

Vision Plan

- The Vision Plan is provided by MetLife.
- The Vision Plan covers a wide range of services such as eye exams, glasses, and contact fittings.
- **You must wait one year from your last date of service/purchase before you're eligible to have the same service/purchase covered.**
- You can see the vision care doctor of your choice but you may pay the lowest out-of-pocket cost if you visit an in-network provider.
- You can find an In-network provider by visiting www.metlife.com, clicking on 'Find a Vision Provider,' entering your zip code, and selecting MetLife Vision PPO as the plan.
- Questions? Call MetLife at 800.GET.MET8 (800.438.6388) or 877.573.7347, option 7.

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$3.33	\$6.66
Employee + Spouse	\$6.67	\$13.34
Employee + Child(ren)	\$5.65	\$11.30
Employee + Family	\$9.31	\$18.62

Premiums for coverage under the Vision Care Plan are made on a pretax basis.

Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam Comprehensive exam of visual functions and prescriptive corrective eyewear	\$10 copay	reimbursed up to \$45	12 months after last exam
Materials/Eyewear Copay (either glasses or contact lenses allowed per frequency)	\$25 towards frames/lenses and does not apply to elective contact lenses. Elective contact lenses are a separate copayment.	n/a	12 months after last materials/eyewear copay
Lenses			
Single vision	covered after eyewear copay	up to \$30 allowance	12 months after last claim
Bifocal	covered after eyewear copay	up to \$50 allowance	12 months after last claim
Trifocal	covered after eyewear copay	up to \$65 allowance	12 months after last claim
Lenticular	covered after eyewear copay	up to \$100 allowance	12 months after last claim
Standard Lens Options Ultra violet coating Polycarbonate (child up to age 18)	covered after eyewear copay	applied to the allowance for the applicable corrective lens	12 months after last claim
Progressive	\$55 copay for standard. Up to \$175 for custom.	up to \$50 allowance	12 months after last claim
Polycarbonate (adult) Scratch-resistant coating Anti-reflective coating Photochromic	these options are available with "not to exceed" pricing/maximum copay	applied to allowance for applicable corrective lens	12 months after last claim
Frames ¹	up to \$130 allowance after eyewear copay \$70 allowance after eyewear copay at Costco	up to \$70 allowance	12 months after last claim
Contact Lenses Fitting and Evaluation	standard or premium fit covered in full with a copay up to \$60	applied to allowance for contact lenses	12 months after last claim
Elective Contact Lenses (in place of lens & frame benefit)	up to \$130 allowance	up to \$105 allowance	12 months after last claim
Necessary Contact Lenses (must be medically necessary)	covered after material eyewear copay	up to \$210 allowance	12 months after last claim

¹20% off the additional amount when patients choose a frame that exceeds the allowance. Available from all In-Network providers except Costco.