

Enhanced (High) Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist 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 Davis Vision for reimbursement.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

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 sunglasses¹: 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on lens enhancements¹: Average 20-25% savings on all lens enhancements not otherwise covered under the Davis Vision by MetLife vision benefit program.

Additional savings on frames¹: 20% off any amount over your frames allowance.

Enrollment Periods: (Act) 09/18/2023 to 10/20/2023 (Ret) 10/16 to 11/03 – Premiums

Active Rates	20 Pay	24 Pay	Monthly	Annually
Employee Only:	\$4.57	\$3.81	\$7.62	\$91.44
Employee + Family:	\$13.03	\$10.86	\$21.72	\$260.64

Retiree Rates	Monthly	Annually
Retiree Only:	\$7.62	\$91.44
Retiree + One:	\$16.28	\$195.36
Retiree + Family	\$23.08	\$276.96

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

Eye exam

Frequency

January 1st

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

Frame²

January 1st

- Allowance: **\$150** (+Additional 20% off any overage.)*
- **\$200** at Visionworks locations (Excludes Maui Jim eyewear) (+Additional 20% off any overage.)*
- Davis Vision Exclusive Collection: covered in full

*Additional 20% discount available in-network only. Some limitations apply to additional discounts; discounts not applicable at all in-network providers

Standard corrective lenses²

January 1st

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

Standard lens enhancements

January 1st

- Standard polycarbonate (child up to age 18)³, Plastic tints/dyes, Solid and Gradient Tints, and Scratch-Resistant Coating: Covered in full. after **\$0** eyewear copay.
- Allowance: **\$500** - Laser Vision Correction One-Time/Lifetime
- Progressive lenses, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.⁴

Contact lenses instead of eye glasses

January 1st

- Contact fitting and evaluation: 15% discount.

¹ These features may not be available in all states and with all In-Network Vision Providers. Discounts are not available at Walmart and Sam's Club. Please check with your In-Network Vision Provider.

² Materials copay applies to lenses and frames only, not contact lenses.

³ Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

⁴ The above list highlights some of the most popular lens enhancements and is not a complete listing. 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.

Free one-year breakage warranty:

All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames, where our Exclusive Collection is not displayed). Warranty does not apply to Glasses.com.

Additional savings on contacts¹:

15% off any amount over your contact lens allowance. 15% discount on additional contacts.

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

• Elective lenses: \$150 allowance.

- The Exclusive Collection of Contact Lenses: Covered in full*
2 boxes – Planned Replacement or
4 boxes – Disposables.

*The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full.

- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional **15%** savings on the amount that you pay over your allowance.¹

Disposable contacts: You will receive an additional **15%** savings on the amount that you pay over your allowance.¹

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 \$35 reimbursement | • Trifocal Lenses: \$60 |
| • Frame: up to \$50 | • Lenticular Lenses: \$100 |
| • Single-Vision Lenses: \$25 | • Elective Contact Lenses: \$150 |
| • Bifocal / Progressive Lenses: \$40 | • Visually Required Contacts: \$210 |

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- 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.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- 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.
- Services: (a) for which the employer of the person receiving such services is 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.
- 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.

- Contact lens insurance policies and service agreements.

- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medications

Designer - Plan Summary

Metropolitan Life Insurance Company

2025 Benefit Summary

With your Vision Preferred Provider Organization Plan, you can:

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In-network value added features:

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Additional savings on lens enhancements¹: Average 20-25% savings on all lens enhancements not otherwise covered under the Davis Vision by MetLife vision benefit program.

Additional savings on frames¹: 20% off any amount over your frames allowance.

Active Rates	20 Pay	24 Pay	Monthly	Annually
Employee Only:	\$3.50	\$2.92	\$5.83	\$69.96
Employee + Family:	\$9.98	\$8.32	\$16.64	\$199.68

Retiree Rates	Monthly	Annually
Retiree Only:	\$5.83	\$69.96
Retiree + One:	\$12.52	\$150.24
Retiree + Family:	\$17.75	\$213.00

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
Eye exam	January 1 st
• Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a \$10 copay.	

Frame²	January 1 st
<ul style="list-style-type: none"> • Allowance: \$130 (+Additional 20% off any overage.)* • \$180 at Visionworks locations (Excludes Maui Jim eyewear) (+Additional 20% off any overage.)* • Davis Vision Exclusive Collection: up to \$25 copay 	
*Additional 20% discount available in-network only. Some limitations apply to additional discounts; discounts not applicable at all in-network providers	

Standard corrective lenses²	January 1 st
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$15 eyewear copay.	

Standard lens enhancements	January 1 st
<ul style="list-style-type: none"> • Standard polycarbonate (child up to age 18)³, Plastic tints/dyes, Solid and Gradient Tints, and Scratch-Resistant Coating: Covered in full. after \$0 eyewear copay. • Progressive lenses, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.⁴ 	

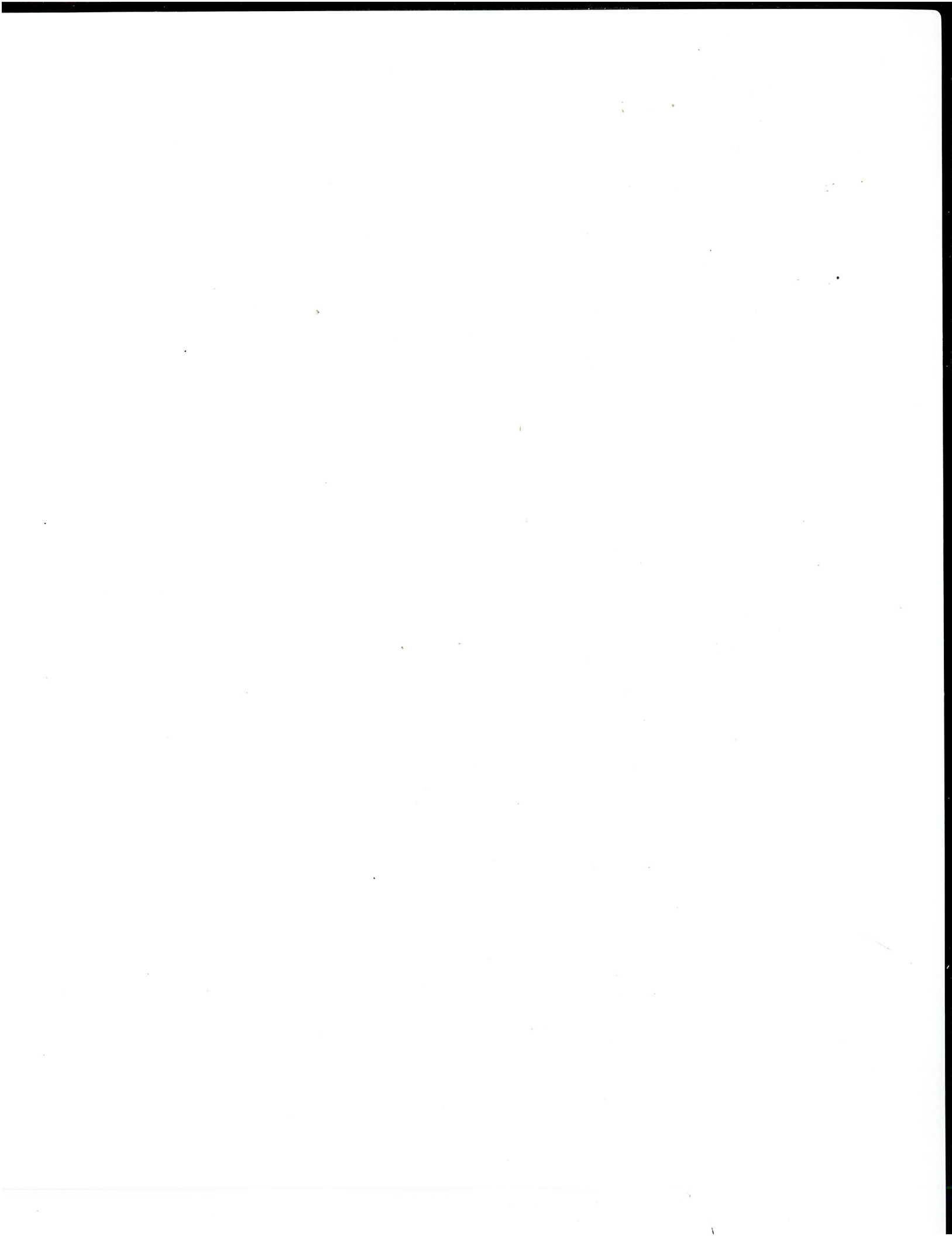
Contact lenses instead of eye glasses	January 1 st
<ul style="list-style-type: none"> • Contact fitting and evaluation: 15% discount. • Elective lenses: \$150 allowance. • The Exclusive Collection of Contact Lenses: Covered in full* 	

¹ These features may not be available in all states and with all In-Network Vision Providers. Discounts are not available at Walmart and Sam's Club. Please check with your In-Network Vision Provider.

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Free one-year breakage warranty:

All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames, where our Exclusive Collection is not displayed). Warranty does not apply to Glasses.com.

Additional savings on contacts¹:

15% off any amount over your contact lens allowance. 15% discount on additional contacts.

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

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 \$35 reimbursement
- Frame: up to \$50
- Single-Vision Lenses: \$25
- Bifocal / Progressive Lenses: \$40

- Trifocal Lenses: \$60
- Lenticular Lenses: \$100
- Elective Contact Lenses: \$150
- Visually Required Contacts: \$210

- 2 boxes – Planned Replacement or
- 4 boxes – Disposables.

*The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full.

- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional **15%** savings on the amount that you pay over your allowance.¹

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- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- 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.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- 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.
- Services: (a) for which the employer of the person receiving such services is 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.
- 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.

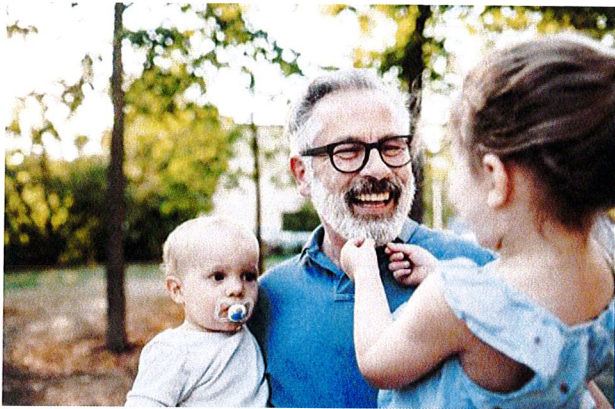
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medications



Get back into the conversation with better hearing health.

Take advantage of simple, painless hearing tests.

Start your hearing health journey today

Get a hearing exam at no additional cost and discounts on hearing aids as part of your MetLife Vision Insurance plan featuring the Davis Vision® network.

How to recognize the signs of hearing loss

The signs of hearing loss can be vague and develop slowly, or they can be obvious and begin suddenly.¹ Ultimately, struggling to hear certain sounds or syllables is a telltale symptom of hearing loss.¹

If you recognize any of these signs in yourself or a loved one, it's important to seek help.¹ Start by calling the designated number or checking the website to locate a licensed Your Hearing Network provider in your area. Then, schedule your hearing exam. Hearing tests are simple and pain free. As a participant in the MetLife Vision Insurance plan with the Davis Vision network, you and your eligible family members can begin your hearing health journey.

Ready to schedule a hearing care consultation?

Visit davisvision.yourhearing.com or contact us at: **1-888-494-1272**

Service	Discount
Hearing exam	No additional cost
Trial period	60-day money back guarantee
Follow-up care	1-year
Warranty	4-year service, including 1-year of loss and/or damage to hearing aids
Batteries	4-year supply included with each hearing aid purchase

The benefits are clear²



Quality of life

Access discounts on services, hearing aids, and accessories to help benefit your hearing health.



Significant potential savings

Get discounts, including up to 40% off premium hearing aids.



Convenience

Find in-network licensed hearing care providers near you.

Consider this:

We avoided going to the eye doctor due to the high cost. Thanks to **Vision Insurance**, we saved on eye exams and new eyewear for the whole family. Our child is doing better in school with glasses, and I love my contact lenses.*

Example of possible savings with the Davis Vision Exclusive Collection of frames:

	Average retail cost ⁴	Davis Vision member cost
Annual eye exam	\$154	\$10 (copay)
Exclusive Collection frames ⁵	\$180	\$0
One-year breakage warranty	\$30	Covered
Exam and eyewear total cost	\$364	\$10
Members save \$354		

For illustrative purposes only. Actual costs and benefits may vary based on plan design selected. Please see your certificate for details on benefits and exclusions.

What you need to know about Vision Insurance:



Get potential savings on eye exams, stylish fashion eyewear, lenses, and more⁶



See any **private licensed eye care professional** or professionals at popular retail locations⁷



Select covered frames from **any in-network provider**. For additional savings,⁶ through your in-network access to Davis Vision's Exclusive Collection⁸

Questions?

Call MetLife Vision at 1-833-EYE-LIFE (1-833-393-5433).

* This is a fictional example. Davis Vision and MetLife do not claim that these are typical results that members will generally achieve.

1. Keep an Eye on Your Vision Health, Centers for Disease Control and Prevention, October 1, 2020, <https://www.cdc.gov/visionhealth/resources/features/keep-eye-on-vision-health.html>.
2. Cost of Living in United States, Numbeo, December 2022, https://www.numbeo.com/cost-of-living/country_result.jsp?country=United+States.
3. Heiting, OD, Gary, Eye exams: 5 reasons why they are important, All About Vision, January 2022. allaboutvision.com/eye-exam/importance.htm.
4. Costs are estimated based on MetLife's in-network providers' usual and customary charges, 2022. Retail optical costs may be higher. Member out-of-pocket costs do not include plan premium under the Davis Vision by MetLife plan.
5. Example includes cost of an Exclusive Collection frame and single vision lenses.
6. Your actual savings from enrolling in a 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.
7. If you choose an out-of-network provider, you may have increased out-of-network expenses, must pay in full at the time of services, and file a claim with MetLife for reimbursement.
8. The Davis Vision Collection of frames is available at most participating independent provider locations. The collection and pricing are subject to change without notice. Please check with your provider for details and availability prior to receiving services.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Davis Vision, Inc. ("Davis Vision"), a New York corporation. Davis Vision is part of the MetLife family of companies. Like most group benefit programs, Davis Vision by MetLife plans 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.