

Your vision coverage. Our trusted commitment. *It's a MetLife thing.*

Choose the support and comprehensive benefits of MetLife Federal Vision.

- Frame allowances up to \$360 in our High plan option
- 100% coverage for in-network exams¹
- Savings up to 60% on routine services and eyewear²
- Over 149,000 participating provider locations including Costco, Walmart, America's Best, Eyeconic.com³
- LightCare to help protect against UV exposure or help limit exposure to blue light
- KidsCareSM for additional coverage for children's eye care and eyewear needs
- Diabetic Eyecare PlusSM for additional eye care needs of members with diabetes

PLUS! MetLife + Aura Identity & Fraud Protection - included at no cost

Top-rated⁴, 24/7 online protection, Aura helps safeguard your identity, finances, reputation, and privacy. Included for all FEDVIP vision members.

Receive the benefits and the care you deserve.



Find out more:
[MetLife.com/FederalVision](https://www.MetLife.com/FederalVision)
1-888-865-6854

Enroll:
Nov. 11 – Dec. 09, 2024, midnight EST
[BENEFEDS.gov](https://www.BENEFEDS.gov)
1-877-888-FEDS (3337)

1. Subject to frequency limitations.

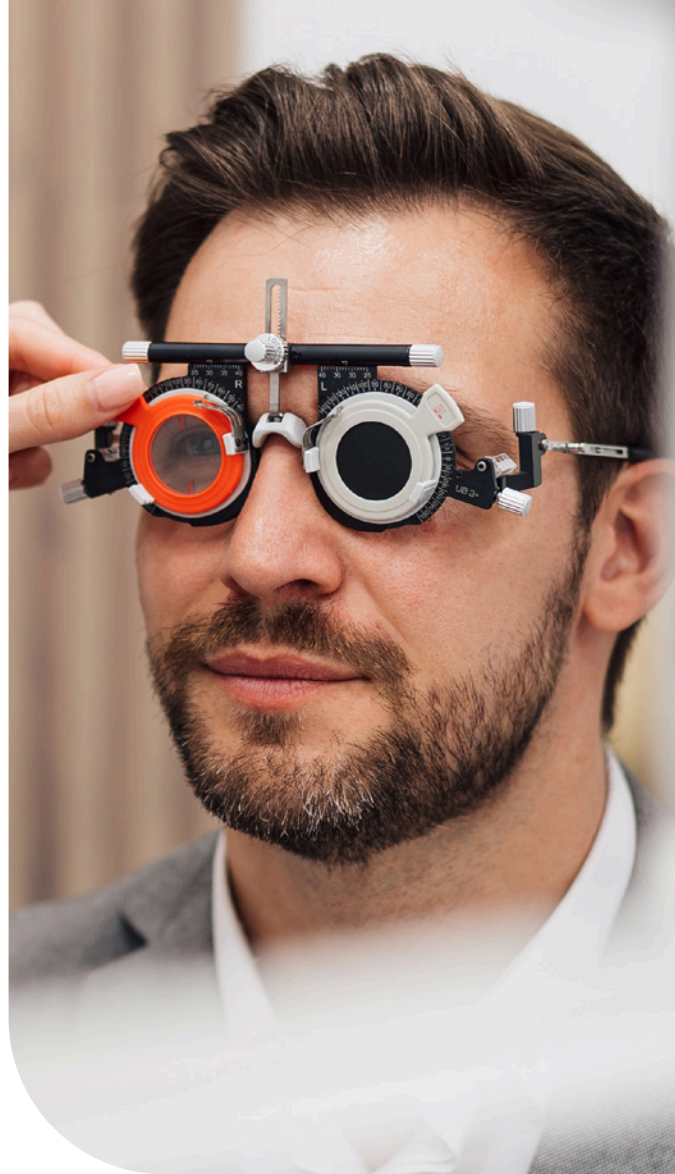
2. Based on MetLife analysis. Your actual savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan chosen premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details. Comparison is based on national averages and most commonly purchased brands. Annual premium used is based on employee-only rate for M130-10/25 standard plan design with employees nationwide.

3. As of July 2024

4. Rated Best Overall in Recent 2022 Mystery Shopper Study.

No one can prevent all identity theft or monitor all transactions effectively.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.



Standard Option Plan Coverage with a MetLife Network Vision Provider

High Option Plan Coverage with a MetLife Network Vision Provider

Benefit	Description	Copay
Eye Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Frames	<ul style="list-style-type: none"> \$250 allowance for featured frames \$210 allowance for standard frames \$115 allowance at Costco, Walmart and Sam's Club Every calendar year 	\$20
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 	
Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 – \$105 \$150 – \$175
Anti-reflective	<ul style="list-style-type: none"> Standard anti-reflective coating Premium anti-reflective coating Custom anti-reflective coating 	\$41 \$58 \$85
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Photochromic lenses (light indoors, dark outdoors) UV coating 	\$0 \$0 \$0 – \$17 \$75 \$0
Contact Lenses (instead of eye glasses)	<ul style="list-style-type: none"> Contact fitting and evaluation Elective lenses: \$120 allowance Necessary lenses: Covered in full after an eyewear copay 	\$55

Benefit	Description	Copay
Eye Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Frames	<ul style="list-style-type: none"> \$360 allowance for featured frames \$310 allowance for standard frames \$310 allowance at Costco, Walmart and Sam's Club Every calendar year 	\$0
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 	
Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 – \$105 \$150 – \$175
Anti-reflective	<ul style="list-style-type: none"> Standard anti-reflective coating Premium anti-reflective coating Custom anti-reflective coating 	Independent Provider: \$26 – \$70 Retail Provider: \$41 – \$85
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Photochromic lenses (light indoors, dark outdoors) UV coating 	\$0 \$0 \$0 \$75 \$0
Contact Lenses (instead of eye glasses)	<ul style="list-style-type: none"> Contact fitting and evaluation Elective lenses: \$150 allowance Necessary lenses: Covered in full after an eyewear copay 	\$55

Additional features included with both Plans:

LightCare	<ul style="list-style-type: none"> You may apply your frame appliance toward non-prescription sunglasses or blue light filtering glasses In this case, service intervals for both frames and lenses will apply when in-network¹
KidsCareSM	<ul style="list-style-type: none"> One additional comprehensive eye exam less any applicable copayment One additional pair of lenses, necessary contact lenses or elective contact lenses less any applicable copayment if: <ul style="list-style-type: none"> the new prescription differs from the original by at least a .50 diopter sphere or cylinder, or there is a change in the axis of 15 degrees or more, or there is a .5 prism diopter change in at least one eye Once per calendar year intervals for exam, frames and lenses/contacts Applies only to covered children under age 18
Diabetic Eyecare PlusSM Program	<ul style="list-style-type: none"> Additional coverage for members diagnosed with type 1 or type 2 diabetes, glaucoma and age-related macular degeneration (AMD) Preventive retinal screenings for members with diabetes but don't show signs of diabetic eye disease Exam: covered in full after \$20 copay Special Ophthalmological Services covered in full
Low Vision	<ul style="list-style-type: none"> Additional benefits for members who are not legally blind but whose eyesight cannot be corrected to 20/70 with the use of optical lenses; not available at retail chains including Costco, Walmart and Sam's Club Requires pre-authorization Benefit maximum: \$1,000 every two (2) years Supplemental testing: Maximum of two (2) tests covered in full within a two (2) year period up to the benefit maximum Supplemental aids: 75% of the allowable amount up to the benefit maximum every two (2) years

In-network value added features

- In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements¹
- Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹
- Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK.² This offer is only available at participating locations.

Out-of-network reimbursement

For services received out-of-network, we'll partially reimburse your per the schedule below. Simply pay your bill at the time of service and submit a claim. Frequency limitations for similar in-network benefits apply:

- Eye exam: up to \$45
- Frames: up to \$70 for both plans
- Single vision lenses: up to \$45
- Lined bifocal lenses: up to \$65
- Lined trifocal lenses: up to \$85
- Lenticular lenses: up to \$125
- Contact lenses:
 - Elective up to \$105
 - Necessary up to \$210

¹ Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family. Approval subject to the inclusion of vision savings disclosure. Your actual savings from enrolling in the MetLife vision plan will depend on various factors, including plan chosen premiums number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. This document is not a complete description of the plan options. For more information please view the 2024 Federal Vision Plan Brochure, which will govern these plan options and can be viewed by visiting MetLife.com/FederalVision.



Metropolitan Life Insurance Company, New York, NY

LO824042973[exp1025][All States][DC, GU, MP, PR, VI] © 2024 MetLife Services and Solutions, LLC

FED-VIN-PF

