

| Benefit Highlight Sheet ISBT, Canyon-Owyhee SD, 2020,09 | |
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| VISION CARE BENEFITS (VCSV) for Idaho School Benefit Trust – Option I | |
| For Covered Providers and Services | What you pay |
| 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 | \$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 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 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.