Vision Plan Summary



COVERAGE TYPES	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	 \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancement	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Diabetic Eyecare Plus	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed

Your Coverage with Out-of-Network Providers

Visit www.metlife.com/mybenefits for details, if you plan to see a provider other than a VSP network provider.

Exam	Up to \$45
Frame	Up to \$70
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$65
Progressive Lenses	Up to \$50
Contacts	Up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit **www.metlife.com/mybenefits** for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contact with MetLife, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.