

	Current Plan - EyeMed		MetLife - Pooled Plan	
	In Network Member Cost	Out Network Reimbursement	In Network Member Cost	Out Network Reimbursement
Exam				
Frequency	Once every 12 months		N/A	
Standard Exam (Dilation)	\$10 copay		N/A	
Frames				
Frequency	Once every 24 months		Once every 24 months	
Copay	\$0 copay	N/A	\$0 copay	N/A
Allowance	\$130 allowance 20% off balance over \$130	\$45	\$150 allowance 20% off balance over \$150	\$70
Standard Lenses				
Frequency	Once every 12 months		Once every 12 months	
Single Vision	\$25 copay	\$30	\$25 copay	\$30
Bifocal	\$25 copay	\$50	\$25 copay	\$50
Trifocal	\$25 copay	\$70	\$25 copay	\$65
Lenticular	\$25 copay	\$70	\$25 copay	\$100
Standard Progressive	\$80 copay	\$50	Covered in full	\$50
Premium Progressive	Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay Tier 4 = \$200 copay	N/A	Premium = \$95-\$105 copay Custom = \$150-\$175 copay	\$50
Lens Options:				
UV Treatment	Covered in full	\$5	Covered in full	N/A
Tint	Covered in full	\$5	Up to \$17 copay	N/A
Scratch Coating	Covered in full	\$5	\$17 - \$33 copay	N/A
Polycarbonate	Youth = \$0 copay; Adult = \$40 copay	N/A	Youth = \$0 copay; Adult = \$35 copay	N/A
Anti-reflective Coating	\$45 copay	\$5	\$41 - \$85 copay	N/A
Premium Anti-Reflective	\$45 - \$85 copay	\$5	\$41 - \$85 copay	N/A
Polarized	N/A	N/A	N/A	N/A
Photocrom/Transitions	N/A	N/A	\$47 - \$82 copay	N/A
Other Add-Ons	N/A	N/A	Varies	N/A
Contact Lenses (in lieu of glasses)				
Frequency	Once every 12 months		Once every 12 months	
Conventional	\$0 copay; \$130 allowance 15% off balance over \$150	\$91	\$0 copay; \$150 allowance	\$105
Disposable	\$0 copay; \$130 allowance 15% off balance over \$150	\$91	\$0 copay; \$150 allowance	\$105
Medically-necessary	Covered in full	\$210	Covered in full w/ eyewear copay	\$210
Additional Pairs Benefit:				
Payable after funded benefit is exhausted	40% off addl eyeglasses and 15% off conventional contact lenses once the funded benefit has been used.	N/A	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses	N/A
Laser Vision Correction				
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	\$150	15%-20% off Retail Price or 5% off promotional price	N/A
Average Monthly Premiums				
Tier Rates - Material Only				
Employee Only	\$7.24		\$6.22	
EE/Spouse	Employee + Dependent = \$13.76		\$11.82	
EE/Child(ren)			\$12.44	
Family Coverage	\$20.20		\$18.29	
Rate Guarantee			4 years	