



Dental & Vision Plan Overview

Customer-Focused Solutions |
Exceptional Service | Proven Expertise

Dental



Dental Plan Benefits

Service type	Benefit*
Preventive/diagnostic services (Type A)	100%, no deductible
Basic restorative services (Type B)	80%, no deductible
Major restorative services (Type C)	50%, after \$50 Individual / \$150 Family calendar year deductible
Orthodontia services (Type D)	50% after \$100 lifetime deductible
Annual maximum**	\$1,700 for in-network; \$1,300 for out-of-network
Lifetime orthodontia maximum	\$1,500 for Team Member, spouse, and child(ren) up to age 18

*MetLife's Preferred Dentist Program allows you to select from a network of participating dentists who have agreed to charge MetLife's negotiated fees. You may still elect to receive services from a non-network dentist at the benefit coverage listed above. However, these dentists have not agreed to the negotiated fees, so you may have a higher out of pocket cost.

** Benefits paid for In-Network, Type A services will not apply to the In-Network Annual maximum.

Dental Plan Benefits - cont'd

Understanding the types of care covered

Preventive services (Type A) Oral exams, cleanings, X-rays, space maintainers, sealants. These services help prevent or limit more serious and costly problems in the future, which is why the coinsurance level is 100 percent and there is no deductible.

Basic restorative services (Type B) Fillings, extractions, endodontics (root canal therapy), periodontics (treatment of gums), oral surgery. These services are subject to the 80 percent coinsurance level.

Major restorative services (Type C) Inlays, onlays, crowns, bridges, dentures. These services are subject to the deductible and 50 percent coinsurance.

Orthodontics - Team member, spouse and child coverage (Type D) Straightening of teeth. Orthodontia is covered at a 50 percent coinsurance level and is subject to a \$100 lifetime deductible. A lifetime orthodontia maximum of \$1,500 per covered patient applies. Treatment for a dependent child must begin prior to age 18.

Call Center/Claims Information



Call Center & Claim Information

Just a phone call away:

Dental Claims Customer Service Line: 1-855-638-8370

- Handles dental benefit questions, inquiries and claims

Hours of Operation:

- Services Center Hours 8:00 AM to 11:00 PM EST Monday-Friday



MyBenefits

Online Access for Team Members

- The MyBenefits employee portal provides benefit information such as the Explanation of Benefits (EOBs) which are issued on the next business day after the dental visit.
- Team members can find a dentist who participates in MetLife's Preferred Dentist Program.
- Download a generic dental ID card from website at www.metlife.com/mybenefits.



For employees

Provides a personalized and integrated view of their MetLife benefits at their convenience.

Vision



Vision Plan Benefits

Eye Exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after **\$15** co-pay
- Retinal imaging: Covered in full a **\$39** co-pay on routine retinal screening when performed by a private practice

Frame

Once every 24 months

- Allowance: Up to **\$150** after **\$15** eyewear co-pay
- Costco, Walmart and Sam's Club: **\$85** allowance after **\$15** eyewear co-pay

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard Corrective Lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$15** eyewear co-pay

Standard Lens Enhancements¹

Once every 12 months

- Standard Polycarbonate (adult & child up to age 18) and Ultraviolet (UV) coating: Covered in full after **\$15** eyewear co-pay
- Progressive Standard, Progressive Premium/Custom, Scratch-resistant coatings, Tints, Anti-reflective, Photochromic: Your cost will be limited to a co-pay that MetLife has negotiated for you – these co-pays can be viewed after enrollment at [metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Contact Lenses (instead of eyeglasses)

Once every 12 months

- Contact fitting and evaluation: Co-pay not to exceed **\$60**
- Elective lenses: **\$150** allowance
- Necessary lenses: Covered in full after **\$15** eyewear co-pay

Vision Plan Benefits – cont'd

In-Network Value Added Features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20 – 25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction²: Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations. ²

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 is only available at participating locations.

Vision Plan Benefits – cont'd

Out-of-Network Reimbursement:

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply.

Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single-vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Contact lenses:
 - o Elective up to **\$105**
 - o Necessary up to **\$210**
- Lined trifocal lenses: up to **\$65**
- Progressive lenses: up to **\$50**
- Lenticular lenses: up to **\$100**

Call Center/Claims Information



Call Center & Claim Information

- 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 1-855-MET-EYE1 (1-855-638-3931)



Vision Providers

When choosing a vision benefits plan, network is so important.

AMERICA'S BEST
CONTACTS & EYEGASSES

COSTCO
OPTICAL

EYEGLASS
WORLD®

EYEMART
EXPRESS

PEARLE VISION

SHOPKO
Eyecare Center

Visionworks

vista
OPTICAL
In Selected Fred Meyer Stores

Walmart 

CHOICE

Through our network partnership with **VSP**, employees can choose from one of the largest networks of optometrists, ophthalmologists, and opticians in the nation. Our network has more than 110,000 provider access points, including private and retail center locations.¹

CONVENIENCE

Over 94% of our network private practice providers offer extended evening, weekend, or early morning hours.

Employees can also shop at Eyeconic® — an online, in-network eyewear store that links directly to their vision benefits.

SAVINGS²

With our strong discounts, employees pay less out-of-pocket using our network of private practice providers. Plus, these providers offer one-stop shopping, with a broad selection of eyewear — stocking over 200 options — including at least 100 under \$150.

¹ MetLife data as of February 2019.

² Savings from enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits per year to an eye care professional, and the cost of the services and materials received.

³ Walmart is in-network for all purposes effective 8/1/2019, except in Arkansas, where it is in-network for all purposes effective 1/1/2020.