



Mohawk Vision Schedule of Benefits

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.

Take advantage of our service agreement with **Walmart** and **Sam's Club** – they check your eligibility, process claims and they are considered in-network for Mohawk employees.

Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like **Costco® Optical** and **Visionworks**.

In-network value added features:

20% SAVINGS
On glasses and sunglasses including lens enhancements

20-25% SAVINGS
On all other lens enhancements

15% OFF
Regular Price or 5% off promotional offer for laser surgery²

We're here to help with questions.

For questions, to find a participating vision specialist or to request a claim form visit www.metlife.com/mybenefits or call 1-855-488-0520

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Eye exam (Once every 12 months)		
Eye health exam, dilation, prescription and refraction for glasses	\$15 Copay	Up to \$45
Retinal imaging on routine retinal screening when performed by a private practice.	Covered in full with a copay not to exceed \$39	Applied to exam allowance
Frames (Once every 24 months)		
Frames Allowance \$150	\$0 Copay	Up to \$70
Frames Allowance \$85 at Costco, Sam's Club and Walmart.		
You will receive a 20% savings on the amount paid over the allowance; available at all locations except Costco, Sam's Club and Walmart.		
Standard corrective lenses (Once every 12 months)		
Single vision, lined bifocal, lined trifocal, lenticular and Scratch-resistant coatings and tints should be included after UV coating.	\$20 Copay	Single vision lenses up to \$32 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Lenticular lenses up to \$100 Progressive lenses up to \$50
Second pair of glasses/contacts		
This benefit gives you additional eyewear coverage. You can get two pairs of prescription eyeglasses or one pair of prescription eyeglasses and an allowance towards contact lenses, or double your contact lens allowance.		
Additional full pair of glasses		
You will receive 20% savings on the cost for additional pairs of prescription glasses and non-prescription sunglasses and lens options.		
Standard lens enhancements¹ (Once every 12 months)		
Polycarbonate (child up to age 18) and Ultraviolet (UV) coating and Scratch-resistant coatings and tints.	Covered in full with lens copay	Applied to corrective lens allowance
Progressive, Polycarbonate (adult), Photochromic, Anti-reflective.	Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits .	
Contact lenses instead of eyeglasses (Once every 12 months)		
Contact fitting and evaluation	Covered in full after exam copay	
Elective lenses:	\$150 allowance	Up to \$140
Necessary lenses:	Covered in full after \$20 copay	Up to \$240

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, Sam's Club and Walmart to confirm your 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 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 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.

What's in it for me?

Discover a plan that may help you save on vision services³, from eye exams, glasses, contact lenses and so much more. We care about our members, that's why we are committed to helping you set your sights on savings and the freedom to choose the options that are right for you. It couldn't be easier for you to get the vision care you need with the value and convenience you are looking for. See better with MetLife's Vision plan.

Benefits Snapshot	Member Cost In-Network	Out-of-Network Reimbursement
Exam with dilation, prescription and refraction for glasses (Once every 12 months)	\$15 Copay	Up to \$45
Frames (Once every 24 months)	\$0 Copay, \$150 Allowance	Up to \$70
Single Vision Lenses (Once every 12 months) or	\$20 Copay	Up to \$32
Elective Contacts (Once every 12 months)	\$0 Copay, \$150 Allowance	Up to \$140

Vision care services without a vision plan can be expensive.

Out-of-pocket costs can add up fast. See how much you could save with MetLife's Vision plan in the example below. Keep in mind this is an illustration only. Your costs and savings could vary.

80%
SAVINGS
with us

Your cost without coverage	Your cost with coverage
Eye Exam \$140	\$15 (copay)
Frames \$160	\$8
Lenses (Bifocal-lined) \$139	\$20 (copay)
UV Coating \$23	\$0
Anti-Reflective Coating \$106	\$69
Total \$568	\$112

³ Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the enclosed 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 Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. In certain states, availability of MetLife's Group Vision benefits is subject to regulatory approval.

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.

*Not all Pearle Vision locations participate in the MetLife Vision program. Please visit www.metlife.com/vision to confirm participating locations by using our Find A Provider online directory.