

Vision

Vision coverage is offered through MetLife. Your routine vision exams, eyeglasses or contact lenses are available through MetLife’s national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and Laser Vision Correction. To find an in-network provider, go to www.metlife.com or call toll-free 1-800-275-4638. Group #5930870

Services	Network	Out of Network
Exam (once every 12 months)	\$10 Co-pay	\$45 allowance
Materials	\$10 Co-pay	
Standard Plastic Lenses: (once every 12 months)		
Single Vision	\$10 Co-pay	\$30 allowance
Lined Bifocal	\$10 Co-pay	\$50 allowance
Lined Trifocal	\$10 Co-pay	\$65 allowance
Lenticular	\$10 Co-pay	\$100 allowance
Progressive Standard	Available at Discounted Price	\$50 allowance
Frames (once every 24 months)	\$150 allowance	\$70 allowance
Contact Lenses ** (once every 12 months)		
Elective	\$150 allowance	\$105 allowance
Medically Necessary	Covered in full after copay	\$210 allowance
**contact lenses in lieu of lenses and frames		

Coverage Type	Employee Cost per Pay Period	Employee Monthly Cost
Employee Only	\$4.05	\$8.10
Employee + Family	\$10.31	\$20.61

This is intended to be a brief summary only—for full coverage details refer to the SPD. Premiums for your vision coverage will be deducted on a “pre-tax” basis through your cafeteria plan.