MetLife Vision Care

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

Vision Benefits	Engage PEO		Engage PEO		Engage PEO	
Carrier	Metlife Low Vision		MetLife Mid Vision		MetLife High Vision	
COVERAGE TYPE	In-Network	Out of Network	In-Network Out of Network		In-Network Out of Network	
Exam	(once every 12 r		(once every 12 r		(once every 12 i	
Routine Comprehensive				\$45		\$45
Eye Exam	\$10	up to \$45	\$10 copay	reimbursement	\$10 copay	reimbursement
Eyeglass Lenses/Lens	(once every 12 r	olling months	(once every 12	rolling months	(once every 12	rolling months
options	eyeglasses or contact lenses)		eyeglasses or contact lenses)		eyeglasses or contact lenses)	
	40-		***	\$30	***	\$30
Single vision lenses	\$25	up to \$30	\$20 copay	reimbursement	\$10 copay	reimbursement
Bifocal vision lenses	\$25	up to \$50	\$20 copay	\$50	\$10 copay	\$50
				reimbursement		reimbursement
Trifocal vision lenses	\$25	up to \$65	\$20 copay	\$65	\$10 copay	\$65
				reimbursement		reimbursement
Lenticular vision lenses	\$25	up to \$100	\$20 copay	\$100	\$10 copay	\$100
				reimbursement		reimbursement
UV treatment	Covered in full	No discount	\$20 copay	No discount	Covered in full	Applied to the
						allowance for
						corrective lens
Contact Lenses	(once every 12 rolling months		(once every 12 rolling months		(once every 12 rolling months	
Contact Lenses	eyeglasses or contact lenses)		eyeglasses or contact lenses)		eyeglasses or contact lenses)	
Conventional contact	\$60 maximum	No diagount	\$60 maximum	No discount	\$60 maximum	No diagount
lenses	сорау	No discount	сорау	No discount	сорау	No discount
Elective contact lenses	\$140 Allowance	up to \$105	\$150 allowance	\$105	\$180 allowance	\$105
				reimbursement		reimbursement
Medically necessary	\$25 coppy	up to \$210	\$20 copay	\$210	\$20 copay	\$210
contact lenses	\$25 copay	up to \$210	φ20 copay	reimbursement	ъсо сорау	reimbursement
Frames	(once every 24 rolling months)		(once every 12 rolling months)		(once every 12 rolling months)	
Frame allowance	\$140 + 20% off	up to \$70	\$150 after \$20	\$70 reimbursement	\$180 + 20% off balance	\$70 reimbursement
	balance over					
	allowance except					
	at Costco,		copay +		over allowance	
	\$75 allowance at		20% off balance		and 2nd pair of	
	Costco (no		over allowance		glasses free	
	additional				glasses nee	
	discount)					
Discounts (Discounts	cannot be combine	d with any other d	iscounts or promot	ional offers and m	ay not be available	on all brands
Additional pairs of						
eyeglasses						
orprescription	20-25% discount	No diagount	20% discount off	No diagount	20% discount off	No diagount
sunglasses. Discounts	off retail price	No discount	retail price	No discount	retail price	No discount
apply to purchases made						
after the plan allowances						
have been exhausted.						
	15% discount off		15% discount off		15% discount off	
	the usual charge		the usual charge		the usual charge	
	or 5% discount of	No discount	or 5% discount of	No discount	or 5% discount of	No discount
	the promotional		the promotional		the promotional	
Laser vision correction	price		price		price	