

## Group Vision Benefits Overview

This plan overview will outline your in-network and out-of-network vision benefits, help you find a vision specialist and share MetLife contact information.



### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Vision works.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out of network.

### In-network value added features:

Additional lens enhancements:<sup>1</sup>  
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: 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.

Laser vision correction:<sup>2</sup>  
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at participating locations.

## In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
<b>Eye exam</b> <ul style="list-style-type: none"> <li>• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after <b>\$10</b> Copay.</li> <li>• Retinal imaging:<sup>1</sup> Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice provider.</li> </ul>	<b>Once every 12 months</b>
<b>Frame</b> <ul style="list-style-type: none"> <li>• Allowance: <b>\$200</b> after <b>\$25</b> eyewear copay.</li> <li>• Costco: <b>\$110</b> allowance after <b>\$25</b> eyewear copay. You will receive an additional <b>20%</b> savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.<sup>1</sup></li> </ul>	<b>Once every 24 months</b>
<b>Standard corrective lenses</b> <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after <b>\$25</b> eyewear copay</li> </ul>	<b>Once every 12 months</b>
<b>Standard lens enhancements<sup>1</sup></b> <ul style="list-style-type: none"> <li>• Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after <b>\$25</b> eyewear copay.</li> <li>• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>.</li> </ul>	<b>Once every 12 months</b>
<b>Contact lenses</b> <ul style="list-style-type: none"> <li>• Contact fitting and evaluation:<sup>1</sup> Covered in full with a maximum copay of <b>\$60</b>.</li> <li>• Elective lenses: <b>\$200</b></li> <li>• Necessary lenses: Covered in full after eyewear copay.</li> </ul>	<b>Once every 12 months</b>

### We're here to help

Find a participating vision specialist :

- 1) [www.metlife.com](http://www.metlife.com)
- 2) Click 'Vision Provider'
- 3) Enter City, State, Zip
- 4) Your network is MetLife Vision PPO

Your cost per pay period	
Individual	\$5.08
Individual +1 Dependent	\$9.51
Family	\$13.75



## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Lined trifocal lenses: up to <b>\$65</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	• Progressive lenses: up to <b>\$50</b>
• Contact lenses:	• Lenticular lenses: up to <b>\$100</b>	
- Elective up to <b>\$105</b>		
- Necessary up to <b>\$210</b>		

## 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 Workers' 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

*<sup>1</sup>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 to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.*

*<sup>2</sup> 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.*

- 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  $\pm .50$  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 (within the 12 month benefit period from date of purchase.)
- 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 medication

**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 hospitals, 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.

M200D-10/25

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY.

Certain claims and network administration services are provided through Vision Service Plan. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval. 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, New York, NY 10166

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# Find your perfect fit



You have a wide range of vision care needs and preferences. MetLife's Supplemental Vision Benefits offer the flexibility to meet those needs. With more options, you can feel confident you have the perfect fit.

## Options to create the right fit for you

### Second Pair

Offer coverage for two pairs of glasses rather than one — or glasses and contacts.

### Covered Contact Lenses

Provide full coverage for contact lenses, including fitting and evaluation services (in addition to the eyeglass benefit covered under their standard plan).

### Safety Eye Care

Deliver more for employees whose job requires specialized safety eyewear. Covers a supplemental limited vision exam and specialty materials — meeting current Occupational Safety and Health Administration (OSHA) safety guidelines.

### Computer Vision Care

Includes an exam specifically designed to detect eye health and vision issues caused by regular computer and digital device use and eyeglasses with computer/digital media specific lenses (in addition to the exam and eyeglass benefits covered under their standard plan).

### Diabetic Eyecare Plus Program

Provide additional coverage to diabetics who may have specific ophthalmological conditions, as well as glaucoma and age-related macular degeneration. It also includes preventive retinal screenings for those who are not yet showing signs of diabetic eye disease.

### Vision Therapy

Offer services for specific dysfunctions of the vision system, such as lazy eye, eye focusing, and general eye movement ability.

### Low Vision

Include services for employees whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Includes an evaluation, testing, treatment plan, and if approved, coverage for additional vision testing and aids.

## Navigating life together

# What is covered by MetLife Vision?

**MetLife Vision covers a wide range of services.** They include routine eye exams, glasses, contact fittings, evaluations and lenses, plus additional savings on non-prescription sunglasses and laser vision correction.<sup>1</sup>

## Q. Why should I enroll?

**A. A vision plan is an competitively-priced way to help protect the eyesight of everyone in your family.** Even if you don't wear glasses or contacts, regular visits to your eye doctor are important to your overall health. Routine eye exams can help detect other health problems.<sup>2</sup>

## Q. How can a vision plan help me save money?

**A. Eyeglasses and routine eye exams can be more expensive than you may think.** With MetLife, through low to no copays, you can save up to 60% on vision wear and services.<sup>3</sup> Lens options like polycarbonate (shatter-resistant) lenses for children up to age 18 and ultraviolet (UV) coating are covered in full. You also enjoy fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses,<sup>4</sup> and more.

## Q. Can I choose my own eye care professional?

**A. You can go to any licensed eye care professional.** Choose from the thousands of ophthalmologists, optometrists and opticians at private practices or popular retail locations like Costco<sup>®</sup> Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision\*, Shopko, Visionworks and more. For additional convenience, a special service arrangement with WalMart and Sam's Club makes it easy for you to use your benefits even though they are out-of-network. They check your eligibility and process claims so there is less paperwork for you.

## Q. What kinds of frames are covered?

**A. You can choose the eyewear that's right for you and your budget.** Your eye care professional can help you choose from classic styles to the latest designer frames. You can select from hundreds of options for you and your family. Some of the great brands to choose from include Anne Klein, bebe<sup>®</sup>, Flexon<sup>®</sup>, Lacoste, Nike, Nine West, Calvin Klein, and more.

## Q. When can I enroll?

**A. You can enroll during your open enrollment period.**



**Regular visits to your eye doctor are important to your overall health.**



## Have other questions?

**Please call MetLife directly at 1 800 GET-MET8**

**(1-800-438-6388)** and talk with a benefits consultant.

1. 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. Laser vision care discounts are only available from in-network contracted facilities.
  2. James, S.D. (2012, April 11). Get an Eye Exam: Arthritis to Cancer Seen in Eye. ABC News. Accessed at <http://abcnews.go.com>.
  3. Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
  4. All lens options are available at participating private practices. Please note the maximum copays and pricing are subject to change without notice. Check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens options and pricing prior to receiving services. Additional discounts may not be available in certain states.
- \* Not all Pearle Vision locations participate in the MetLife Vision program. Please visit [metlife.com](http://metlife.com) to confirm participating locations by using our Find A Provider online directory.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claim and network administration services are provided through Vision Services Plan. 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.



# Find a vision provider

With MetLife Vision, you can choose from thousands of ophthalmologists, optometrists and opticians at private practices or at popular retail locations like Costco® Optical, Visionworks and more. You can find the names, addresses, and phone numbers of providers by searching our online **Find a Vision Provider** directory.



**Step 1:**  
Go to [metlife.com](https://www.metlife.com)



**Step 2:**  
Select “I want to find a MetLife:”

Click “Vision Provider” and enter your ZIP Code, and select your network.



**Step 3:**  
Refine Your Search *(optional)*

Use the Refine Your Search option to locate a provider by frame brand, language spoken or a specific service.

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT

Vision benefits are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claims 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.



## ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer	Group Customer #	Division	Class	Dept Code
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			
Original COBRA Effective Date if applicable (MM/DD/YYYY)	COBRA Termination Date if applicable (MM/DD/YYYY)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee in blue or black ink)				
Name (First, Middle, Last)	Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Address (Street, City, State, Zip Code)			Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Job Title:		Hours Worked Per Week:	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> COBRA Continuation                    If due to a Qualifying Event, enter date (MM/DD/YYYY)				

**I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.**

Vision Insurance	
<b>Select your level of coverage</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + One Dependent (Spouse <sup>1</sup> or Child) <input type="checkbox"/> Employee + Two or More Dependents (Spouse <sup>1</sup> and Children)	

Dependent Information		
<b>If you are applying for coverage for your Spouse and/or Child(ren), please provide the information requested below:</b>		
Name of your Spouse (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.		

<sup>1</sup> For California, Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

### SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to  
 MetLife Administration, P.O. Box 14593, Lexington, KY 40512-4593  
 Fax MetLife at 1-888-505-7446

## FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kansas and Oregon:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**New York** (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



# DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for vision coverage during the initial enrollment period, I cannot enroll for such coverage until the next annual enrollment period.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.



_____	_____	_____
Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)