

| 2021 Vision Comparison Chart | | |
|--|---|---|
| Benefits | MetLife PPO In Network | MetLife PPO Out of Network |
| Examination | | |
| Exam copay | \$10 | Up to \$45 reimbursement |
| Materials | Plan pays 100% | Plan pays 100% per schedule |
| Materials copay Single vision Bifocal vision Trifocal vision | \$0 100% 100% 100% | \$0 Up to \$30 reimbursement Up to \$50 reimbursement Up to \$65 reimbursement |
| Frames & Contact Lenses | | |
| Frames - Costco Contact lenses in lieu of frames & lenses - Medically necessary - Elective (cosmetic or convenience) | \$200 allowance \$110 allowance 100% Up to \$200 allowance | Up to \$70 reimbursement Up to \$210 reimbursement Up to \$105 reimbursement |
| Frequency | | |
| Exams Lenses Frames | Date of service 1 x every 12 months | Date of service 1 x every 12 months |
| Group#: 5973407 | www.Metlife.com/vision | Phone: 1-800-438-6388 |

Please note that MetLife does not issue plan I.D. Cards. Cards can be accessed for printing directly from the MetLife website.