

VISION



MetLife

Employee Semi-Monthly Deductions

Employee Only	\$3.91
Employee + Spouse	\$7.84
Employee + Child(ren)	\$6.63
Family	\$10.94

To locate a provider visit:

www.metlife.com

	In-Network	Out of Network
Eye Exams	\$10 Copay	\$45 Allowance
Contact Lens Exam	\$60 Copay	Applied to Allowance
Materials	\$25 Copay	N / A
Frames	\$130 Allowance \$70 Allowance @ Costco	\$70 Allowance
Lenses		
Single	\$25 Copay	\$30 Allowance
Bifocal	\$25 Copay	\$50 Allowance
Trifocal	\$25 Copay	\$65 Allowance
Lenticular	\$25 Copay	\$100 Allowance
Photochromic	\$47 - \$82	Applied to Allowance
Anti-Reflective	\$41 - \$85	
UV Coating	Covered in Full	
Scratch Resistance	\$17 - \$33	
Laser Vision	Discount Available	N / A
Contact Lenses		
Medically Necessary	Covered in full after Copay	\$210 Allowance
Elective	\$130 Allowance	\$105 Allowance
Benefit Frequency		
Vision Exams	Once every 12 months	Once every 12 months
Spectacle Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contact Lens Allowance	Once every 12 months	Once every 12 months
Child Age Limit	Up to Age 26	Up to Age 26
Annual Open Enrollment	Yes	Yes
Network Used	MetLife	N / A