

VSP Choice - Vision Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider 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, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Potential 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 MetLife participating locations.

In-network benefits

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

Frequency

Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost after a \$5 copay.
- Retinal imaging: At no additional cost Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every 12 months

- Allowance: **\$200**
\$220 on featured frames
- Costco®, Walmart® and Sam's Club®: **\$110** allowance. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.

Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after **\$20** eyewear copay.

Standard lens enhancements¹

Once every 12 months

- Standard Polycarbonate (child up to age 18), **Ultraviolet (UV) coating**, Progressive Standard and Progressive Premium/Custom : At no additional cost
- Standard Polycarbonate (adult), Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact lenses (instead of eyeglasses) Once every 12 months

- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$200** allowance
- Necessary lenses: At no additional cost after eyewear copay.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call **1-855-MET-EYE1** (1-855-638-3931)

The following are optional benefit enhancements.

Second Pair*

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses, **or**
- One pair of prescription eyeglasses and an allowance toward contact lenses, **or**
- Double your contact lens allowance

* Frame allowances are available at certain provider locations. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.

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 for detailed out-of-network benefits information.

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| • Eye exam: up to \$45 | • Single vision lenses: up to \$30 | • Progressive lenses: up to \$50 |
| • Frames: up to \$70 | • Lined bifocal lenses: up to \$50 | |
| • Contact lenses: | • Lined trifocal lenses: up to \$65 | |
| • Elective up to \$105 | • Lenticular lenses: up to \$100 | |
| • Necessary up to \$210 | | |
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*If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

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.

Savings from enrolling in a 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.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). 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.