

## Vision Insurance – Premium Plan



### 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 plan year

- Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a **\$10** copay

#### Frame

##### One per 2 plan year

- Participating Providers - Allowance: **\$175** after **\$15** eyewear copay<sup>1</sup>

#### Standard Corrective Lenses

##### One per plan year

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$15** eyewear copay<sup>1</sup>

#### Standard Lens Enhancements

##### One per plan year

- Standard progressive lenses: Covered in full
- Standard polycarbonate lenses for children: Covered in full
- Standard Photochromic: Covered in full
- Standard ultraviolet coating: Covered in full
- Factory scratch coating: Covered in full

#### Contact Lenses (instead of eyeglasses)

##### One allowance per plan year

- Contact lens fitting (standard\*): Covered in full after **\$25** copay
- Contact lens fitting (specialty\*): \$50 retail allowance after **\$25** copay
- Elective lenses: **\$175** 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.

#### Discounts on Non-Covered Exam, Services, and Material<sup>2</sup>

- Exams, frames, and prescription lenses: 30% off retail
- Contacts, miscellaneous options: 20% off retail

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

## Vision Insurance

- Disposable contact lenses: 10% off retail

### In-Network Value Added Features:

**Laser vision correction:** Savings of 40% - 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.

**Additional savings on glasses and sunglasses<sup>2</sup>:** 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on lens enhancements<sup>2</sup>:** Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.

**Additional savings on frames<sup>2</sup>:** 20% off any amount over your frames allowance.

**Savings on additional exams<sup>2</sup>:** 30% savings on additional exams.

**Additional savings on contacts<sup>2</sup>:** 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.

**Retinal imaging:** Up to a **\$39** copay on routine retinal screening when performed by a private practice.

- Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision); Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
- For general questions, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-833-EYE-LIFE (1-833-393-5433)

### Out-of-Network Reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply.

- Eye exam: up to **\$45 (ophthalmologist) or \$42 (optometrist)** after a \$10 copay
- Materials allowance after a \$15 copay:
  - Frames: up to **\$70**
  - Single-vision lenses: up to **\$30**
  - Lined bifocal lenses: up to **\$50**
  - Lined trifocal lenses: up to **\$65**
  - Lenticular lenses: up to **\$100**
  - Progressive lenses: up to **\$50**
  - Contact lenses: Elective: up to **\$175** and Necessary: up to **\$210**

### Exclusions and Limitations of Benefits:

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

<sup>2</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.

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 administrator for costs and complete details.