

**MONROE COUNTY ISD Vision Benefits Plan**

**Group # 40386**

**The Plan-at-a-Glance** **Benefit Year – January 1<sup>st</sup> through December 31<sup>st</sup>**

<b>Vision Examination</b>	Covered Up to \$125
<b>Spectacle Lenses (Pair):</b>	
Single Vision	Covered Up to \$125
Bifocal	Covered Up to \$150
Trifocal	Covered Up to \$175
Lenticular or Progressive	Covered Up to \$200
<b>Standard Frames</b>	Covered Up to \$200
<b>Contact Lenses (Pair)</b>	Covered Up to \$250

---

**Extra Lens Features** – Anti-reflective coatings, Anti-scratch coatings, UV coatings, Photochromic -- up to \$100 any combination

---

**Limits & Exclusions**

1. Plan participants are limited to one vision examination during any benefit year.
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during any benefit year.
3. Plan participants may choose between eyeglasses and contact lenses, but not both.

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. Polycarbonate Lenses.
10. Charges for contact lenses that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges except examinations for each insured person.**