



## YOUR VISION COVERAGE Service Frequencies

	LOW PLAN	HIGH PLAN
Exams	1 Per 12 Months	1 Per 12 Months
Standard Corrective Lenses	1 Per 12 Months	1 Per 12 Months
Frames	1 Per 24 Months	1 Per 12 Months
Contact Lenses	1 Per 12 Months	1 Per 12 Months

(Either glasses or contacts allowed per frequency)

## SAMPLE OF COVERED SERVICES

	LOW PLAN		HIGH PLAN	
	IN NETWORK	OUT NETWORK	IN NETWORK	OUT NETWORK
<b>Eye Exam</b>	\$20 copay	\$45 allowance	\$0 copay	\$45 allowance
<b>Materials/Eyewear</b> Either glasses or contacts	\$20 copay	\$30-\$100 allowance	\$0 copay	\$30-100 allowance
<b>Standard Lens Enhancement</b>	Covered in full	applied to allowance	Covered in Full	applied to allowance
<b>Frame Allowance</b> Additional discounts at Costco	\$100 allowance	\$55 allowance	\$150 allowance	\$70 allowance
<b>Contact Lenses</b>				
Elective	\$100 allowance	\$80 allowance	\$150 allowance	\$105 allowance
Necessary	Covered in full after eyewear copay	\$210 allowance	Covered in full after eyewear copay	\$210 allowance
Contact fitting and evaluation	Standard or Premium fit: covered in full with a maximum copay of \$60	Applied to the contact lense allowance	Standard or Premium fit: covered in full with a maximum copay of \$60	Applied to the contact lense allowance

## VALUE ADDED FEATURES

- Additional savings on glasses and sun glasses:** Get 20% off the cost for additional pairs of perscription glasses and non-per-scription sunglasses, including lens enhancements. At times other promotional offers may also be available.
- Laser Vision Correction:** 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.

## SAMPLE COST

	LOW PLAN	HIGH PLAN
Member Only	\$13.91	\$21.63
Member + Spouse	\$23.69	\$38.11
Member + Children	\$20.60	\$32.96
Family	\$30.90	\$51.50

Sample Cost is illustrative purposes only

\$5.00 per month association fee per family

Find your provider at <https://mymetlifevision.com/find-provider-location-internal.html>  
**1-855-MET-EYE1**