

2017 MetLife Gold Vision PPO Schedule of Benefits

See Well. Stay Healthy. Save More.



MetLife[®]

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Benefit	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Eye Examination (one per frequency) <ul style="list-style-type: none"> Comprehensive exam of visual functions and prescription of corrective eyewear 	Covered after \$10 copay	Covered up to \$45 allowance	Every Plan Year
Eyewear (Either glasses or contacts allowed per frequency)	\$10 copay	Covered up to applicable lens / frame allowance	Every Plan Year
Standard Corrective Lenses <ul style="list-style-type: none"> Single vision Lined bifocal Lined trifocal Lenticular 	Covered after \$10 eyewear copay	Covered up to: <ul style="list-style-type: none"> \$30 allowance \$45 allowance \$55 allowance \$90 allowance 	Every Plan Year
Standard Lens Enhancements¹ <ul style="list-style-type: none"> Anti-reflective coating Polycarbonate (child) Polycarbonate (adult) Scratch-resistant coating Ultraviolet coating Tints (solid & gradient) 	<ul style="list-style-type: none"> \$41 copay Covered in full \$15 copay \$17 copay \$16 copay Plastic Lenses: \$15-\$17 copay Glass Lenses: \$34-\$44 copay 	Not covered; Applied to the allowance for the applicable corrective lenses	Every Plan Year
<ul style="list-style-type: none"> Standard Progressives Enhanced Progressives 	<ul style="list-style-type: none"> Covered after \$10 eyewear copay \$95-\$175 copay 	\$45 allowance	
Frame Allowance (20% off the additional amount when patients choose a frame that exceeds the allowance at in-network private practice providers) <ul style="list-style-type: none"> Costco 	Covered up to: <ul style="list-style-type: none"> \$200 allowance after \$10 eyewear copay \$110 allowance after \$10 eyewear copay 	Covered up to: \$70 allowance	Every Plan Year
Contact Lenses <ul style="list-style-type: none"> Fitting and evaluation Elective lenses Necessary 	<ul style="list-style-type: none"> \$10 copay Covered up to \$200 allowance Covered after \$10 eyewear copay 	Not covered; Applied to the allowance for the contact lenses <ul style="list-style-type: none"> Covered up to \$70 allowance Covered up to \$200 allowance 	Every Plan Year
Value Added Features From MetLife Private Practice Providers			
<ul style="list-style-type: none"> Other Lens Enhancements 	Average 20-25% savings on all other non-covered lens enhancements not listed above.		
<ul style="list-style-type: none"> Additional Savings on Glasses and Sunglasses 	20% savings off additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.		
<ul style="list-style-type: none"> Laser Vision Correction 	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Savings only available from MetLife participating facilities.		

WARNING: 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.

¹ All lens enhancements are available at private practice provider offices and those listed reflect maximum copay after provider discount. At this time, not all lens enhancements are available at optical retailers. Contact the optical retailer to confirm the availability of these enhancements prior to receiving services.

The Savings You Need, the Choices You Want.

Choice of eye care professionals. You can go to any licensed eye care professional. Or you can choose from any of the thousands of ophthalmologists, optometrists and opticians working out of private practices or at top optical retail chains, like Costco Optical, EyeMasters, Visionworks, and more.

- To see a selection of providers in your area prior to enrollment, visit www.metlife.com/aonhewitt and select “Find a Vision Provider”.
- Once enrolled you may visit www.metlife.com/mybenefits and click on “Find a Vision Provider” or call 1-888-309-5526 for access to our 24/7 Interactive Voice Response system.

For additional convenience, MetLife Vision has a service arrangement with Walmart that makes it easy for you to use your MetLife Vision benefits at Walmart and Sam’s Club locations. While these locations are considered out-of-network, MetLife Vision plans include a generous reimbursement schedule for services obtained at out-of-network locations. And these locations have agreed to process MetLife plans — verify eligibility and submit claims — so there are no claim forms for you to submit.

Choice in Eyewear. You can choose the eyewear that is right for you and your budget from among a broad spectrum of eyewear enhancements. From classic styles to the latest designer frames, you will find hundreds of enhancements for you and your family. Choose from great brands, like FENDI, bebe®, Calvin Klein, Nike, Tommy Bahama® and Disney.

Exclusions and Limitations of Benefits

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

1. Services and/or materials not specifically included in the Schedule of Benefits as covered Plan Benefits.
2. Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
3. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
4. Two pairs of glasses instead of bifocals.
5. 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.
6. Orthoptics or vision training and any associated supplemental testing.
7. Medical and surgical treatment of the eye.
8. Prescription and non-prescription medications.
9. Contact lens insurance policies and service agreements.
10. Refitting of contact lenses after the initial (90-day) fitting period.
11. Contact lens modification, polishing and cleaning.
12. Any eye examination or any corrective eyewear required as a condition of employment.
13. Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.
14. Missed appointments.
15. 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.
16. Local, state and/or federal taxes, except where MetLife is required by law to pay.
17. 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.
18. 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.
19. 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.
20. Services and materials obtained while outside the United States, except for emergency vision care.
21. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP). 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. Please contact MetLife or your plan administrator for costs and complete details. In certain states, availability of MetLifes group vision benefits is subject to regulatory approval.

The metallic names of the group plans offered have no connection to similar terms used to describe benefit offerings in any public state exchange or the federal health insurance marketplace.