

Vision

Unmatched Product Suite



MetLife



Regular vision care is more than the first step to correcting vision problems or treating eye diseases. It is a way to potentially detect and monitor serious problems that can impact employees' well-being and eventually help reduce overall health care costs. Adding an affordable MetLife vision plan to your benefits plan is a simple first step toward improving the health of your workforce and your business.

FEATURES AND SAVINGS THAT MAKE THE DIFFERENCE

The latest research and market trends influence the wide range of plan designs available in our vision plans. This includes some standard features¹ only offered as options by other carriers:

Polycarbonate (shatter-resistant) lenses for children up to 18 years of age

Ultraviolet coating

Fixed copays for popular lens options like Progressive lenses and Anti-reflective and Scratch-resistant coatings, as well as contact lens fitting and evaluation

Your employees will benefit from savings that are built into their plan design, ensuring that participants and their covered family members save on total costs—premiums and out-of-pocket costs—for eye exams, prescription glasses, sunglasses or contacts.

[continued >](#)

COVERAGE OPTIONS¹

NETWORK PLAN OPTIONS

SERVICE FREQUENCY	Choose from Exam/Lenses-Contact Lenses/Frames at: • 12/12/12 months • 12/12/24 months
EXAM/MATERIAL COPAYS	Choose from the following copay options: Exam/Materials • \$0/\$0 • \$5/\$10 • \$10/\$20 • \$10/\$25 • \$10/\$0 • \$10/\$10 • \$20/\$0 • \$20/\$20 Copayment for materials does not apply to elective contact lenses.
PLAN HIGHLIGHTS—IN NETWORK	
EXAM	Focuses on eye health and overall wellness. Covered in full with applicable copay.
STANDARD CORRECTIVE LENSES	All plans cover standard corrective lenses/lens options at 100% after Materials copay. • Single Vision • Lined Bifocal • Lined Trifocal • Lenticular • Polycarbonate for children • Ultraviolet (UV) coating
STANDARD LENS OPTIONS²	Covered in full after materials copay • Ultraviolet (UV) coating • Polycarbonate (shatter-resistant) lenses for children (up to age 18) “Not to exceed” pricing/maximum copay • Anti-reflective coating • Photochromic • Polycarbonate lenses for adults • Progressive lenses • Scratch-resistant coating
FRAME ALLOWANCE	Choose from \$100, \$130 or \$150 20% off the additional amount when patients choose a frame that exceeds the allowance at in-network private practice providers.
CONTACT LENS FITTING AND EVALUATION	Standard and premium is covered in full with a copay not to exceed \$60.
ELECTIVE CONTACT LENS ALLOWANCE³	Elective contact lens allowance same as frame allowance. Necessary contact lenses are covered in full, less any applicable copayment.
VALUE-ADDED FEATURES	
ADDITIONAL DISCOUNTS ON GLASSES AND SUNGLASSES	20% discount off additional pairs of prescription glasses and/or non-prescription sunglasses, including lens options.
LASER VISION CORRECTION	Discounts averaging 15% 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.

FOR MORE INFORMATION, CONTACT YOUR METLIFE SALES REPRESENTATIVE TODAY.

Availability of products and features are based on MetLife’s guidelines, group size, underwriting and state requirements.

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

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.

1. For additional flexibility, contact MetLife. State and underwriting restrictions apply.
2. All lens options are available at participating private practice provider offices, and not to exceed copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. At this time, all lens options and not to exceed copays and pricing are not available at Costco. Please contact your local Costco to confirm the availability of lens options and pricing prior to receiving services.
3. For elective contact lenses. Necessary contact lenses are a Plan benefit when specific benefit criteria are satisfied and prescribed by an in-network provider.