

Vision Plan Summary

Welcome to Davis Vision by MetLife!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health—a key part of overall health and wellness!

Using your benefits is easy!

Securely register on MetLife's MyBenefits website at metlife.com/mybenefits to find in network providers, view your claims, review information about your plan and more. For customer service please call 833 Eye-Life (1-833-393-5433).

Make an appointment.

Tell your provider you are a Davis Vision by MetLife member with coverage through The University of Michigan. Provide your member ID number, name and date of birth, and the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision by MetLife Premier Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination ⁶	January 1	\$0	Covered in full, after copay. Includes dilation when professionally indicated. <i>Retinal Imaging: \$39 copay if performed during routine eye exam</i>
Spectacle Lenses ⁶	January 1	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	January 1	\$0	<p>Covered in Full Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Collection² (retail value, up to \$195).</p> <p>OR, Frame Allowance: \$200 toward any frame from provider plus 20% off any balance.¹ No copay required.</p> <p>OR, Visionworks Frame Allowance: \$250 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.⁴</p>
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$0	<p>Davis Vision Collection Standard, Soft Contacts: Covered in full. Up to a \$60 allowance.</p>
Contact Lenses (in lieu of eyeglasses)	January 1	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$200 allowance toward any contacts from provider's supply plus 15% off balance.¹</p> <p>OR, Visually Required Contacts: Covered in full with prior approval.</p> <p><small>* Number of contact lens boxes may vary based on manufacturer's packaging.</small></p>

Significant savings on optional frames, lens types and coatings

Davis Vision Collection Frames: Fashion \$0/ Designer \$0/ Premier \$0	
Tinting of Plastic Lenses	\$0
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Ultraviolet Coating	\$0
Anti-Reflective Coating: Standard \$33/ Premium \$48/ Ultra \$60/ Ultimate \$85	
Polycarbonate Lenses:	\$07/\$30

High-Index Lenses:	(1.67) \$55 / (1.74) \$120
Progressive Lenses: Standard \$0/ Premium \$50/ Ultra \$100/ Ultimate \$135	
Polarized Lenses	\$60
Photochromic Lenses (i.e. Transitions®, etc.) ⁵ : Glass \$0/ Plastic \$70	
Digital Single Vision Lenses	\$0
Blended Lenses	\$0
Scratch Protection Plan: Single Vision Lenses \$20/ Multifocal \$40	
Trivex Lenses	\$50
Blue Light Filtering	\$15

1 - Some limitations apply to additional discounts, discounts not applicable at all in-network providers. Please check with your provider prior to receiving services to confirm that additional discounts will be honored.

2 - The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

3 - Including, but not limited to toric, multifocal and gas permeable contact lenses.

4 - Enhanced frame allowance available at all Visionworks Locations nationwide.

5 - Transitions® is a registered trademark of Transitions Optical Inc.

6 - Members under age 26, if vision prescription changes a .5 diopter within the benefit period, the member is entitled to an additional standard eyeglass benefit.

7 - For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

Vision Insurance

Opportunity to minimize your out-of-pocket costs for vision care and eyewear.

Frequently Asked Questions

- Q. Who should I call if I have any questions regarding my Vision benefits?**
- A.** Effective 7/1/2023, call Davis Vision by MetLife directly at 833-Eye- Life (1-833-393-5433).
- Services center hours are:**
8:00 a.m. to 9:00 p.m. EST Monday- Friday.
- Q. What frames are in Davis Vision's Collection?**
- A.** Our Collection offers a great selection of fashionable and designer frames, many of which are **covered in full**. No wonder 8 out of 10 members select a Collection frame. Log on to our member website at metlife.com/mybenefits and take a look! Collection frames are available at independent practices only. Check the provider search to see where to find the collection.
- Q. When will I receive my eyewear?**
- A.** Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.
- Q. Do I need a claim form?**
- A.** Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member website at metlife.com/mybenefits.
- Q. Can I split my benefits?**
- A.** You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value, we recommend that all services be obtained from a network provider.
- Q. Can I use an out-of-network provider?**
- A.** Partial reimbursements are available for services provided by an out-of-network provider. You will be responsible to pay the provider charge in full and submit for reimbursement. Claim forms are available online.
(You will receive the greatest value and maximize your benefit dollars if you select an in-network provider.)
- Q. Are there any exclusions to the vision benefits?**
- A.** Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

Davis Vision by MetLife Extras!

One Year Breakage Warranty

All Davis Collection 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 only to Davis Collection frames and lenses installed in them. Warranty does not apply to non-Collection frames.

Additional Savings

Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount. *Please note that not all providers honor these discounts. Be sure to check with your provider prior to receiving services.*

Laser Vision Correction

Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit metlife.com/mybenefits. You may also call Quallsight at 1-877-201-3602. Be sure to identify yourself as a Davis Vision by MetLife member when you call.

Hearing discounts

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

Low Vision Services

Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness

Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Out of network reimbursement schedule:

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- Eye exam: \$30
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- Frames: up to \$30
 - Single vision lenses: up to \$25
 - Bifocal lenses: up to \$35
 - Trifocal lenses: up to \$45
 - Lenticular lenses: up to \$75
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- Contact lenses:
 - Elective up to \$75
 - Necessary up to \$225
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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 833-Eye-Life (1-833-393-5433)

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

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 hospitals, 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.

Savings from enrolling in a 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.

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, benefit programs offered by MetLife and its affiliates 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.