

Vision Benefits “Closer Look”

MetLife Vision provides more options for clearer vision. Help your employees get the services they want while also lowering their out-of-pocket costs. We offer features as standard that others may only offer as options. And you’ll find some of the most competitive copays for lens enhancements around. With nationwide access to great savings, you’ll feel confident you’ve made the right decision.

Vision		
Class Description	All Active Full Time Employees ER Plan (30 Hours)	
Plan Name	M150D-10/25-C/E/F	
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		
Class Description	All Active Full Time Employees VOL Plan (30 Hours)	
Plan Name	M150D-10/25-C/E/F	
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

Insert Group Name's Vision Rates

All Active Full Time Employees ER Plan	
▪ Employee Only	\$8.92
▪ Employee + Spouse	\$15.04
▪ Employee + Child(ren)	\$15.36
▪ Employee + Family	\$24.80

All Active Full Time Employees VOL Plan	
▪ Employee Only	\$9.96
▪ Employee + Spouse	\$16.68
▪ Employee + Child(ren)	\$17.04
▪ Employee + Family	\$27.52