

## Coverage & Monthly Rates:

Employee Only	<b>\$ 9.54</b>
Employee and Spouse	<b>\$16.21</b>
Employee and Child(ren)	<b>\$15.40</b>
Employee Plus Family	<b>\$23.93</b>

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart, Sam's Club<sup>3</sup> and Visionworks.

### In-network value added features:

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> **Conventional contacts:** 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. **Disposable contacts:** 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

## We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

## In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

### Eye exam

Frequency

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

### Frame

Once every 12 months

- Allowance: **\$150**

You will receive an additional **20%** savings on the amount that you pay over your allowance. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) to locate participating providers Look for the star icon.

### Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$25** eyewear copay.

### Standard lens enhancements<sup>1</sup>

Once every 12 months

- Ultraviolet (UV) coating, Up to \$12. Standard Polycarbonate (child up to age 18): Covered in full.

Your cost for the services below will be limited to a copay that MetLife has negotiated for you.

- Progressive Standard: Covered in full
- Progressive Premium/Ultra/Ultimate: Covered in full
- Standard Polycarbonate (adult) Single Vision/Multifocal: Covered in full
- Anti-reflective coating (variable by type): Up to \$50-\$120 copay
- Scratch Resistant Coating (variable by type): Up to \$15-\$30 copay
- Photochromic Lenses: Up to \$80 copay
- Tints (variable by type) solid/gradient: Up to \$15/\$18 copay

### Contact lenses (instead of eye glasses)

Once every 12 months

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay.
- Elective lenses: **\$150** allowance.
- Medically Necessary lenses: Covered in full with prior authorization.

### Second pair of materials are covered:

This benefit gives you additional eyewear coverage. You can get:

- Two pairs or prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance

## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Progressive lenses: up to <b>\$50</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	
• Contact lenses:	• Lined trifocal lenses: up to <b>\$65</b>	
- Elective up to <b>\$105</b>	• Lenticular lenses: up to <b>\$100</b>	
- Necessary up to <b>\$210</b>		

## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

### TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### MEDICATIONS

- Prescription and non-prescription medications.

<sup>1</sup>Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup>The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup>Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater

<sup>4</sup>Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>5</sup>These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

HIGH OPTION