Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Vision Benefits for Idaho School Benefit Trust

Jerome School District 261 Effective: September 1, 2018	VISION CARE BENEFITS (VSP) for Idaho School Benefit Trust - 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 information is for comparison purposes only and not a completed description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions, limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding plan.

Exclusions and Limitations

In addition to any other exclusions and limitations of this Plan, the exclusions and limitations listed below apply to this particular section and throughout the entire Plan, unless otherwise specified. No benefits are available under this Plan for the following:

- Not Medically Necessary.
- In excess of the Maximum Allowance.
- Investigational in nature.
- Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Participant is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work related injuries or conditions. This exclusion applies whether or not the Participant claims such benefits or compensation or recovers losses from a third party.
- Provided or paid for by any federal governmental entity or unit except when payment under this Plan is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefore would vary, or are or would be affected by the existence of coverage under this Plan.
- Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- Furnished by a Provider who is related to the Participant by blood or marriage and who ordinarily dwells in the Participant's household.
- Received from a vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- Rendered prior to the Participant's Effective Date.
- For telephone consultations, and all computer or Internet communications; for failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.

- For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation unless such injuries are a result of a medical condition or domestic violence.
- For treatment or other health care of any Participant in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Participant to Covered Services under this Plan, if and to the extent those benefits are payable to or due the Participant under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first party or no fault provision of any automobile, homeowner's, or other similar policy of insurance, contract, or underwriting plan.

  In the event Blue Cross of Idaho (BCI) for any reason makes payment for or otherwise provides benefits excluded by the above provisions, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Participant, and the Participant's heirs and personal representative against all insurers, underwriters, self insurers or other such obligors contractually liable or obliged to the Participant, or his or her estate for such services, supplies, drugs or other charges so provided by BCI in connection with such Illness, Disease, Accidental Injury or other condition.
- Any services or supplies for which a Participant would have no legal obligation to pay in the absence of coverage under this Plan or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage.
- Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.
- Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Plan.
- Furnished by a Provider or caregiver that is not listed as a Covered Provider.
- For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- Orthoptics or other vision training and any associated supplemental testing.
- Plano Lenses.
- Two (2) pair of eyeglasses in place of bifocals.
- Replacement of Lenses, Frames or Contact Lenses furnished hereunder that are lost or broken (Lenses, Frames or Contact Lenses are only replaced at the normal intervals when Covered Services are otherwise available).
- Medical or surgical treatment of the eye(s).
- Any eye examination or any corrective eyewear required by an employer as a condition of employment.
- Low vision aids.
- Solutions and/or cleaning products for eyeglasses or Contact Lenses.