Tel Hai offers one vision plan through **Vision Benefits of America (VBA)**. The vision benefit is **included** for team members enrolled in a medical plan. Use group number **1706** – this is the only information needed to access your coverage. You will not receive an ID card.

$10 COPAYMENT PROGRAM

BENEFIT	COVERAGE
EYE EXAM - EVERY 12 MONTHS	
Comprehensive Exam	Plan pays 100%, less copayment
LENSES - EVERY 12 MONTHS	
Single Vision	Plan pays 100%, less copayment
Bifocal	Plan pays 100%, less copayment
Trifocal	Plan pays 100%, less copayment
Lenticular	Plan pays 100%, less copayment
FRAMES - EVERY 24 MONTHS	
Frame Allowance	Up to **$150** allowance
CONTACT LENSES - EVERY 12 MONTHS	
Elective	Up to **$150** allowance
Medically Necessary	As determined by VBA

★ **New this year - bigger allowances!**

3×
Frame allowance now up to **$150**

2×
Contacts allowance now up to **$150**

BI-WEEKLY COST FOR COVERAGE

Team Member Only	$2.07
Team Member + 1 Dependent	$3.73
Team Member + 2 or More Dependents	$5.18

Cost shown is for team members **not** enrolled in a medical plan (per pay • 26 pays). If you are enrolled in a Tel Hai medical plan, vision is already included.

Learn more
telhaibenefits.org/vision

VBA • 1-800-432-4966 • members.vbaplans.com • Group #1706