



PO Box 610  
 Southfield, MI 48037  
 248-901-3705

**MONROE PUBLIC SCHOOLS Vision Benefits Plan  
 Custodians**

**Group # 40410**

**The Plan-at-a-Glance** **Benefit Year – July 1<sup>st</sup> through June 30<sup>th</sup>**

<b>Vision Examination</b>	Covered Up to \$45
<b>Spectacle Lenses (Pair):</b>	
Single Vision	Covered Up to \$38
Bifocal	Covered Up to \$60
Trifocal	Covered Up to \$72
Lenticular	Covered Up to \$108
 <b>Standard Frames</b>	 Covered Up to \$80
 <b>Contact Lenses (Pair)</b>	
Cosmetic/Elective	Covered Up to \$200

**Extra Lens Features - Progressive, Oversize and Rimless Drill included in allowances**

	<b>Photochromic/Color Tints</b>	<b>Polarization</b>
Single Vision	\$42	\$56
Bifocal (includes Blended)	\$70	\$90
Trifocal	\$84	\$110
Lenticular	\$118	\$138

**Limits & Exclusions**

1. Plan participants are limited to one vision examination during any twelve month period.
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during any twelve month period.
3. Plan participants may choose between eyeglasses or 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 cosmetic (elective) contact lenses that exceed the annual plan allowance

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