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 rd		(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)	
Single vision lenses	\$25	up to \$30	\$20 copay	\$30	\$10 copay	\$30
				reimbursement		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
						Applied to the
UV treatment	Covered in full	No discount	\$20 copay	No discount	Covered in full	allowance for
						corrective lens
Contact Lenses	(once every 12 rolling months		(once every 12 rolling months		(once every 12 rolling months	
Oomact Echises	eyeglasses or co	ontact lenses)	eyeglasses or c	ontact lenses)	eyeglasses or c	ontact lenses)
Conventional contact	\$60 maximum	No discount	\$60 maximum	No discount	\$60 maximum	No discount
lenses	copay	- 140 discount	copay	140 discount	copay	140 discount
Elective contact lenses	\$140 Allowance	up to \$105	\$150 allowance	\$105	\$180 allowance	\$105
				reimbursement		reimbursement
Medically necessary	\$25 copay	up to \$210	\$20 copay	\$210	\$20 copay	\$210
contact lenses		•		reimbursement		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		\$70
	balance over				\$180+	
	allowance except				20% off balance	
	at Costco,		copay +		over allowance	
	\$75 allowance at		20% off balance	reimbursement	and 2nd pair of	reimbursement
	Costco (no		over allowance		glasses free	
	additional					
Diagounts (Diagounts	discount)	ما در داده ما در در ما داده ما داده ا				
Discounts (Discounts	cannot be combine	d with any other d	iscounts or promot	ional oπers and m T	lay not be avallable I	on all brands
Additional pairs of						
eyeglasses 	00.050/ -!:		000/ -1:		000/ -1:	
orprescription	20-25% discount	No discount	20% discount off	No discount	20% discount off	No discount
sunglasses. Discounts	off retail price		retail price		retail price	
apply to purchases made						
after the plan allowances						
have been exhausted.	1E0/ dia==+		1E0/ dia==+		1E0/ dia==+	
	15% discount off		15% discount off		15% discount off	
	the usual charge or 5% discount of	No discount	the usual charge or 5% discount of	No discount	the usual charge or 5% discount of	No discount
	the promotional	No discount	the promotional	No discount	the promotional	No discount
Laser vision correction	·		· ·			
Laser vision confection	price		price		price	L