



DISCLAIMER: PRELIMINARY DRAFT – FOR GENERAL INFORMATION PURPOSES ONLY. This Highlight Sheet is pending regulatory approval and is subject to change (which may be significant or material). The information and terms contained herein may <u>not</u> be relied upon for any reason and neither this Highlight Sheet nor any of the information or terms contained herein shall form the basis of any contract or commitment by any party. No representation or warranty, express or implied, is provided in relation to the accuracy, correctness, completeness or reliability of the information and terms contained herein. The final version of this Highlight Sheet will be furnished to interested parties following regulatory approval. Additional terms and conditions may apply.

Benefit Highlight Sheet [Jefferson School District 251 Effective Date September 1, 2020 VISION CARE BENEFITS (VCSV) for Idaho School Benefit Trust – Option I	
Copayment	\$25 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 Provider	BCI pays 100% of Maximum Allowance after Copayment
Nonparticipating Provider	
Professional Fees Eye Exam Materials—lenses per pair Single Vision Bifocals, up to Trifocals, up to Frame, up to Contact Lenses— per pair (evaluation, materials, and fittings only) Medically Necessary, up to	\$45 \$45 \$65 \$85 \$47 \$105 \$210

^{*}The Participating Provider is responsible for verifying benefits with the VCSV 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.

The information in this Highlight Sheet is for informational and comparison purposes only. It is not a complete summary or description of benefits Coverage is subject to the provisions of the corresponding Plan Documents and Summary Plan Description, which contains I the detailed terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the Plan Document and Summary Plan Description issued for a more complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference or conflict between this Highlight Sheet and its corresponding Plan Documents and Summary Plan Description, the Plan Documents and Summary Plan Description will control. This Highlight Sheet is subject to annual.