

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 rolling months)		(once every 12 rolling months)		(once every 12 rolling months)	
Routine Comprehensive Eye Exam	\$10	up to \$45	\$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)		(once every 12 rolling months eyeglasses or contact lenses)	
Single vision lenses	\$25	up to \$30	\$20 copay	\$30 reimbursement	\$10 copay	\$30 reimbursement
Bifocal vision lenses	\$25	up to \$50	\$20 copay	\$50 reimbursement	\$10 copay	\$50 reimbursement
Trifocal vision lenses	\$25	up to \$65	\$20 copay	\$65 reimbursement	\$10 copay	\$65 reimbursement
Lenticular vision lenses	\$25	up to \$100	\$20 copay	\$100 reimbursement	\$10 copay	\$100 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 eyeglasses or 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	\$60 maximum copay	No discount
Elective contact lenses	\$140 Allowance	up to \$105	\$150 allowance	\$105 reimbursement	\$180 allowance	\$105 reimbursement
Medically necessary contact lenses	\$25 copay	up to \$210	\$20 copay	\$210 reimbursement	\$20 copay	\$210 reimbursement
Frames	(once every 24 rolling months)		(once every 12 rolling months)		(once every 12 rolling months)	
Frame allowance	\$140 + 20% off balance over allowance except at Costco, \$75 allowance at Costco (no additional discount)	up to \$70	\$150 after \$20 copay + 20% off balance over allowance	\$70 reimbursement	\$180 + 20% off balance over allowance and 2nd pair of glasses free	\$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.	20-25% discount off retail price	No discount	20% discount off retail price	No discount	20% discount off retail price	No discount
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	15% discount off the usual charge or 5% discount of the promotional price	No discount