

MetLife Vision Care

Refer to the chart below for the highlights of your vision care coverage.

To locate a MetLife Vision network provider, visit: www.metlife.com/mybenefits or call MetLife Vision at:

1-855-MET-EYE1 (1-855-638-3931)

MetLife VSP Vision Care Benefits							
Vision Benefits	Engage PEO		Engage PEO				
Carrier	MetLife		MetLife - High				
COVERAGE TYPE	In-Network	Out of Network	In-Network	Out of Network			
Exam	(once every 12 rolling months)		(once every 12 rolling months)				
Routine Comprehensive Eye Exam	\$10 copay	\$45 reimbursement	\$10 copay	\$45 reimbursement			
Eyeglass Lenses/Lens options	(once every 12 rolling months eyeglasses or contact lenses)		(once every 12 rolling months eyeglasses or contact lenses)				
Single vision lenses	\$20 copay	\$30 reimbursement	\$10 copay	\$30 reimbursement			
Bifocal vision lenses	\$20 copay	\$50 reimbursement	\$10 copay	\$50 reimbursement			
Trifocal vision lenses	\$20 copay	\$65 reimbursement	\$10 copay	\$65 reimbursement			
Lenticular vision lenses	\$20 copay	\$100 reimbursement	\$10 copay	\$100 reimbursement			
UV treatment	\$20 copay	No Discount	Covered in full	Applied to the allowance for corrective lens			
Contact Lenses	(once every 12 rolling months eyeglasses or contact lenses)		(once every 12 rolling months eyeglasses or contact lenses)				
Conventional contact lenses	\$60 maximum copay	No Discount	\$60 maximum copay	No Discount			
Elective contact lenses	\$150 allowance	\$105 reimbursement	\$180 allowance	\$105 reimbursement			
Medically necessary contact lenses	\$20 copay	\$210 reimbursement	\$20 copay	\$210 reimbursement			
Frames	(once every 12 rolling months)		(once every 12 rolling months)				
Frame allowance	\$150 after \$20 copay + 20% off balance over allowance	\$70 reimbursement	\$180 + 20% off balance of 2nd pair benefit	\$70 reimbursement			

Discounts (Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands)

Additional pairs of eyeglasses or prescription sunglasses. Discounts apply to purchases made after the plan allowances have been exhausted	20% discount over retail price	No Discount	20% discount off retail price	
Laser vision correction	15% discount off the usual charge or 5% discount of the promotional price	No Discount	15% discount off the usual charge or 5% discount of the promotional price	No Discount