

# Find the perfect fit

Employees have a wide range of vision care needs and preferences. MetLife’s Supplemental Vision Benefits for **Superior Vision** offer the flexibility to meet the unique needs of your workforce. With more options, you can feel confident you’re giving them the most comfortable fit.



## Options to create the right fit for your organization

<b>Second Pair</b>	Offer coverage for two pairs of glasses rather than one—or glasses and contacts.
<b>Safety Eye Care</b>	Deliver more for employees whose job requires specialized safety eyewear. Covers specialty materials that meet current Occupational Safety and Health Administration (OSHA) safety guidelines.
<b>Digital Vision Care</b>	Includes eyeglasses with computer/digital media specific lenses (in addition to the exam and eyeglass benefits covered under their standard plan).
<b>Diabetic Eyecare</b>	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.
<b>Low Vision</b>	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.
<b>Child Vision Care</b>	Provide coverage that extends vision benefits further for children. Allows for two comprehensive eye exams and one pair of glasses every year, with some additional benefits.
<b>Light Protection</b>	A materials benefit for employees and their dependents to help protect against UV or blue light exposure. It contains a frame allowance that may be applied toward non-prescription sunglasses or ready-made non-prescription blue light filtering glasses.*.

\*Lab-fabricated Plano lenses are not covered

## Supplemental Vision Benefits

### Second Pair

#### Materials

	Members can use any combination of two material benefits, using their standard plan and the second pair option. <ol style="list-style-type: none"><li>1. Two pairs of prescription eyeglasses.</li><li>2. One pair of eyeglasses and an allowance toward contact lenses.</li><li>3. Double the allowance toward contact lenses.</li></ol>
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### Safety Eye Care<sup>1</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
<b>Frames</b>	\$65 allowance.	\$25 allowance.
<b>Lenses</b> Corrective Lenses With A Minimum Prescription Of ±0.50 Diopters.	Standard plastic or glass lenses covered in full after materials copay.	Single vision: \$35 allowance. Bifocal: \$45 allowance. Trifocal: \$60 allowance. Lenticular: \$90 allowance. Progressive: \$45 allowance.
<b>Lens Enhancements<sup>2</sup></b>	Same as standard vision plan.	Applied to the allowance for the applicable corrective lens category.

### Digital Vision Care<sup>2</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
<b>Frames</b>	\$90 allowance.	\$45 allowance.
<b>Lenses</b>	Covered in full after materials copay. Includes near variable focus lenses and occupational progressive lenses: Essilor Computer Clear, Zeiss Gradal RD and Unity by VSP.	Single vision: \$30 allowance. Bifocal: \$50 allowance. Trifocal: \$65 allowance. Lenticular: \$100 allowance. Progressive: \$50 allowance.
<b>Lens Enhancements<sup>2</sup></b>	Same discount and pricing as standard vision plan.	Applied to the allowance for the applicable corrective lens category.

### Diabetic Eyecare<sup>2</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
<b>Exam Services Only</b>	Covered in full after \$20 copay.	\$100 allowance
<b>Other Ophthalmological Services</b>	Covered in full. No copay applies.	\$100 allowance

## Supplemental Vision Benefits *(continued)*

### Low Vision<sup>1</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Evaluation	Covered in full up to benefit maximum. Maximum of two tests within two-year period. No copay applies.	Same as in-network.
Supplemental Aids	75% of allowable amount up to benefit maximum every two years.	Same as in-network.
Benefit Maximum	\$1,000 every two years.	

### Child Vision Care<sup>1</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	An additional comprehensive eye exam that tests for eye health and vision issues that can begin during childhood, less any copay.	Same as primary plan benefits up to the out-of-network exam and materials allowances.
Frames	<ul style="list-style-type: none"> <li>• Frames covered in full less any copay.</li> <li>• 20% savings<sup>4</sup> on any amount above the retail allowance.</li> </ul>	
Lenses	<ul style="list-style-type: none"> <li>• Covered in full after copay if:               <ul style="list-style-type: none"> <li>○ New prescription differs from the original by at least a .50 diopter sphere or cylinder, or</li> <li>○ A change in the axis of 15 degrees or more, or</li> <li>○ A .5 prism diopter change in at least one eye.</li> </ul> </li> <li>• Lens enhancements<sup>3</sup> covered after copay.</li> </ul>	
Additional Pairs of Glasses	20% savings on unlimited additional pairs of prescription glasses.	

### Light Protection<sup>1</sup>

Service/Material	IN-NETWORK	OUT-OF-NETWORK
Frames	Frame allowance may be applied toward non-prescription sunglasses or blue light filtering glasses. Such benefit will be considered both a lens and frame benefit for determining Service Intervals. Lab-fabricated plano lenses are not covered.	Your out of network frame allowance is the same as your main plan benefit and may be used for non prescription sunglasses or ready-made blue light glasses.

**Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.**

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. 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.

1. In-network coverage not available at retail chains including Costco® Optical, Walmart and Sam's Club.
2. The following are not allowed. If these items are provided, the patient's benefit for lenses and frame will not be covered: rimless and plano.
3. 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 the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
4. 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.