

Voluntary Vision: MetLife

Benefits	In-Network Benefits	Out-of-Network Reimbursement
Eye Examination		Once every 12 Months
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	Up to \$35
Materials / Eyewear		
-Frames		Once every 24 months
-Lenses		Once every 12 months
Frames	Allowance: \$130	Up to \$70
Standard Corrective Lenses		
• Single vision	\$10 Copay	Up to \$30
• Lined bifocal	\$10 Copay	Up to \$50
• Lined trifocal	\$10 Copay	Up to \$65
Contact Lenses		Once every 12 months
Contact fitting and evaluation	Up to \$60 Copay	
Elective lenses	Allowance: Up to \$130	Up to \$105
Necessary lenses	\$10 copay	Up to \$210

RATES PER MONTH	
Employee	\$7.29
Employee + Dependent	\$13.84
Employee + 2 or more Dependents	\$18.57

Annual Open Enrollment