

Vision - M150D - \$10 / \$25

	In Network Coverage	Out-of-Network Reimbursement
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
Single Vision	\$25 copay	\$30 allowance
Lined bifocal	\$25 copay	\$50 allowance
Lined trifocal	\$25 copay	\$65 allowance
Lenticular	\$25 copay	\$100 allowance
Standard Lens Options		
Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
Polycarbonate (child up to age 18)	Covered in Full	
Additional Lens Enhancements		
Progressive Standard	Up to \$55 copay	\$50 Allowance
Progressive Premium	Premium: Up to \$95 - \$105 copay Custom: Up to \$150 - \$175 copay	\$50 Allowance
Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	
Tints (plastic lenses)	Pink I & II: \$0 copay Solid Plastic: \$15 Copay Plastic Gradient Dye: \$17 Copay	
Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	
Photochromic (variable by type)	Up to \$47 - \$82 copay	
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		
Costco, Walmart and Sam's Club	\$150 allowance \$85 allowance	\$70 allowance
Contact Lenses		
Contact Fitting and Evaluation	Standard or Premium fit: Copay not to exceed \$60	Applied to the contact lens allowance
Elective lenses	\$150 allowance	\$105 allowance
Necessary	Covered in full after eyewear copay	\$210 allowance
Frequency		
Examinations	1 per 12 Months	
Standard Corrective Lenses	1 per 12 Months	
Frames	1 per 24 Months	
Contact Lenses	1 per 12 Months	
Either glasses or contacts allowed per frequency		
Value Added Features		
Additional Discounts on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
Laser Vision Correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	

¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. 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 and Sam's Club to confirm the 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. Laser vision care discounts are only available from participating locations.