

# Vision Benefit

---

- ✓ Metlife is the Vision carrier.  
[www.metlife.com](http://www.metlife.com)
- ✓ Metlife partners with VSP for the largest group vision provider network in the U.S.
- ✓ Larger PPO Network than prior carrier
- ✓ 2 plans to choose from --- High and Low
- ✓ Network includes independent eye care doctors as well as eye doctors in most box stores
- ✓ ID Cards available online at  
[www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)



# Vision Benefit

Vision – **High Plan** - 12/12/12 exams, contacts, frames

Class Description	All Active Full Time Employees in High Plan (30 Hours)	
Plan Name	M130A-10/25	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging 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
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
Single vision	\$25 copay	\$30 allowance
Lined bifocal	\$25 copay	\$50 allowance
Lined trifocal	\$25 copay	\$65 allowance
Lenticular	\$25 copay	\$100 allowance



# Vision Benefit

Vision – **Low Plan** - 12/12/24 exams, contacts, frames

Class Description	All Active Full Time Employees in High Plan (30 Hours)	
Plan Name	M130A-10/25	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
<b>Eye Examination</b>		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
<b>Retinal Imaging</b> <small>This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.</small>	Up to \$39 copay	Applied to the exam allowance
<b>Materials / Eyewear (Either Glasses or Contacts)</b>		
<b>Standard Corrective Lenses</b>		
Single vision	\$25 copay	\$30 allowance
Lined bifocal	\$25 copay	\$50 allowance
Lined trifocal	\$25 copay	\$65 allowance
Lenticular	\$25 copay	\$100 allowance

# Vision Benefit

<b>VOLUNTARY VISION RATES</b> (All Active Full Time Employees / Per Employee Per Month)	<b>24-Pay Periods</b>	<b>12-Pay Periods</b>
<b>HIGH PLAN -</b>		
§ Employee Only	<b>\$4.61</b>	<b>\$9.21</b>
§ Employee + Family	<b>\$10.37</b>	<b>\$20.74</b>
<b>LOW PLAN -</b>		
§ Employee Only	<b>\$3.47</b>	<b>\$6.94</b>
§ Employee + Family	<b>\$8.74</b>	<b>\$17.47</b>