Vision Plan Premium Contribution Chart

Details regarding specific eligibility, coverage exclusions, definitions, and other information are included in the full summary plan document.

MetLife Vision		
Vision Services	In-Network	Out-of-Network ¹
Exam Copay	\$5	\$45 allowance ¹
Materials Copay	\$15	N/A
Frames	\$175-\$200 (after copay) *	Up to \$70 (after copay) 1
Standard Plastic Lenses Per Pair	\$15	Up to \$30
Conventional Contact lenses (materials) when <u>Elective</u>	\$30	Up to \$105
Disposable Contact lenses (materials) when <i>Elective</i>	\$175 allowance	Up to \$105
Contact Lenses (materials) when Medically Necessary	Covered in full With prior authorization	Up to \$210
Contact lens Fitting & Follow-up. (<u>Standard</u> Fit)	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
Contact lens Fitting & Follow-up. (Specialty Fit)	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
Laser Vision Correction	Discounts available through Qualsight	N/A

^{*} Depending on the provider, retail allowance will either be \$200 or \$175 with 20% off balance over \$175. Contact MetLife for more information.

Warby Parker is now covered as an in-network provider under the Superior Vision Network

Details regarding specific eligibility, coverage exclusions, definitions, and other information are included in the full Certificate of Benefits.

¹ Vision benefits received from Out-Of-Network providers are reimbursed by filing a claim.