

**Coverage that comes
with clarity.**

It's a MetLife thing.

2025 Vision Plan Summary



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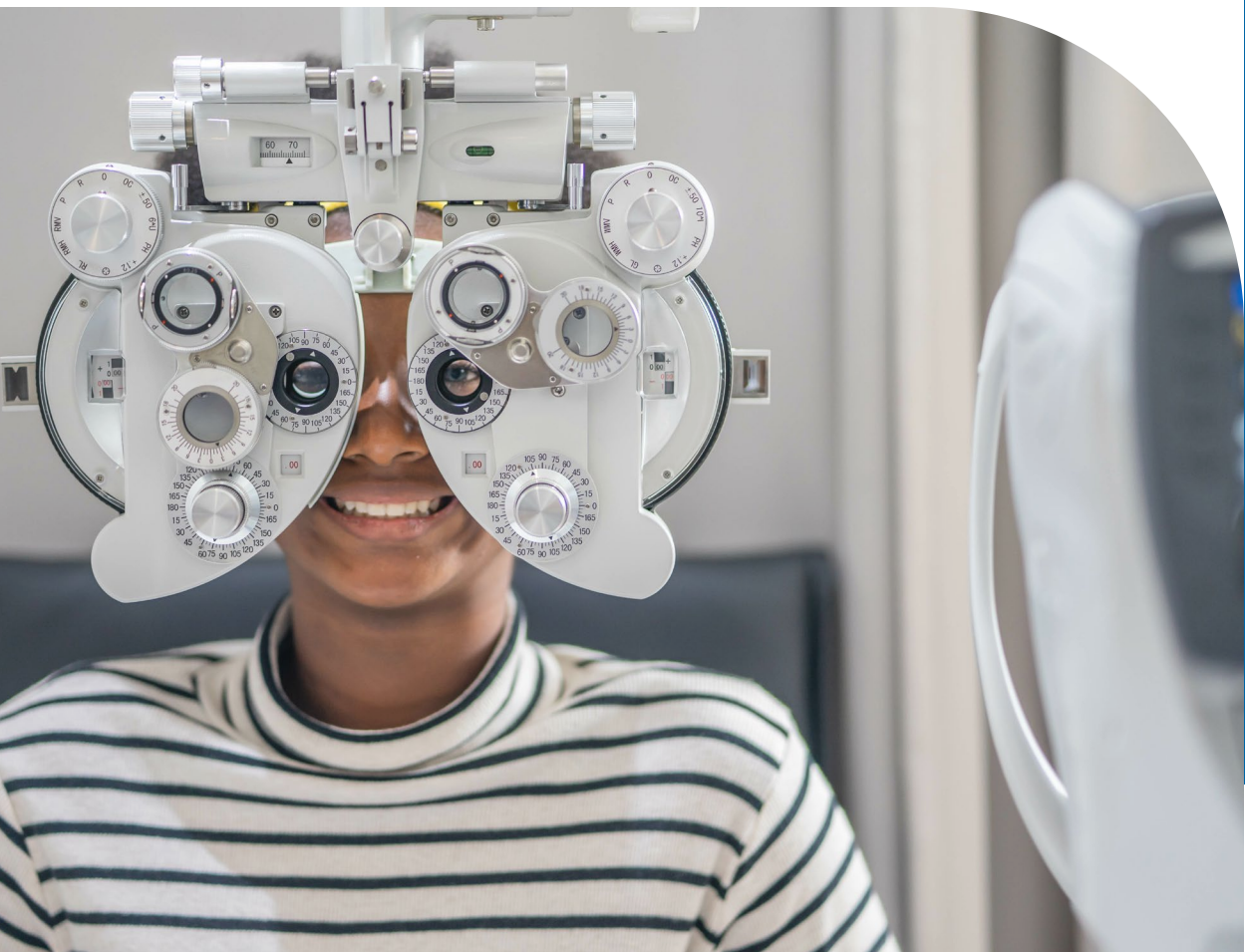
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**Enroll in the MetLife
Federal Vision Plan today.
Get the benefits that
fit your life.**

Enroll **November 11, 2024 – December 09, 2024, midnight EST**

**BENEFEDS.gov
1-877-888-FEDS (3337)**

**Comprehensive
coverage you need.
From people
you can trust.**
It's a MetLife Thing.



Open Season

**November 11, 2024 –
December 09, 2024,
midnight EST**

Enroll: **BENEFEDS**
BENEFEDS.gov
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find out more: **MetLife**
MetLife.com/FederalVision
1-888-865-6854
TDD 1-888-260-5376
Monday–Friday, 8am–9pm EST

OPM
opm.gov/healthcare-insurance

Why should you focus on a **Vision Plan?**

- Caring for your eyesight is an important step to living healthier
- Routine eye exams can help detect vision issues and other serious health problems¹
- You can save up to 60% on routine services and eyewear.²

1. Kelley, OD, MS, Sonia, Are eye exams just as important as other health exams?, AllAboutVision.com, April 13, 2022, <https://www.allaboutvision.com/eye-care/eye-exams/rethinking-importance-of-eye-exams/>.

2. Based on MetLife analysis. Your actual savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan 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.





Committed to you and your health.



Savings¹

- Frame allowances up to \$360 in our High plan option
- 100% coverage for routine in-network exams²
- Savings up to 60% on routine services and eyewear¹
- Additional savings on laser vision correction including LASIK³

Coverage

- Comprehensive benefits including eye exams, contact lenses and frames
- 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 Plus for additional eye care needs of members with diabetes

Choice

- One of the nation's largest networks
- Over 149,000 participating provider locations including Costco, Walmart, America's Best, Eyeconic.com and thousands more⁴
- Two plan options

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

- Award-winning⁵ and powerful online protection for your personal info, credit, finances, and devices, plus a \$5M⁶ insurance policy.
- This 24/7 digital security solution is available for all FEDVIP vision members.

1. Based on MetLife analysis. Your actual savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan 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.

2. Subject to frequency limitations.

3. 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.

4. As of July 2024.

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

6. 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.

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.

Choose the plan that works for you.

Submit no claims when you visit an in-network provider. Simply pay your copay and any amount over your allowance at the time of service.



Bi-weekly Rates - Standard Option Plan	
Self	\$3.34
Self + One	\$6.68
Self + Family	\$10.02

Standard option coverage with a MetLife Network 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

Bi-weekly Rates - High Option Plan ¹	
Self	\$5.11
Self + One	\$10.23
Self + Family	\$15.34

High option coverage with a MetLife Network 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"> \$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 eyewear copay 	\$55

¹High option rates are subject to change
 This summary provides an overview of each plan's benefits. Specific details regarding these provisions can be found in the Federal Vision Plan Brochure.

Value-Added Benefits

Both plan options include:

LightCare

- 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

- 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:
 - 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

- 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

- 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
- 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
- Benefit maximum: \$1,000 every two (2) years
- Requires pre-authorization

1. Lab-fabricated Plano lenses are not covered.

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





Additional In-Network Savings*

- 20 - 25% average savings on all other lens enhancements¹
- 20% off on additional pairs of prescription glasses or non-prescription sunglasses, including lens enhancements; other promotional offers may also be available¹
- 15% average savings off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK²; offer only available at participating locations

Out-of Network Reimbursement

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

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



* Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan 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.

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. 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.



Your coverage. Our commitment.

Key plan highlights include:

- **Savings** — Up to 60% on routine services and eyewear¹
- **Coverage** — 100% coverage for routine in-network exams²
- **Choice** — Over 149,000 participating provider locations including Costco, Walmart, America's Best, Eyeconic.com and thousands more³

Enroll in the MetLife Federal **Vision Plan** today.

MetLife provides benefits for more than 700,000 active and retired federal employees and uniformed service members.



Online
BENEFEDS.gov



Phone
1-877-888-FEDS (3337)
TTY 1-877-889-5680



1. Based on MetLife analysis. Your actual savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan 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.

2. Subject to frequency limitations.

3. As of July 2024.

Exclusions and Limitations of Benefits¹

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 is 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.



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

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.

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.

Metropolitan Life Insurance Company, New York, NY
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1. This is a summary; review plan documents for full information.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. For more information please view the Federal Vision Plan Brochure, which will govern these plan options and can be viewed by visiting [MetLife.com/FederalVision](https://www.MetLife.com/FederalVision).