

Summary of Benefits Vision Insurance – VISION PLAN PROPOSED 1

Vision		
Class Description	Class Description e.g., All Active Full Time Employees (30 Hours)	
Plan Name	M130D-10/25	
	In-Network (Using a Network Provider)	Out-of-Network (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	Covered after a \$10 copay	Covered up to a \$45 allowance
Materials / Eyewear		
Either Glasses or Contacts	\$25 copay	Not Applicable
Standard Corrective Lenses		Covered up to:
<ul style="list-style-type: none"> • Single Vision • Lined Bifocal • Lined Trifoca • Lenticular 	Covered after eyewear copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance
Standard Lens Options		
<ul style="list-style-type: none"> • Ultraviolet Coating • Polycarbonate (Child up to age 18) • Polycarbonate (adult) • Progressive Standard • Progressive Premium • Scratch Resistant Coating • Anti-Reflective Coating • Photochromic • Tints 	Covered after eyewear copay Covered after eyewear copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay Available with "not to exceed" pricing/maximum copay	Applied to the allowance for the applicable corrective lens Applied to the allowance for the applicable corrective lens Applied to the allowance for the applicable corrective lens \$50 allowance \$50 allowance Applied to the allowance for the applicable corrective lens Applied to the allowance for the applicable corrective lens Applied to the allowance for the applicable corrective lens Applied to the allowance for the applicable corrective lens

Frame Allowance	Covered up to \$130 allowance after eyewear copay	Covered up to \$70 allowance
<ul style="list-style-type: none"> • Costco 	\$70 allowance after eyewear copay	
Contact Lenses		
Contact Fitting and Evaluation	Standard or Premium fit: covered in full with a copay not to exceed \$60	Applied to the allowance for the applicable corrective lens
Elective	Covered up to \$130 allowance	Covered up to \$105 allowance
Necessary	Covered after eyewear copay	Covered up to \$210 allowance
Value Added Features		
Additional Lens Options	Average 20-25% savings on all other lens options	
Additional Discounts on Glasses and Sunglasses	20% discount off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens options.	
Laser Vision correction	Discounts averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Customer LASIK. Discounts only available from MetLife participating facilities.	

Frequencies / Exclusions

Class Description: Class Description e.g., All Active Full Time Employees	
▪ Examinations	▪ 1 per 12 Months
▪ Base Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 24 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions

Class Description: [Class Description]

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.
- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Prescription and non-prescription medications.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Contact lens modification, polishing or cleaning.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Any eye examination or any corrective eyewear required as a condition of employment.
- Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the group policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program or coverage provided by a government as an employer or Medicare.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.