



YOUR VISION COVERAGE

Service Frequencies

Exams Standard Corrective Lenses Frames Contact Lenses

(Either glasses or contacts allowed per frequency)

| LOW PLAN | HIGH PLAN |
|-----------------|-----------------|
| 1 Per 12 Months | 1 Per 12 Months |
| 1 Per 12 Months | 1 Per 12 Months |
| 1 Per 24 Months | 1 Per 12 Months |
| 1 Per 12 Months | 1 Per 12 Months |

SAMPLE OF COVERED SERVICES

| | LOW PLAN | | HIGH PLAN | |
|--|---|--|--|--|
| | IN NETWORK | OUT NETWORK | IN NETWORK | OUT NETWORK |
| Eye Exam Materials/Eyeware | \$20 copay | \$45 allowance | \$0 copay | \$45 allowance |
| Either glasses or contacts | \$20 copay | \$30-\$100 allowance | \$0 copay | \$30-100 allowance |
| Standard Lens Enhancement | Covered in full | applied to allowance | Covered in Full | applied to allowance |
| Frame Allowance Addiditional discounts at Costco | \$100 allowance | \$55 allowance | \$150 allowance | \$70 allowance |
| Contact Lenses Elective | \$100 allowance | \$80 allowance | \$150 allowance | \$105 allowance |
| Necessary | Covered in full after eyeware copay | \$210 allowance | Covered in full after eyeware 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

glasses:

Additional savings Get 20% off the cost for additional pairs on glasses and sun of perscription glasses and non-perscription 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 | \$13.50 | \$21.00 |
| Member + Spouse | \$23.00 | \$37.00 |
| Member + Children | \$20.00 | \$32.00 |
| Family | \$30.00 | \$50.00 |

Sample Cost is illustrative purposes only