

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement.

In-network benefits

There are no claims for you to file when you go to an in-network vision provider. Simply pay any copays or member out of pocket expenses and, if applicable, any amount over your frame/contacts allowance at the time of service.

Eye Exam

One per calendar year

- Eye health exam, dilation, prescription, retinal imaging and refraction for glasses: Covered in full.
- Retinal imaging: covered in full on routine retinal screening when performed by a private practice.

Frame

One per calendar year

Allowance: **\$150**, 20% off amount over allowance¹

Standard Corrective Lenses

One per calendar year

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full

Standard Lens Enhancements

One per calendar year

- Standard progressive lenses: Covered in full
- Premium/Custom progressive lenses: Covered in full
- Standard polycarbonate lenses (Adult and Dependent Child): Covered in full
- Anti-reflective Coating (variable by type): Covered in full
- Scratch Resistant coating: Covered in full
- Blue Light Filtering: Covered in full

Lenses: Maximum member out-of-pocket costs¹

- UV Coating: up to \$12
- Photochromatic Lenses- plastic: Up to \$80
- Tints: Solid plastic: up to \$15; Plastic gradient: up to \$18
- Hi-Index 1.67/1.74: up to \$80 (1.67); up to \$120 (1.74)
- Digital Single Vision: up to \$30
- Polarized: up to \$75

Contact Lenses (instead of eyeglasses)

One allowance per calendar year

- Contact lens fitting (standard*): Covered in full
- Contact lens fitting (premium*): **\$50** allowance
- Elective lenses: **\$200** allowance
- Necessary lenses: Covered in full



* Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

Vision Insurance

Discounts on Non-Covered Exam, Services, and Material¹

- Exams, frames, and prescription lenses: 20% off retail
- Contacts, miscellaneous options: 20% off retail
- Disposable contact lenses: 10% off retail

In-Network Value Added Features:

Laser vision correction: 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. Contact QualSight LASIK at (877) 201-3602 for more information.

Additional savings on glasses and sunglasses¹: 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on lens enhancements¹: Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.

Additional savings on frames¹: 20% off any amount over your frames allowance.

Savings on additional exams¹: 30% savings on additional exams.

Additional savings on contacts¹: 10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. 10% - 20% discount on additional contacts.

Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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 for detailed out-of-network benefits information.

- Eye exam: up to **\$40 retail**

Materials Allowance:

- Frames: up to **\$45 retail**
- Single-vision lenses: up to **\$40 retail**
- Lined bifocal lenses: up to **\$60 retail**
- Lined trifocal lenses: up to **\$80 retail**
- Lenticular lenses: up to **\$80 retail**
- Standard Progressive lenses: up to **\$80 retail**
- Premium Progressive lenses: up to **\$80 retail**
- Necessary contact lenses: **\$210 retail**
- Elective contact lenses: **\$200 retail**

Lens Options (reimbursed up to Materials Allowance- see table above)

- Polycarbonate Lenses (adult and dependent child)
- UV Coating
- Anti-reflective Coating
- Scratch Resistant coating
- Photochromatic Lenses
- Tints: Solid plastic
- Hi-Index 1.67/1.74
- Digital Single Vision
- Polarized
- Blue Light Filtering

Vision Insurance

Diabetic Eyecare Plan Enhancement

Once every 12 months

Provides additional coverage for members who have been diagnosed with Type 1 or Type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Benefits are not available at retail chains, including Costco®, Walmart® and Sam's Club®.

- Exam: Covered in full
- Special Ophthalmological services: Covered in full.

Out-of-network reimbursement:

- Exam \$100
- Special Services \$100

Child Care Vision Care Plan Enhancement

Once every Calendar Year

Provides dependent covered children up to age 18 with the following:

- Exam: one additional exam covered in full after any applicable copay, every service interval
- Frames: Covered in full after any applicable copay once every service interval
- Lenses: Covered in full after any applicable copay once every service interval
- Contacts (in lieu of glasses): Covered in full after any applicable copay once every service interval

Out-of-network reimbursement

- up to the out-of-network exam and materials allowances stated above

Exclusions and Limitations of Benefits:

This plan has certain exclusions and limitations of benefits. Please refer to the plan certificate for complete benefit details.

¹ 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.

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 the rules very carefully and compare them with the rules of any other plan that covers you or your family.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies.

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.

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