

SNAKE RIVER SCHOOL DISTRICT- SEPTEMBER 1, 2011	VISION CARE BENEFITS (VSP) Plan III
For Covered Providers and Services	
Copayment	Insured pays \$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 \$105 in place of benefits for Prescribed Lenses and Frames	Insured 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	

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.