

Comprehensive vision care that fits your budget

Proudly serving federal, U.S. Postal Service and uniformed services employees and retirees



2026 Vision Plan Highlights

Choose from two plan options – Standard and High

Both plans provide:

- Comprehensive benefits for eye exams, eyewear, lens enhancements¹ and more
- 100% coverage for routine in-network exams²
- Savings up to 60% on routine services and eyewear^{3,4}
- One of the nation's largest networks with a mix of independent and retail network providers, including Costco Optical, Walmart Vision Center and Sam's Club Optical



Value-added benefits, including:

- **LightCare** for protection against UV or blue light exposure
- **KidsCareSM** for the additional eyecare needs of children
- **Diabetic Eyecare PlusSM Program** for the additional eyewear needs of those with diabetes, glaucoma or age-related macular degeneration



Extra in-network savings⁴ for:

- Additional pairs of prescription eyewear or non-prescription sunglasses
- Laser vision correction including LASIK⁵

With our High option, save even more with:

- Higher frame allowances up to \$250 compared to \$190 in the Standard option
- Lower copays for lenses and certain lens enhancements

PLUS! A non-FEDVIP benefit included at no additional cost

MetLife + Aura Identity and Fraud Protection

As a MetLife Federal Vision member, gain access to:

- Powerful online protection for your personal info, credit, finances and devices with our 24/7 digital security solution
- An Aura-provided \$5M identity theft insurance policy*

* As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(k) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Choose the plan that works for you

With either option, staying in network lets you save more and simplify.

- Your fees for service will be lower in network.
- Your claims will be submitted by your provider.
- Simply pay your copay and any amount over your allowance at time of service, and we'll handle the rest.

		IN-NETWORK BENEFITS					
		STANDARD OPTION		HIGH OPTION			
Covered Services and Eyewear		Plan Coverage/ Allowance	Your Copay	Plan Coverage/ Allowance	Your Copay		
Eye Exam <i>One per calendar year</i>		Fully covered	\$0	Fully covered	\$0		
Retinal Screening		Fully covered after copay	Up to \$39	Fully covered after copay	Up to \$39		
Prescription Eyewear: Eyeglasses or Contact Lenses <i>One pair per calendar year</i>							
Frames for Eyeglasses	Featured Brands	\$190	\$20	\$250	\$0		
	Standard Brands	\$150		\$200			
	Costco, Walmart or Sam’s Club	\$85		\$200			
Lenses for Eyeglasses	Single vision, lined bifocal, lined trifocal and lenticular glasses/lenses	Fully covered after copay		Fully covered			
Contact lenses (instead of eye glasses)	Fitting and Evaluation	\$120	Up to \$55	\$150	Up to \$55		
	Lenses — Medically necessary	Fully covered after eyewear copay		Fully covered after eyewear copay			
	Lenses — Elective						
Lens Enhancements							
Progressive Lenses	Standard	Fully covered after copay	\$0	Fully covered after copay	\$0		
	Premium		\$95 – \$105		\$95 – \$105		
	Custom		\$150 – \$175		\$150 – \$175		
Anti-Reflective	Independent Provider Retail Provider		\$41 – \$85		\$26 – \$70 \$41 – \$85		
Scratch-Resistant			\$0		\$0		
Impact-Resistant Lenses (children and adults)			\$0		\$0		
Ultra-Violet Protection			\$0		\$0		
Tints			\$0 – 17		\$0		
Photochromic Lenses (light indoors, dark outdoors)			\$75		\$75		

This summary provides an overview of each plan's benefits. Specific details regarding these provisions can be found in the Federal Vision Plan Brochure.



Find an Eyecare Provider

or see if yours is in our nationwide network.

[MetLife.com/EyecareProviders](https://www.MetLife.com/EyecareProviders)

Value-Added Protection in Both Plans

KidsCareSM	Additional protection for dependents under age 18 <ul style="list-style-type: none"> One additional comprehensive eye exam per calendar year One additional pair of lenses or contact lenses per calendar year, if needed; minimum prescription change required Copay may apply
LightCare	Additional protection against UV or blue light exposure <ul style="list-style-type: none"> Apply your frame allowance toward non-prescription sunglasses or blue light filtering glasses⁶ Service intervals for frames and lenses apply
Diabetic Eyecare PlusSM Program	Additional protection for those with diabetes, glaucoma or age-related macular degeneration <ul style="list-style-type: none"> Retinal screenings for those with diabetes who don't show signs of diabetic eye disease Additional exams and services to treat certain immediate vision issues or monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma and more Exam covered in full after \$20 copay; special ophthalmological services covered in full
Low Vision	Additional protection for those who are not legally blind but whose eyesight cannot be corrected to 20/70 with the use of optical lenses; requires pre-authorization <ul style="list-style-type: none"> Supplemental tests: two within a two-year period fully covered up to the plan maximum Supplemental aids: 75% of the plan allowance covered every two years up to the plan maximum Plan maximum: \$1,000 every two years

Extra Savings⁷ in Both Plans

Additional Eyewear	20% off on unlimited additional pairs of prescription glasses or non-prescription sunglasses, including lens enhancements ¹
Laser Vision Correction	15% average savings off the regular price or 5% off a promotional price for laser surgery including PRK, LASIK and custom LASIK ⁶ ; offer only available at participating locations
Other Lens Enhancements	20 – 25% average savings on all other lens enhancements ¹

Out-of-Network Care

You'll be partially reimbursed for services received out of network.

Simply pay your bill at time of service and submit a claim.

For more details, view our Federal Vision Plan Brochure or contact Customer Support at 1-888-865-6854.

Rates

STANDARD OPTION						HIGH OPTION ⁸					
Bi-Weekly Rate			Monthly Rate			Bi-Weekly Rate			Monthly Rate		
Self	Self + 1	Family	Self	Self + 1	Family	Self	Self + 1	Family	Self	Self + 1	Family
\$3.67	\$7.34	\$11.01	\$7.95	\$15.90	\$23.86	\$5.53	\$11.05	\$16.58	\$11.98	\$23.94	\$35.92

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Learn More

MetLife.com/FederalVision
1-888-865-6854
TDD 1-888-260-5376



Enroll

BENEFEDS.gov
1-877-888-FEDS 3337
TTY 711
International: 1-571-730-5942



Exclusions and limitations of benefits⁹

This plan does not cover the following services, materials and treatments:

Services and eyewear

Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).

Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.

Any eye examination or corrective eyewear required as a condition of employment.

Services and supplies received by you or your dependent before the Vision Insurance starts.

Missed appointments.

Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.

Local, state, and/or federal taxes, except where MetLife is required by law to pay.

Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

Services and materials obtained while outside the United States, except for emergency vision care.

Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.

Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).

Two pairs of glasses instead of bifocals.

Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.

Contact lens insurance policies and service agreements.

Refitting of contact lenses after the initial (90 day) fitting period.

Contact lens modification, polishing, and cleaning.

Treatments

Orthoptics or vision training and any associated supplemental testing.

Medical and surgical treatment of the eye(s).

Medications

Prescription and non-prescription medications.

All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care are only available at participating 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.

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
2. Subject to frequency limitations.
3. Based on MetLife analysis.
4. Your actual savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eyewear 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.
5. The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eye care provider.
6. Lab-fabricated Plano lenses are not covered.
7. Discount off retail. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.
8. High option rates are subject to change.
9. This is a summary; review plan documents for full information.

Vision Insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife 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. Please contact MetLife or your plan administrator for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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