

**Monroe County Community College
MESSA Choices II PPO Vision Coverage
Benefits-at-a-Glance**

VSP-3

Eye Exam

Eye exam by an optometrist or ophthalmologist	No Deductible
	One eye exam per plan year.

Lenses and Frames

Lenses: Single Vision Bifocal Trifocal Lenticular	Covered
Frame Allowance	\$65
<u>Extra Lens Features:</u> Pink #1 or #2 tint Rimless Oversize Blended Progressive	Covered Covered Covered Covered Not Covered
<u>Tinted:</u> Tinted Single Vision Tinted Bifocal Tinted Trifocal Tinted Lenticular	Covered
<u>Polarized:</u> Polarized Single Vision Polarized Bifocal Polarized Trifocal Polarized Lenticular	Covered

Contact Lens Allowance (includes exam)

Cosmetic (Elective)	\$115
Disposable	\$115

For each covered person during a plan year, the plan covers either:

- Charges for one vision exam, one pair of corrective eyeglass lenses and one frame, or
- Charges for one vision exam and one pair of corrective lenses