

## Vision Insurance

Vision care services	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
<b>Comprehensive exam of visual functions and prescription of corrective eyewear</b>	\$10 copay	\$45 allowance
<b>Retinal Imaging</b> This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
<b>Standard Corrective Lenses</b> Single Vision Lined Bifocal Lined Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance
<b>Standard Lens Enhancement</b> Ultraviolet coating Polycarbonate ( <i>child up to age 18</i> )	Covered in Full Covered in Full	<i>Applied to the allowance for the applicable corrective lens</i> <i>Applied to the allowance for the applicable corrective lens</i>
<b>Additional Lens Enhancements<sup>1</sup></b> Progressive Standard Progressive Premium/Custom  Polycarbonate ( <i>adult</i> )	Covered in Full Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay  Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	\$50 allowance \$50 allowance  <i>Applied to the allowance for the applicable corrective lens</i>
Scratch-resistant coating ( <i>variable by type</i> ) Tints ( <i>variable by type</i> )	Up to \$17 - \$33 copay Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	<i>Applied to the allowance for the applicable corrective lens</i> <i>Applied to the allowance for the applicable corrective lens</i>
Anti-reflective coating ( <i>variable by type</i> ) Photochromic ( <i>variable by type</i> )	Up to \$41 - \$85 copay Up to \$47 - \$82 copay	<i>Applied to the allowance for the applicable corrective lens</i> <i>Applied to the allowance for the applicable corrective lens</i>
<b>Frame Allowance</b> (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		\$70 allowance
<b>Costco</b>	\$150 allowance	
<b>Walmart and Sam's Club</b>	\$85 allowance	
<b>Contact Lenses</b> Elective Necessary Contact Fitting and Evaluation	\$150 allowance Covered in full after eyewear copay Standard or Premium fit: Covered in full with a maximum copay of \$60	\$105 allowance \$210 allowance Applied to the contact lens allowance
<b>Value Added Features</b>		
<b>Additional Savings on Glasses and Sunglasses<sup>1</sup></b>	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
<b>Laser Vision correction<sup>2</sup></b>	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	
<b>Frequency</b>		
Examinations		Once every 12 months
Standard Corrective Lenses		Once every 12 months
Frames		Once every 24 months
Contact Lenses		Once every 12 months

<sup>1</sup>Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). 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, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.