

## Vision - M100D - \$10 / \$25

|   | In Network Coverage  | Out-of-Network Reimbursement                                |
|---|--|---|
| <b>Eye Examination</b>  |  |   |
| <b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>   | \$10 copay   | \$45 allowance  |
| <b>Retinal Imaging</b><br>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                               |
| <b>Materials / Eyewear (Either Glasses or Contacts)</b>   |  |   |
| <b>Standard Corrective Lenses</b>   |  |   |
| <b>Single Vision</b>  | \$25 copay   | \$30 allowance  |
| <b>Lined bifocal</b>  | \$25 copay   | \$50 allowance  |
| <b>Lined trifocal</b>   | \$25 copay   | \$65 allowance  |
| <b>Lenticular</b>   | \$25 copay   | \$100 allowance   |
| <b>Standard Lens Options</b>  |  |   |
| <b>Ultraviolet coating</b>  | Covered in Full  | Applied to the allowance for the applicable corrective lens |
| <b>Polycarbonate (child up to age 18)</b>   | Covered in Full  |   |
| <b>Additional Lens Enhancements</b>   |  |   |
| <b>Progressive Standard</b>   | Up to \$55 copay   | \$50 Allowance  |
| <b>Progressive Premium</b>  | Premium: Up to \$95 - \$105 copay<br>Custom: Up to \$150 - \$175 copay   | \$50 Allowance  |
| <b>Polycarbonate (adult)</b>  | Single Vision: Up to \$31 copay<br>Multifocal: Up to \$35 copay  | Applied to the allowance for the applicable corrective lens |
| <b>Scratch-resistant coating (variable by type)</b>   | Up to \$17 - \$33 copay  |   |
| <b>Tints (variable by type)</b>   | Single Vision: Up to \$17 - \$34 copay<br>Multifocal: Up to \$17 - \$44 copay  |   |
| <b>Anti-reflective coating (variable by type)</b>   | Up to \$41 - \$85 copay  |   |
| <b>Photochromic (variable by type)</b>  | Up to \$47 - \$82 copay  |   |
| <b>Frame Allowance</b><br>(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.) |  |   |
| <b>Costco</b>   | \$55 allowance   | \$55 allowance  |
| <b>Contact Lenses</b>   |  |   |
| <b>Contact Fitting and Evaluation</b>   | Standard or Premium fit:<br>Covered in full with a maximum copay of \$60   | Applied to the contact lens allowance                       |
| <b>Elective lenses</b>  | \$100 allowance  | \$80 allowance  |
| <b>Necessary</b>  | Covered in full after eyewear copay  | \$210 allowance   |
| <b>Frequency</b>  |  |   |
| <b>Examinations</b>   |  | 1 per 12 Months   |
| <b>Standard Corrective Lenses</b>   |  | 1 per 12 Months   |
| <b>Frames</b>   |  | 1 per 24 Months   |
| <b>Contact Lenses</b>   |  | 1 per 12 Months   |
| Either glasses or contacts allowed per frequency  |  |   |
| <b>Value Added Features</b>   |  |   |
| <b>Additional Discounts on Glasses and Sunglasses</b>   | Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.      |   |
| <b>Laser Vision Correction</b>  | 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. |   |

## Vision - M130D - \$10 / \$25

|   | In Network Coverage  | Out-of-Network Reimbursement                                |
|---|--|---|
| <b>Eye Examination</b>  |  |   |
| <b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>   | \$10 copay   | \$45 allowance  |
| <b>Retinal Imaging</b><br>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                               |
| <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   |
| <b>Standard Lens Options</b>  |  |   |
| Ultraviolet coating   | Covered in Full  | Applied to the allowance for the applicable corrective lens |
| Polycarbonate (child up to age 18)  | Covered in Full  |   |
| <b>Additional Lens Enhancements</b>   |  |   |
| Progressive Standard  | Up to \$55 copay   | \$50 Allowance  |
| Progressive Premium   | Premium: Up to \$95 - \$105 copay<br>Custom: Up to \$150 - \$175 copay   | \$50 Allowance  |
| Polycarbonate (adult)   | Single Vision: Up to \$31 copay<br>Multifocal: Up to \$35 copay  | Applied to the allowance for the applicable corrective lens |
| Scratch-resistant coating (variable by type)  | Up to \$17 - \$33 copay  |   |
| Tints (variable by type)  | Single Vision: Up to \$17 - \$34 copay<br>Multifocal: Up to \$17 - \$44 copay  |   |
| Anti-reflective coating (variable by type)  | Up to \$41 - \$85 copay  |   |
| Photochromic (variable by type)   | Up to \$47 - \$82 copay  |   |
| <b>Frame Allowance</b><br>(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.) |  |   |
| Costco  | \$70 allowance   | \$70 allowance  |
| <b>Contact Lenses</b>   |  |   |
| Contact Fitting and Evaluation  | Standard or Premium fit:<br>Covered in full with a maximum copay of \$60   | Applied to the contact lens allowance                       |
| Elective lenses   | \$130 allowance  | \$105 allowance   |
| Necessary   | Covered in full after eyewear copay  | \$210 allowance   |
| <b>Frequency</b>  |  |   |
| Examinations  | 1 per 12 Months  |   |
| Standard Corrective Lenses  | 1 per 12 Months  |   |
| Frames  | 1 per 24 Months  |   |
| Contact Lenses  | 1 per 12 Months  |   |
| Either glasses or contacts allowed per frequency  |  |   |
| <b>Value Added Features</b>   |  |   |
| Additional Discounts on Glasses and Sunglasses  | Get 20% off the cost for additional pairs of prescription glasses and non-prescription 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. |   |

## Vision - M150D - \$10 / \$25

|   | In Network Coverage  | Out-of-Network Reimbursement                                |
|---|--|---|
| <b>Eye Examination</b>  |  |   |
| <b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>   | \$10 copay   | \$45 allowance  |
| <b>Retinal Imaging</b><br>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                               |
| <b>Materials / Eyewear (Either Glasses or Contacts)</b>   |  |   |
| <b>Standard Corrective Lenses</b>   |  |   |
| <b>Single Vision</b>  | \$25 copay   | \$30 allowance  |
| <b>Lined bifocal</b>  | \$25 copay   | \$50 allowance  |
| <b>Lined trifocal</b>   | \$25 copay   | \$65 allowance  |
| <b>Lenticular</b>   | \$25 copay   | \$100 allowance   |
| <b>Standard Lens Options</b>  |  |   |
| <b>Ultraviolet coating</b>  | Covered in Full  | Applied to the allowance for the applicable corrective lens |
| <b>Polycarbonate (child up to age 18)</b>   | Covered in Full  |   |
| <b>Additional Lens Enhancements</b>   |  |   |
| <b>Progressive Standard</b>   | Up to \$55 copay   | \$50 Allowance  |
| <b>Progressive Premium</b>  | Premium: Up to \$95 - \$105 copay<br>Custom: Up to \$150 - \$175 copay   | \$50 Allowance  |
| <b>Polycarbonate (adult)</b>  | Single Vision: Up to \$31 copay<br>Multifocal: Up to \$35 copay  | Applied to the allowance for the applicable corrective lens |
| <b>Scratch-resistant coating (variable by type)</b>   | Up to \$17 - \$33 copay  |   |
| <b>Tints (variable by type)</b>   | Single Vision: Up to \$17 - \$34 copay<br>Multifocal: Up to \$17 - \$44 copay  |   |
| <b>Anti-reflective coating (variable by type)</b>   | Up to \$41 - \$85 copay  |   |
| <b>Photochromic (variable by type)</b>  | Up to \$47 - \$82 copay  |   |
| <b>Frame Allowance</b><br>(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.) |  |   |
| <b>Costco</b>   | \$150 allowance<br><br>\$85 allowance  | \$70 allowance  |
| <b>Contact Lenses</b>   |  |   |
| <b>Contact Fitting and Evaluation</b>   | Standard or Premium fit:<br>Covered in full with a maximum copay of \$60   | Applied to the contact lens allowance                       |
| <b>Elective lenses</b>  | \$150 allowance  | \$105 allowance   |
| <b>Necessary</b>  | Covered in full after eyewear copay  | \$210 allowance   |
| <b>Frequency</b>  |  |   |
| <b>Examinations</b>   |  | 1 per 12 Months   |
| <b>Standard Corrective Lenses</b>   |  | 1 per 12 Months   |
| <b>Frames</b>   |  | 1 per 24 Months   |
| <b>Contact Lenses</b>   |  | 1 per 12 Months   |
| Either glasses or contacts allowed per frequency  |  |   |
| <b>Value Added Features</b>   |  |   |
| <b>Additional Discounts on Glasses and Sunglasses</b>   | Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.      |   |
| <b>Laser Vision Correction</b>  | 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. |   |