Vision Insurance – Superior Enhanced

Monthly Premiums

Employee Only:	**$6.57**
Employee + 1 Dependent:	**$12.76**
Employee + Family	**$22.50**

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement.
- Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like LensCrafters, Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network benefits

There are no claims for you to file when you go to an in-network vision provider. Simply pay any copays or member out of pocket expenses and, if applicable, any amount over your frame/contacts allowance at the time of service.

Eye Exam

Once every 12 months

- Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a **$10** copay.[1]
- Retinal imaging: Up to a **$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every 12 months

- Allowance: **$150** after **$10** eyewear copay[1]

You will receive an additional **20%** savings on the amount that you pay over your allowance.

Standard Corrective Lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **$10** eyewear copay.[1]

Standard Lens Enhancements[2]

Once every 12 months

- Standard Polycarbonate (child up to age 18) Covered in full
- Progressive lenses, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.

Contact Lenses (instead of eyeglasses)[3]

Once every 12 months

- Contact lens fitting (standard*): Covered in full after **$25** copay.
- Contact lens fitting (premium*): $50 retail allowance after **$25** copay.

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[1] Materials co-pay applies to lenses and frames only, not contact lenses.

[2] The above list highlights some of the most popular lens enhancements and is not a complete listing. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice

[3] Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

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- Elective lenses: **$150** allowance
- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional **20%** savings on the amount that you pay over your allowance.
Disposable contacts: You will receive an additional **10%** savings on the amount that you pay over your allowance.

* Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

Discounts on Non-Covered Exam, Services, and Material[3]

- Exams, frames, and prescription lenses: 30% off retail
- Contacts, miscellaneous options: 20% off retail
- Disposable contact lenses: 10% off retail

In-Network Value Added Features:

Laser vision correction: Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers. Contact QualSight LASIK at (877) 201-3602 for more information.

Additional savings on glasses and sunglasses[3]: 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on lens enhancements[3]: Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.

Additional savings on frames[3]: 20% off any amount over your frames allowance.

Savings on additional exams[3]: 30% savings on additional exams.

Additional savings on contacts[3]: 10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. 10% - 20% discount on additional contacts.

Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

We're Here to Help

- Find a Vision provider at www.metlife.com/vision
- Download a claim form at www.metlife.com/mybenefits
- For general questions, go to www.metlife.com/mybenefits
  or call 1-833-EYE-LIFE (1-833-393-5433)

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Out-of-Network Reimbursement

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.

- Eye exam: up to **$45** after a $0 copay

Materials allowance after a $0 copay

- Frames: up to **$70**
- Single-vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**
- Contact lenses:
  - Elective: up to **$105**
  - Necessary: up to **$210**

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Vision Insurance

Exclusions and Limitations of Benefits

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

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- 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 Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- 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.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- 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.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- 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.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medications.

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Vision Insurance

The following are optional benefit enhancements.

This benefit gives you additional eyewear coverage.	In-Network
	Two pairs of prescription eyeglasses; or
	One pair of prescription eyeglasses and an allowance toward contact lenses; or
	Double your contact lens allowance

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all the rules very carefully and compare them with the rules of any other plan that covers you or your family.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies.

Savings from enrolling in a 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.

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.

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