

Vision Plans

MetLife Vision Plan continues to be your vision plan provider. MetLife Vision offers you the Full Service or Exam Plus vision coverage plans to help pay for your eyecare needs.

You may choose to cover your family by selecting the “Employee & Family” rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

	FULL SERVICE VISION PLAN		EXAM PLUS VISION PLAN	
	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR
Copayments[†] Exam Copay Exam Frequency Prescription Glasses	\$20 Once Per Year \$20	Covered up to \$35 allowance Once Per Year \$0	\$10 Once Per Year Not covered	Covered up to \$35 allowance Once Per Year Not covered
Vision Examination (every plan year)	Covered In Full after copay	\$35	Covered In Full after copay	\$35
Lenses (every plan year)^{***} Single Vision Lenses ^{**} Bifocal Lenses (including progressive lenses) ^{**} Trifocal Lenses Lenticular Lenses ^{**}	Covered In Full Covered In Full Covered In Full Covered In Full	\$25 \$40 \$55 \$80	20% savings at private practice locations only	Not covered
Frames (every other plan year) (Up to \$150 allowance)	Covered in full*	\$45	20% savings at private practice locations only	Not covered
Contact Lenses^{**} (in place of lenses & frames) Necessary Elective Fitting and evaluation	Covered in full ^{***} \$150 allowance Services are covered in full once every plan year, after a maximum \$60.00 Copayment ^{****}	Exam & \$210 Exam & \$105 \$0	15% savings at private practice locations for Necessary only. Elective/ Fitting and evaluation for contact lenses are not covered.	Not covered
Prescription Glasses Discount	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife Vision Member Doctor.	- Single vision \$25 allowance - Lined bifocal \$40 allowance - Lined trifocal \$55 allowance - Lenticular \$80 allowance	20% - Discount will be applied to a MetLife Vision doctor's usual and customary fee for prescription glasses and spectacle lens options, such as scratch coating and anti-reflective coating.	NONE
Prescription Contact Lenses Discount	Standard or Premium fit covered in full with a copay not to exceed \$60	Applied to the allowance for contact lenses	15% savings at private practice locations only	Not covered
Laser Vision Care Program Discount Average 15 percent off the regular price or five percent off a promotional offer for laser surgery, including LASIK, Custom LASIK and PRK surgeries. This offer is only available at MetLife participating locations.	15%	NONE	15%	NONE

[†] Copayments apply in-network (MetLife Vision Member Doctor) at the time of service.

* Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit a MetLife Vision member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost.

There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings.

** Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.

*** There is a single materials Copayment of \$20 on lenses and frames or medically necessary contact lenses.

**** Fifteen percent discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

Vision Plans

Value-Added Benefit

Diabetic Eyecare Program – Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes.

How To Use These Plans

To obtain vision care benefits, call a MetLife Vision member doctor, identify yourself as a MetLife Vision patient and make an appointment. The doctor's office will verify the patient's eligibility and plan coverage and obtain authorization from MetLife Vision. There are no I.D. cards distributed with these plans.

The doctor will explain any additional charges. After you pay your Copayment, the doctor will take care of all the paperwork.

If you prefer, you can visit a non-member doctor and pay the doctor's normal charges. Save your itemized receipt and mail it, along with the MetLife Vision Member Reimbursement Form, within six months of service date to:

MetLife Vision Claims
P.O. Box 385018
Birmingham, AL 35238-5018

Claim forms with the correct address can be downloaded from mybenefits.metlife.com/westvirginia. For more information, contact MetLife Vision's Customer Service Line at 1-855-638-7339 (855-MET-SEE9).

MyBenefits – MetLife's Self-Service Website

Logging on to the MyBenefits:

1. Go to the MyBenefits website at mybenefits.metlife.com/westvirginia
2. Complete the Account sign-in process by entering your User Name and password or
3. If you are a first time user, click on the "Register Now" button
 - Provide your first name, last name, date of birth, Social Security number and email address

- Create your own user name and password
 - Select three security questions and provide your answers, in the event you forget your user name or password in the future
4. Read and agree to the MyBenefits website's terms of use
 5. You will see a "Thank You" page and a registration confirmation email will be sent to the email address you provided while registering.

Find a participating eye care professional

1. Click on the Find a Vision Provider near you link at:
mybenefits.metlife.com/westvirginia
2. Enter your zip code or address
3. Add additional information to refine your search for a vision provider
4. Select your plan: Full Service Vision or Exam Plus Vision Plan.

You can also call MetLife Vision at 1-855-MET-SEE9 (1-855-638-7339) for access to the 24/7 Interactive Voice Response system.

Print a personalized Vision ID card

- **A Vision ID card is not required to obtain services**
 - Please note you will not be able to obtain an ID card until you are enrolled in the MetLife Vision Plan.
1. Click on Get My Vision ID card (located on right side of the landing page)
 2. Select the state where you reside
 3. The vision identification card will be displayed
 4. Using the printer icon located on top right of page – print your card

Your Tax-free Rates

Full Service plan	10 pay	12 pay	18 pay	20 pay	21 pay	22 pay	24 pay	26 pay
Employee Only	\$8.74	\$7.28	\$4.86	\$4.37	\$4.16	\$3.97	\$3.64	\$3.36
Employee & Family	\$22.57	\$18.81	\$12.54	\$11.29	\$10.75	\$10.26	\$9.41	\$8.68
Exam Plus plan	10 pay	12 pay	18 pay	20 pay	21 pay	22 pay	24 pay	26 pay
Employee Only	\$1.46	\$1.22	\$0.82	\$0.73	\$0.70	\$0.67	\$0.61	\$0.57
Employee & Family	\$3.32	\$2.77	\$1.85	\$1.66	\$1.59	\$1.51	\$1.39	\$1.28