

Teton School District 401 Effective September 1, 2014	VISION CARE BENEFITS (VSP) Plan II
<b>For Covered Providers and Services</b>	
<b>Copayment</b>	You pay \$10 per eye exam and/or \$25 per Frame and Lenses or Medically Necessary Contact Lenses
<b>Service Frequency Limitations</b>	
<b>Elective</b> —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
<b>Payment for Services Rendered</b>	
<b>Participating VSP Doctor</b>	BCI pays 100% of Maximum Allowance after Copayment
<b>Nonparticipating VSP Doctor</b>	
<b>Professional Fees</b>	
Eye Exam	\$45
<b>Materials—lenses per pair</b>	
Single Vision	\$45
Bifocals, up to	\$65
Trifocals, up to	\$85
Frame, up to	\$47
<b>Contact Lenses— per pair</b> (evaluation, materials, and fittings only)	\$105
<b>Medically Necessary, up to</b>	\$210

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

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