

Understanding your vision benefits

With **MetLife Vision** you get benefits for a wide range of covered services. The plan is simple and convenient to use— and you can take advantage of great savings¹ and offers on the latest eyewear styles and brand names.

Value and savings: Your out-of-pocket costs are usually lower when you visit a participating vision care specialist. And you can typically save¹ even more when you visit an in-network provider.

The following table shows hypothetical costs and savings when visiting an in-network provider compared to costs without insurance. Your actual costs and savings may vary.

Vision services/materials ²	Average cost without MetLife's Vision Plan ²	Average cost with MetLife's Vision Plan	Potential savings ³
Eye exam	\$140	\$0 (copay)	\$140
Glasses	N/A	\$0 (copay)	N/A
Frame	\$140	\$0	\$140
Lenses (bifocal)	\$139	\$0	\$139
Ultraviolet (UV) coating	\$23	\$0	\$23
Anti-reflective coating	\$106	\$0	\$106

Convenience and choice of eye care professionals: You can go to any licensed eye care professional. Or you can choose from any of the thousands of participating ophthalmologists, optometrists and opticians working out of private practices or top retail chains, like Costco Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, Pearle Vision,⁵ Sam's Club, Visionworks, Walmart and more.⁶

Enhanced benefits:⁷ As a commitment to your overall vision care, you get full coverage in-network for ultraviolet protection and polycarbonate (shatter resistant) lenses for children up to age 18. You also save on popular lens enhancements like progressive or scratch resistant lenses -- we have negotiated maximum copays with participating locations, so they can't charge you above a certain amount.

Great eyewear selections:⁸ You can choose the eyewear that is right for you and your budget. Plus, all participating locations offer a large selection of eyewear. From classic styles to the latest designer frames, you will find hundreds of options for you and your family. Choose from great brands, like Ann Klein, bebe, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.⁶



Your plan may also offer the following enhanced benefit(s):

Second pair: You have an additional eyewear benefit that gives your coverage for two pairs of glasses or glasses and contacts.

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

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

* Benefit provides for two (2) complete orders for eyewear. Eyewear purchases must be separate; allowances cannot be combined for a single eyewear purchase.

*You must go to a participating private practice to receive in-network benefits. Services provided at a participating retailer will be considered out-of-network.



The information below explains certain terms and information to make it easier for you to understand and use your benefits.

1. In-Network: When you visit vision care specialists participating in the MetLife Vision plan, either through a private practice or retail chain location.

2. Copay: Refers to the amount in the Schedule of Benefits for covered services that you are required to pay your participating vision care specialist at the time of treatment.

3. Frequency: How often you can get an exam or eyewear.

4. Eye Exam: Comprehensive examination of visual functions and prescription of corrective eyewear if necessary. Including but not limited to:

- Eye Health Examination;
- Dilation; and
- Refraction and Prescription for Glasses

In-network benefits	
There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.	
	Frequency
1 Eye exam	Once every XX months
• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$XX copay. • Retinal imaging:¹ Up to a \$XX copay on a routine retinal screening performed by a private practice.	
2 Frame	Once every XX months
• Allowance: \$XXX after \$XX eyewear copay • Co-ins: \$XXX allowance after \$XX eyewear copay • You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹	
3 Standard corrective lenses	Once every XX months
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$XX eyewear copay.	
4 Standard lens enhancements¹	Once every XX months
• Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$XX eyewear copay. • Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
5 Contact lenses (instead of glasses)	Once every XX months
• Contact fitting and evaluation:² Covered in full with maximum copay of \$XXX • Elective lenses: \$XXX allowance • Necessary lenses: Covered in full	
Out-of-network benefits	
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.	

5. Frame Allowance: The amount MetLife provides toward the cost of your frame.

6. Standard Corrective Lenses: Standard lenses that are covered under the plan.

- **Single Vision:** Types of lenses that correct one vision problem, like near or far-sightedness.
- **Lined Bifocal:** Types of lenses that use two different distinct powers in each lens, usually for near and distance vision correction.
- **Lined Trifocal:** Types of lenses that have three regions to correct for distance, intermediate (arm's length), and near vision.
- **Lenticular:** Types of lenses that have an array of magnifying lenses, designed so that when viewed from slightly different angles, different images are magnified.

7. Standard Lens Enhancements:⁶ Lens enhancements improve the appearance, durability and/or function of your glasses.

- **Ultraviolet Coating:** A treatment that is applied to lenses to filter out harmful rays of the sun. It is recommended that glasses block 100% of both UVA and UVB rays to minimize eye damage from the sun's rays.
- **Polycarbonate Lenses:** A lens material that is thinner, lighter, and more impact resistant than standard plastic. Polycarbonate lenses are the standard for children's eyewear.
- **Standard Progressive:** Bi-focal or multi-focal lenses with no visible lines where the lens power gradually changes from distance to near.
- **Scratch-Resistant Coating:** A film or coating that protects lenses from scratching.

- **Standard Anti-Reflective Coating:** A lens treatment for your glasses that helps to reduce distracting glare and eye fatigue by reducing the amount of light reflecting off the lens surface and making the lenses appear clearer. Your eyes will also be more visible behind the lenses.
- **Photochromic:** Refers to lenses that automatically change from clear to dark in the presence of ultraviolet (UV) radiation.

8. Contact Lenses

- **Fitting and Evaluation:** The goal of a contact lens fitting is to find the most appropriate contact lens for optimal comfort and vision. Contacts come in a variety of types, styles, materials and sizes.
- **Fitting Fee:** The charge associated with the contact lens fitting. This fee is separate from the standard Eye Exam. The contact lens fitting fee is charged for:
 - The initial assessment of the power, diameter, material, and base curve (essentially parameters) of the lens best fitted for the patient.
 - Follow up exams necessary to ensure that the contact lenses are the right fit and prescription.
 - Final prescription for dispensing.
- **Elective Lenses:** If available on your plan, you may choose to wear contact lenses in lieu of glasses as your vision correction.
- **Necessary:** Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by the Covered Person's participating vision care specialist. Contact Lenses are provided in place of spectacle lens and frame benefits available.

9. Out-Of-Network: When you visit an out-of-network vision care specialist, you are responsible for the services provided. You will typically pay for the full cost of the treatment at the time of the visit, then submit a claim form for reimbursement from MetLife.

10. Allowance: The amount MetLife provides toward the cost of your eye examination or eyewear.

¹ Your actual savings by enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year to an eyecare professional and the cost of services and materials received. Be sure to review the enclosed Schedule of Benefits for your plan's specific benefits and other important details.

² Comparison is based on national averages and most commonly purchased brands. VSP claims data for 2021.

³ These are sample savings only. Your actual savings from enrolling in the 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.

⁴ Based on employee-only rate for M130-10/25 standard plan design with employees nationwide.

⁵ Not all Pearle Vision locations participate in the MetLife Vision program. Visit MetLife.com or MetLife's MyBenefits website to confirm participating locations.

⁶ All product and company names are trademarks or registered trademarks of their respective holders. Use of them does not imply any affiliation with or endorsement by them.

⁷ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

⁸ Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations.

Benefits are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. 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.

