



Wherever a job
is also an honor,
MetLife Federal
Vision is with you.



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Enroll in the MetLife Federal Vision Plan today. Get the benefits you're looking for:

- Above and Beyond Care
- More Choice
- Greater Flexibility
- A Name You Trust

Enroll November 8, 2021 –
December 13, 2021, midnight EST
www.BENEFEDS.com
1-877-888-FEDS (3337)

For value and choice, set your sights on MetLife Federal Vision.

Open Season

**November 8, 2021 –
December 13, 2021,
midnight EST**

To enroll:

BENEFEDS

BENEFEDS.com
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find out more:

MetLife

MetLife.com/FEDVIP-Vision
1-888-865-6854
TDD 1-888-260-5376
Monday–Friday, 8am–9pm EST

OPM

opm.gov/healthcare-insurance





MetLife Federal Vision is with you, even during the most extraordinary of times. Eligible Federal employees and annuitants, retired Uniformed Service members, National Guard & Reserve members, and family members of active duty service members receive:

Above and Beyond Care

- KidsCareSM for additional coverage for children's eye care and eyewear needs
- SunCare for UV eye protection with non-prescription sunglasses
- No copays for in-network eye exams¹

More Choice

- One of the nation's largest networks
- Over 131,000 participating provider locations²
- The names you know. Choose from Costco, Walmart, Sam's Club, America's Best, Pearle Vision³ and thousands more, including online provider Eyeconic.com

Greater Flexibility

- Two plan options, both featuring competitively priced premiums
- Comprehensive coverage including eye exams, contact lenses and frames
- Frame allowance best suited for you — up to \$200 for High Option plan

A Name You Trust

- The support, experience and resources of MetLife on your side



1. Subject to frequency limitations.

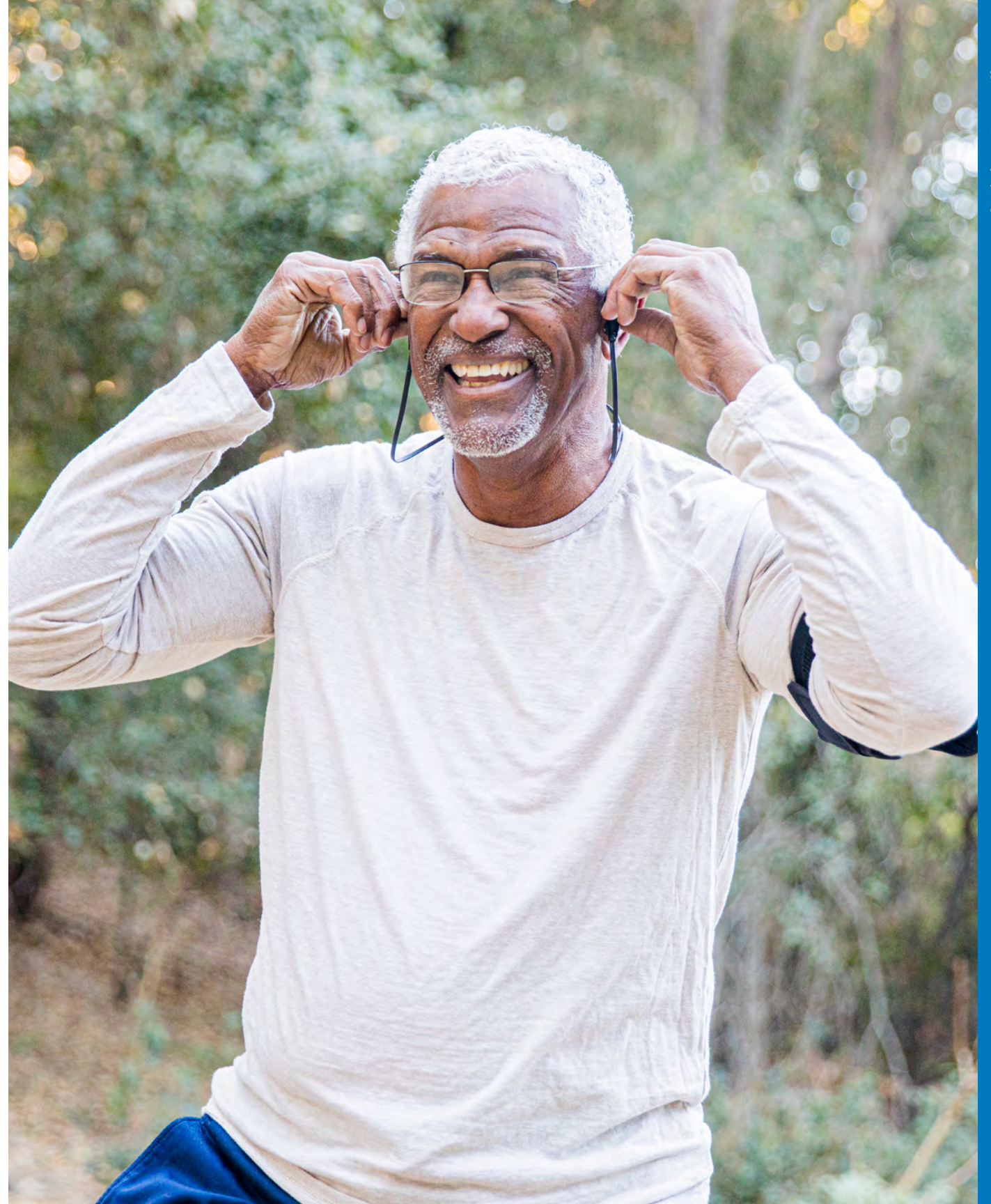
2. As of July 2021.

3. Pearle Vision: Not all Pearle Vision locations participate in the MetLife vision program. Visit [MetLife.com](https://www.MetLife.com) or MetLife's MyBenefits website to confirm participating locations.

Why should you focus on the MetLife Federal Vision Plan?

- Eyecare is an important step to living healthier
- Routine eye exams help protect your vision as well as overall health
- Vision care and eyewear can be costly
- Savings are easy to see for you and your family¹

¹ Your actual savings from enrolling in the 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.



Choose the plan that works for you.

Submit no claims when you go to an in-network vision specialist. Simply pay your copay and any amount over your allowance at the time of service.



Rates - Standard Option Plan		
Bi-weekly Self	Bi-weekly Self + One	Bi-weekly Self + Family
\$3.37	\$6.73	\$10.10

Benefit	Description	Copay
Standard Option Plan Coverage with a MetLife Network Vision Provider		
Eye Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Frames	<ul style="list-style-type: none"> \$160 allowance for featured frame brands \$120 allowance for a wide selection of frames \$65 allowance at Costco, Walmart and Sam's Club Every calendar year 	\$20
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 	
Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 - \$105 \$150 - \$175
Anti-reflective	<ul style="list-style-type: none"> Standard anti-reflective coating Premium anti-reflective coating Ultra-premium anti-reflective coating Custom anti-reflective coating 	\$41 \$58 \$69 \$85
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Photochromic lenses (light indoors, dark outdoors) UV coating 	\$0 \$0 \$0 - \$17 \$75 \$0
Contact Lenses (instead of eye glasses)	<ul style="list-style-type: none"> Contact fitting and evaluation Elective lenses: \$120 allowance. Necessary lenses: Covered in full after an eyewear copay. 	\$55

In-network value-added features

- In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹
- Get 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹
- Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK.² This offer is only available at participating locations.

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states. 2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care are only available at participating locations.

Rates - High Option Plan		
Bi-weekly Self	Bi-weekly Self + One	Bi-weekly Self + Family
\$5.62	\$11.23	\$16.85

Benefit	Description	Copay
High Option Plan Coverage with a MetLife Network Vision Provider		
Eye Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0 for exam and/or glasses
Frames	<ul style="list-style-type: none"> \$200 allowance for featured frame brands \$150 allowance for a wide selection of frames \$85 allowance at Costco, Walmart and Sam's Club Every calendar year 	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 	
Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 - \$105 \$150 - \$175
Anti-reflective	<ul style="list-style-type: none"> Standard anti-reflective coating Premium anti-reflective coating Ultra-premium anti-reflective coating Custom anti-reflective coating 	Independent Provider: \$26 - \$70 Retail Provider: \$41 - \$85
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Photochromic lenses (light indoors, dark outdoors) UV coating 	\$0 \$0 \$0 \$75 \$0
Contact Lenses (instead of eye glasses)	<ul style="list-style-type: none"> Contact fitting and evaluation Elective lenses: \$150 allowance Necessary lenses: Covered in full after eyewear copay 	\$55

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement.

- Eye exam: up to \$45
- Frames: up to \$55 (or up to \$70 for High Option plan)
- Contact lenses:
 - Elective up to \$105
 - Necessary up to \$210
- Single vision lenses: up to \$45
- Lined bifocal lenses: up to \$65
- Lined trifocal lenses: up to \$85
- Lenticular lenses: up to \$125

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 it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Value-added features

Coverage automatically includes:

KidsCareSM

- KidsCare Benefit applies only to covered Children under age 18.
- Service Intervals:
 - Exam: One every calendar year
 - Lenses/Contacts: One every calendar year
 - Frames: Once every calendar year
- Out-Of-Network: Same as primary plan benefits up to the out-of-network exam and materials allowances stated above.
- Children covered under this supplemental plan benefit are covered for:
 - One additional comprehensive eye exam covered less any applicable copayment;
 - One additional pair of lenses or necessary contact lenses, or elective contact lenses less any applicable copayment, if:
 - The new prescription differs from the original by at least a .50 diopter sphere or cylinder, or
 - There is a change in the axis of 15 degrees or more, or
 - There is a .5 prism diopter change in at least one eye.

SunCare

- Frames: Your frame allowance may be applied toward non-prescription sunglasses. This benefit will be considered both a lens and frame benefit for determining Service Intervals. Lab-fabricated Plano lenses are not covered.
- If you choose to go out of network, your frame allowance may be applied toward non-prescription sunglasses.

Diabetic Eyecare PlusSM Program

- Retinal screening for members with diabetes.
- Additional exams and services for members with diabetes, glaucoma, and age-related macular degeneration (AMD). Limitations and coordination with medical coverage may apply. Contact MetLife for further details.

Low Vision

- Once every 2 calendar years.
- Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco, Walmart and Sam's Club.
- Supplemental testing: Maximum of two (2) tests covered in full within a two (2) year period up to the benefit maximum.
- Supplemental aids: 75% of the allowable amount up to the benefit maximum every two (2) years.
- Benefit maximum: \$1,000 every two (2) years.
- Requires pre-authorization.



Member Benefits

MetLife Federal Vision is with you.

Your dedication and commitment help see our country and its citizens through so much. Now let us be there for you with vision plans that include the benefits, choices and accessibility you deserve.

- One of the largest vision networks in the country—more than 131,000 providers
- Nonprescription sunglasses covered through SunCare
- No copays for in-network eye exams
- Take comfort in knowing you have the support, experience and resources of MetLife on your side

If you are not enrolled and want to receive FEDVIP vision coverage beginning in 2022, you must enroll during the Federal Benefits Open Season, November 8–December 13, 2021, midnight EST.

Find out more:
MetLife.com/FEDVIP-Vision
1-888-865-6854

To enroll:
BENEFEDS.com
1-877-888-FEDS (3337)

Vision Providers

You'll have access to one of the largest networks in the country. And that means more choices for you.

Enroll in the MetLife Federal Vision Plan now.

MetLife provides benefits for more than 700,000 federal government employees, retirees and retired uniformed service members.



Online
BENEFEDS.com



Phone
1-877-888-FEDS (3337)
TTY 1-877-889-5680



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 Worker's 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 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.

Plano lenses (lenses with refractive correction of less than ± 0.50 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.

All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

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 it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.



Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166

MetLife vision insurance is provided by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. For more information please view the Federal Vision Plan Brochure, which will govern these plan options and can be viewed by visiting [MetLife.com/FEDVIP-Vision](https://www.MetLife.com/FEDVIP-Vision).

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