Vision Plan Highlights

Network: Superior Vision Network

Frequency: Once per calendar year

Eyeglasses instead of contacts

A materials copay of $10 applies to lenses and frames for in-network benefits.

Standard Lenses

Benefit	In-Network Benefit after copay	Out of Network Reimbursement
Single Vision	100% covered	Reimbursed up to $40
Lined Bifocal	100% covered	Reimbursed up to $60
Lined Trifocal	100% covered	Reimbursed up to $80
Lenticular	100% covered	Reimbursed up to $100

Lens Enhancements

Benefit	In-Network Benefit	Out of Network Reimbursement
Standard Progressive	Covered in full	Up to $50
Premium / Custom Progressive Services	• Premium: Member pays $40 • Ultra: Member pays $90 • Ultimate: Member pays $125	Not Covered
Polycarbonate Lenses (Adult)	Covered in full	Applied to standard lens reimbursement
Polycarbonate Lenses (Dependent Child)	Covered in full	Applied to standard lens reimbursement
UV Coating	Member pays $12	Applied to standard lens reimbursement
Anti-reflective Coating (variable by type)	• Standard: Member pays $35 • Premium: Member pays $48 • Ultra: Member pays $60 • Ultimate: Member pays $85	Applied to standard lens reimbursement
Scratch Resistant Coating	Covered in full	Applied to standard lens reimbursement
Photochromic Lenses - plastic	Covered in full	Applied to standard lens reimbursement
Tints	Covered in full	Applied to standard lens reimbursement
Hi Index 1.67 / 1.74	Covered in full	Applied to standard lens reimbursement
Blue Light Filtering	Up to $15	Applied to standard lens reimbursement
Digital Single Vision	Member pays $30	Applied to standard lens reimbursement
Polarized	Member pays $75	Applied to standard lens reimbursement

Frames

In-Network Benefit	Out of Network Reimbursement
$200 allowance An additional $50 frame allowance and 20% off amount over the allowance is available through select providers.	$75 allowance Members without access to in-network providers within 30 miles receive a $200 allowance.

Contact Lenses instead of eyeglasses

Benefit	In-Network Benefit after copay	Out of Network Reimbursement
Standard fitting and follow-up	$10 copay, then covered in full	Applied to contact lens allowance
Specialty fitting and follow-up	$10 copay, then plan pays $50	Applied to contact lens allowance
Necessary Contact Lenses	Covered in full	$210 allowance
Elective Contact Lenses - Conventional	$200 allowance, 20% off the amount over the allowance	$105 allowance Members without access to in-network providers within 30 miles receive a $200 allowance.
Elective Contact Lenses – Disposable	$200 allowance, 10% off the amount over the allowance	$105 allowance Members without access to in-network providers within 30 miles receive a $200 allowance.

Laser Vision Correction

Savings of up to 20% - 35% off the national average at network providers.

Low Vision Benefit

Allowed once every other calendar year.

Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Benefits are not available at retail chains, including Costco®, Walmart® and Sam's Club®.

In-network and out-of-network benefits:

- Supplemental testing:
  - Maximum of two (2) tests covered in full within a two (2) year period up to the benefit maximum.
- Supplemental aids:
  - 75% of the allowable amount up to the benefit maximum every two (2) years.
- Benefit Maximum:
  - $1,000 every two (2) years.

Network Availability

For participants without access to in- network providers within 30 miles, an out-of-area Vision plan is available. For details and to confirm if this plan applies to you, please call MetLife Vision Customer Service at 1-833-393-5433.