



Carrier Name	MetLife	MetLife
Name of Plan	Standard	Enhanced
Network	Superior Vision	Superior Vision
In-Network Benefits		
Exam Copay	\$10 Copay	\$10 copay
Materials Copay	\$25 Copay	\$10 Copay
Frames Allowance	\$25 Copay then \$130 Allowance	\$10 Copay then \$150 Allowance
Single Lenses	\$25 Copay	\$10 Copay
Bifocal Lenses	\$25 Copay	\$10 Copay
Trifocal Lenses	\$25 Copay	\$10 Copay
Additional Pairs of Glasses	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements	This benefit gives you additional eyewear coverage. You can get: <ul style="list-style-type: none"> -Two pairs of prescription eyeglasses, or -One pair of prescription eyeglasses and an allowance toward contact lenses, or -Double your contact lens allowance
Formulary Contacts	\$25 copay then \$130 allowance (In Lieu of Frames & Lenses)	\$10 copay then \$150 allowance
Non-Formulary Contacts	\$25 copay then \$130 Allowance (In Lieu of Frames & Lenses)	\$10 copay then \$150 Allowance
Medically Necessary	Covered 100%	\$10 copay
Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Contacts	Once every 12 months	Once every 12 months