

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.
- Services covered under the Vision Plan are based on the date of service, not plan year.
- 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 zipcode, and selecting MetLife Vision PPO as the plan.
- Questions? Call MetLife at 800.GET.MET 8 (800.438.6388).

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$3.20	\$6.40
Employee + Spouse	\$6.41	\$12.82
Employee + Child(ren)	\$5.43	\$10.86
Employee + Family	\$8.95	\$17.90
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	\$10.00 copay	Reimbursed up to \$45.00	Once every 12 months
Materials/Eyewear Copay (either glasses or contact lenses allowed per frequency)	\$25.00 towards frames/lenses	N/A	Once every 12 months
Lenses			
Single vision	Covered after eyewear copay	up to \$30.00 allowance	Once every 12 months
Bifocal	Covered after eyewear copay	up to \$50.00 allowance	Once every 12 months
Trifocal	Covered after eyewear copay	up to \$65.00 allowance	Once every 12 months
Lent	Covered after eyewear copay	up to \$100.00 allowance	Once every 12 months
Standard Lens Options Ultra violet coating Polycarbonate (child up to age 18)	Covered after eyewear copay	Not covered	Once every 12 months
Progressive	\$55.00 copay	up to \$50.00 allowance	Once every 12 months
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	Once every 12 months
Frames ¹	up to \$130.00 allowance after eyewear copay \$70.00 allowance after eyewear copay at Costco	up to \$70.00 allowance	Once every 12 months
Contact Lenses Fitting and Evaluation	Standard or premium fit covered in full with a copay up to \$60.00	Applies to allowance for contact lenses	Once every 12 months
Elective Contact Lenses	up to \$130.00 allowance	up to \$105.00 allowance	Once every 12 months
Necessary Contact Lenses (must be medically necessary)	Covered after eyewear copay	up to \$210.00 allowance	Once every 12 months

¹ 20% off the additional amount when patients choose a frame that exceeds the allowance. Available from all In-Network providers except Costco.