

Vision PPO Schedule of Benefits

See Well. Stay Healthy. Save More.
M130A-10/25



MetLife®

Benefit	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Eye Examination (one per frequency) <ul style="list-style-type: none"> Comprehensive exam of visual functions and prescription of corrective eyewear 	Covered after a \$10 copay	Covered up to \$45 allowance	12 months
Materials/Eyewear (Either glasses or contacts allowed per frequency)	\$25 copay	Not applicable	
Standard Corrective Lenses <ul style="list-style-type: none"> Single vision Lined bifocal Lined trifocal Lenticular 	Covered after eyewear copay	Covered up to:	12 months
		\$30 allowance	
		\$50 allowance	
		\$65 allowance	
Standard Lens Options¹ <ul style="list-style-type: none"> Ultraviolet coating Polycarbonate (child up to age 18) Polycarbonate (adult) Progressive Scratch-resistant coating Anti-reflective coating Photochromic 	Covered in full	Not Covered	
	Covered in full	Not Covered	
	\$33 copay	Not Covered	
	\$55 copay	\$50 allowance	
	\$17 copay	Not Covered	
	\$43 copay	Not Covered	
Frame Allowance (20% off the additional amount when patients choose a frame that exceeds the allowance at in-network private practice providers) <ul style="list-style-type: none"> Costco 	Covered up to: \$130 allowance after eyewear copay	Covered up to: \$70 allowance	12 months
	\$70 allowance after eyewear copay		
Contact Lenses <ul style="list-style-type: none"> Fitting and evaluation Elective lenses Necessary 	Standard or Premium fit: Member receives 15% off; Copay will not exceed \$60	Not Covered	12 months
	Covered up to \$130 allowance	Covered up to \$105 allowance	
	Covered after eyewear copay	Covered up to \$210 allowance	
Value Added Features			
<ul style="list-style-type: none"> Additional Discounts on Glasses and Sunglasses Laser Vision Correction 	20% discount off additional pairs of prescription glasses and non-prescription sunglasses, including lens options.		
	Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Discounts only available from MetLife participating facilities.		

¹ All lens options are available at private practice provider offices. At this time, not all lens options are available at optical retailers. Contact the optical retailer to confirm the availability of these options prior to receiving services.

The Savings You Need, the Choices You Want.

Choice of eye care professionals. You can go to any licensed eye care professional. Or you can choose from any of the thousands of ophthalmologists, optometrists and opticians working out of private practices or at top optical retail chains, like Costco Optical, EyeMasters, Visionworks, and more. To locate a MetLife Vision provider, you may visit www.metlife.com/mybenefits and click on "Find a Vision Provider" or call 1-855-MET-EYE1 (1-855-638-3931) for access to our 24/7 Interactive Voice Response system.

For additional convenience, MetLife Vision has a service arrangement with Walmart that makes it easy for you to use your MetLife Vision benefits at Walmart and Sam's Club locations. While these locations are considered out-of-network, MetLife Vision plans include a generous reimbursement schedule for services obtained at out-of-network locations. And these locations have agreed to process MetLife plans — verify eligibility and submit claims — so there are no claim forms for you to submit.

Choice in Eyewear. You can choose the eyewear that is right for you and your budget from among a broad spectrum of eyewear options. From classic styles to the latest designer frames, you will find hundreds of options for you and your family. Choose from great brands, like FENDI, bebe[®], Calvin Klein, Nike, Tommy Bahama[®] and Disney.

Exclusions and Limitations of Benefits

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

1. Services and/or materials not specifically included in the Schedule of Benefits as covered Plan Benefits.
2. Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
3. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
4. Two pairs of glasses instead of bifocals.
5. 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.
6. Orthoptics or vision training and any associated supplemental testing.
7. Medical and surgical treatment of the eye.
8. Prescription and non-prescription medications.
9. Contact lens insurance policies and service agreements.
10. Refitting of contact lenses after the initial (90-day) fitting period.
11. Contact lens modification, polishing and cleaning.
12. Any eye examination or any corrective eyewear required as a condition of employment.
13. Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.
14. Missed appointments.
15. 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 Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
16. Local, state and/or federal taxes, except where MetLife is required by law to pay.
17. 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.
18. 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.
19. 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.
20. Services and materials obtained while outside the United States, except for emergency vision care.
21. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

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Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan.

In certain states, availability of MetLife's group vision benefits is subject to regulatory approval.

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.

Metropolitan Life Insurance Company, New York, NY 10166