Allowance	\$110	\$110
Fitting Fee	15% off UCR ^A	15% off UCR ^A
Medically Required Contacts ^F	If medically required, will pay 100% in lieu of all other material benefits listed herein.	

Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
Laski Surgery (once every 8 years)	\$125 Reimbursement	

A Usual, Customary and Reasonable as determined by VBA

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail)

C Available In-Network at no charge for children under age 19

D Progressive Lenses typically retail from \$150 to \$400, depending on lens options. VBAs controlled costs generally range from \$45 to \$175.

E Unless otherwise prohibited by law

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.