

Vision Insurance

SCHAEFFLER

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement.

In-network benefits

There are no claims for you to file when you go to an in-network vision provider. Simply pay any copays or member out of pocket expenses and, if applicable, any amount over your frame/contacts allowance at the time of service.

Eye Exam

One per calendar year

- Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a **\$10** copay

Frame

One per 2 calendar years

- Allowance: **\$125** after **\$15** eyewear copay¹

Standard Corrective Lenses

One pair per calendar year

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$15** eyewear copay¹

Contact Lenses (instead of eyeglasses)

One allowance per calendar year

- Contact lens fitting (standard*): Covered in full after **\$25** copay
- Contact lens fitting (specialty*): \$50 retail allowance after **\$25** copay
- Elective lenses: **\$120** allowance
- Necessary lenses: Covered in full

* Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

Discounts on Non-Covered Exam, Services, and Material²

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| Exams, frames, and prescription lenses: | 30% off retail |
| Contacts, miscellaneous options: | 20% off retail |
| Disposable contact lenses: | 10% off retail |

¹ Materials/eyewear co-pay applies to lenses and frames only, not contact lenses.

² Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

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In-Network Value Added Features:

Laser vision correction: Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers. Contact QualSight LASIK at (877) 201-3602 for more information.

Additional savings on glasses and sunglasses²: 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on lens enhancements²: Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.

Additional savings on frames²: 20% off any amount over your frames allowance.

Savings on additional exams²: 30% savings on additional exams.

Additional savings on contacts²: 10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. 10% - 20% discount on additional contacts.

Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

We're Here to Help

- Find a Vision provider at www.metlife.com/vision
- Download a claim form at www.metlife.com/mybenefits
- For general questions, go to www.metlife.com/mybenefits or call 1-833-EYE-LIFE (1-833-393-5433)

Out-of-Network Reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$34 (ophthalmologist) or \$26 (optometrist)** after a \$10 copay

Materials allowance after a \$15 copay

- Frames: up to **\$65**
- Single-vision lenses: up to **\$29**
- Lined bifocal lenses: up to **\$43**
- Lined trifocal lenses: up to **\$53**
- Lenticular lenses: up to **\$84**
- Progressive lenses: up to **\$53**
- Contact lenses: Elective: up to **\$100** and Necessary: up to **\$210**

Exclusions and Limitations of Benefits:

This plan has certain exclusions and limitations of benefits. Please refer to the plan certificate for complete benefit details.

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Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all the rules very carefully and compare them with the rules of any other plan that covers you or your family.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.