

Vision coverage for you, **commitment** from us.

Choose the support and comprehensive coverage of MetLife Federal Vision.

- **NEW!** Reduced rates for our High option
- **NEW!** Higher allowances for in-network frames by as much as \$165 in our High option
- 100% coverage for in-network exams¹
- Savings of up to 60% on routine services and eyewear²
- Over 137,000 participating provider locations including Costco, Walmart, America's Best, Eyeconic.com and thousands more³
- SunCare for UV protection with non-prescription sunglasses
- KidsCareSM for additional eye care needs of children
- Diabetic Eyecare Plus for additional eye care needs of members with diabetes



Receive the benefits and the care you deserve.



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

To enroll:
Nov. 14 – Dec 12, 2022, midnight EST
[BENEFEDS.com](https://www.BENEFEDS.com)
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 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 June 2022.

Standard 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"> \$160 allowance for featured frame brands \$120 allowance for a wide selection of frames \$65 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 Ultra-premium anti-reflective coating Custom anti-reflective coating 	\$41 \$58 \$69 \$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

High Option Plan Coverage with a MetLife Network Vision Provider *NEW! Reduced rates for 2023*

Benefit	Description	Copay
Eye Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Frames <i>NEW! Increased coverage for frames</i>	<ul style="list-style-type: none"> \$250 allowance for standard frames \$300 allowance for featured frames \$250 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 Ultra-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:

SunCare	<ul style="list-style-type: none"> Frames: Your frame allowance may be applied toward non-prescription sunglasses. Such benefit will be considered both a lens and frame benefit for determining Service Intervals. Lab-fabricated Plano lenses are not covered. If you choose to go out of network, your frame allowance may be applied toward non-prescription sunglasses.
KidsCareSM	<ul style="list-style-type: none"> KidsCareSM Benefit applies only to covered children under age 18 Service Intervals: <ul style="list-style-type: none"> Exam: One every calendar year Lenses/Contacts: One every calendar year Frames: Once every calendar year Out-of-network: Same as primary plan benefits up to the out-of-network exam and materials allowances stated above Covered children receive: <ul style="list-style-type: none"> One additional comprehensive eye exam covered less any applicable copayment; One additional pair of lenses or 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.
Diabetic Eyecare PlusSM Program	<ul style="list-style-type: none"> Additional coverage for members who have been diagnosed with type 1 or type 2 diabetes, glaucoma and age-related macular degeneration (AMD) Preventive retinal screenings for members who have 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

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. You will be reimbursed according to the following schedule:

- Eye exam: up to \$45
- Frames: up to \$55 (or up to \$70 for High Option plan)
- 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. 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.

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 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 2023 Federal Vision Plan Brochure, which govern these plan options and can be viewed by visiting MetLife.com/FEDVIP-Vision.

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 2023 Federal Vision Plan Brochure, which will govern these plan options and can be viewed by visiting MetLife.com/FEDVIP-Vision.

