

Vision coverage for you,
commitment
from us.

2023 Vision Plan Summary



Contents

Importance of Vision Benefits	4
Plan Highlights	5
Rates and Benefits Options	6
Value-added Features	8
Enroll	9
Exclusions and Limitations	10

**Enroll in the MetLife
Federal Vision Plan today.
Get the benefits you're
looking for:**

- More Savings
- More Coverage
- More Choice

Enroll **November 14, 2022 –
December 12, 2022, midnight EST**
[BENEFEDS.com](https://www.benefeds.com)
1-877-888-FEDS (3337)

Choose the support and
comprehensive
coverage of MetLife
Federal Vision.



Open Season

**November 14, 2022 –
December 12, 2022,
midnight EST**

To enroll:

BENEFEDS
BENEFEDS.com
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find out more:

MetLife
MetLife.com/FEDVIP-Vision
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 problems
- Vision care and eyewear can be costly





MetLife Federal Vision is committed to you and your health.

More Savings

- **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
- Discounts up to 60% on routine services and eyewear²
- Additional savings on laser vision correction including LASIK³

More Coverage

- Comprehensive coverage including eye exams, contact lenses and frames
- SunCare for UV eye protection with non-prescription sunglasses
- KidsCareSM for additional coverage for children's eye care and eyewear needs
- Diabetic Eyecare Plus for additional eye care needs of members with diabetes

More Choice

- One of the nation's largest networks
- Over 137,000 participating provider locations including Costco, Walmart, America's Best, Eyeconic.com and thousands more⁴
- Two plan options



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. 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 June 2022.

Choose the plan that works for you.

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



Bi-weekly Rates - Standard Option Plan	
Self	\$3.43
Self + One	\$6.67
Self + Family	\$10.01

NEW! Reduced rates in the High Option Plan

Bi-weekly Rates - High Option Plan	
Self	\$5.10
Self + One	\$10.21
Self + Family	\$15.31

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"> \$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 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	<p>NEW! Increased coverage for frames</p> <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 eyewear copay 	\$55

Enjoy even more benefits from us.

Both plan options provide savings for in-network and out-of-network care.

In-network value-added features

- 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 available
- 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

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)
- 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

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.



Value-added features

Coverage automatically includes:

SunCare

- If you choose to go in network, your frame allowance may be applied toward non-prescription sunglasses—this benefit will be considered both a lens and frame benefit¹
- If you choose to go out of network, your frame allowance may be applied toward non-prescription sunglasses

KidsCareSM

- KidsCare Benefit applies only to covered children under age 18
- Once per Calendar Service Intervals:
 - Exam
 - Frames
 - Lenses/Contacts
- Out-of-network: Same as primary plan benefits up to the out-of-network exam and materials allowances stated above
- Covered children receive:
 - 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:
 - 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

- 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

- 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.





Vision coverage for you, commitment from us.

Key plan highlights include:

- **More Savings** — of up to 60% on routine services and eyewear¹
- **More Coverage** — 100% coverage for in-network exams²
- **More Choice** — Over 137,000 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 federal government employees, retirees and retired uniformed service members.



Online
BENEFEDS.com



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 June 2022.

Exclusions and Limitations of Benefits

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.

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/FEDVIP-Vision](https://www.metlife.com/FEDVIP-Vision).

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