



Payette School District 371 : Effective 9/01/2016	VISION CARE BENEFITS (VSP) for Statewide Schools - Plan III
For Covered Providers and Services	
Copayment	You pay \$0 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	\$48
Bifocals, up to	\$65
Trifocals, up to	\$90
Frame, up to	\$45
Contact Lenses— per pair (evaluation, materials, and fittings only)	\$120
Medically Necessary, up to	\$250

*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.