

Teton School District 401 Effective: September 1, 2017		VISION CARE BENEFITS (VSP) for Statewide Schools - Plan II	
For Covered Providers and Services			
Copayment		You pay \$10 per eye exam and/or \$25 per Frame and Lenses or Medically Necessary Contact Lenses	
Service Frequency Limitations			
Elective—includes basic eye exam and an allowance of \$130 in place of benefits for Prescribed Lenses and Frames		You may receive one (1) eye exam and/or one (1) pair of Lenses and/or one (1) Frame or one (1) pair of Medically Necessary Contact Lenses (in lieu of eyeglasses) every twelve (12) months	
Payment for Services Rendered			
Participating VSP Doctor		BCI pays 100% of Maximum Allowance after Copayment	
Nonparticipating VSP Doctor			
Professional Fees			
Eye Exam		\$45	
Materials—lenses per pair			
Single Vision		\$45	
Bifocals, up to		\$65	
Trifocals, up to		\$85	
Frame, up to		\$47	
Contact Lenses— per pair			
(evaluation, materials, and fittings only)		\$105	
Medically Necessary, up to		\$210	

*The Participating VSP Doctor is responsible for verifying benefits with VSP prior to rendering services. A participant must provide the VCSV Participating Provider sufficient information to verify eligibility. Failure of the participant to provide sufficient information may delay services and may affect benefit payment under the plan.

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.