

# The ABN Vision Plan Summary

Help lower your and your family's out-of-pocket costs on eye exams, glasses, lenses and more with the ABN Vision Insurance plan. With competitive co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.<sup>1</sup>

## Eligibility

All members of ABN in good standing, their spouses/domestic partners, and dependent children<sup>2</sup> may apply.

## Summary of Covered Services – High Plan

	<b>In-Network Coverage</b> (Using a Network Provider)	<b>Out-of-Network Coverage</b> (Using a Non-Network Provider)
<b>Eye Examination</b>		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	Covered in full	\$45 allowance
<b>Retinal Imaging</b> This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
<b>Materials / Eyewear</b> (Either Glasses or Contacts)		
<b>Standard Corrective Lenses</b>		
<b>Single vision</b>	Covered in full	Up to \$30 allowance
<b>Lined bifocal</b>	Covered in full	Up to \$50 allowance
<b>Lined trifocal</b>	Covered in full	Up to \$65 allowance
<b>Lenticular</b>	Covered in full	Up to \$100 allowance
<b>Standard Lens Enhancement</b>		
<b>Ultraviolet coating</b>	Covered in full	Applied to the allowance for the applicable corrective lens
<b>Polycarbonate (child up to age 18)</b>	Covered in full	Applied to the allowance for the applicable corrective lens
<b>Additional Standard Lens Enhancements<sup>3</sup></b>		
<b>Progressive Standard</b>	Up to a \$55 copay	Up to a \$50 allowance
<b>Progressive Premium/Custom</b>	Premium: \$95 – \$105 copay Custom: \$150 – \$175 copay	Up to \$50 allowance
<b>Polycarbonate (adult)</b>	Single Vision: Up to a \$31 copay Multifocal: Up to a \$35 copay	Up to \$50 allowance

<b>Scratch-resistant coating (variable by type)</b>	\$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
<b>Tints (variable by type)</b>	\$15 - \$17 copay	Applied to the allowance for the applicable corrective lens
<b>Anti-reflective coating (variable by type)</b>	Up to a \$85 copay	Applied to the allowance for the applicable corrective lens
<b>Photochromic</b>	Up to a \$75 copay	Applied to the allowance for the applicable corrective lens

**Frame**

<b>Allowance</b>	Up to \$130 allowance	Up to \$70 allowance
<b>Costco</b>	Up to \$70 allowance	N/A

You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating (in-network) locations except Costco.

**Contact Lenses (instead of eyeglasses)**

<b>Elective</b>	Covered up to \$100	Up to \$80 allowance
<b>Necessary</b>	Covered in full after \$25 eyewear copay	Up to \$210 allowance
<b>Contact Fitting and Evaluation</b>	Standard or Premium fit: 15% off contact lens exam services with a maximum copay of \$60	Applied to the contact lens allowance

**Frequency (Glasses or Contacts)**

<b>Eye Examination</b>	1 per 12 Months
<b>Standard Corrective Lenses</b>	1 per 12 Months
<b>Standard Lens Enhancements</b>	1 per 12 Months
<b>Frame</b>	1 per 24 Months
<b>Contact Lenses</b>	1 per 12 Months

**In-Network Value Added Features**

<b>Additional lens enhancements</b>	In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. <sup>3</sup>
<b>Additional Savings on Glasses and Sunglasses</b>	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. <sup>3</sup> At times, other promotional offers may also be available.

<b>Laser Vision correction<sup>4</sup></b>	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.
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**Important:** If you or your family members are covered by more than one health care plan, you may not be able to receive 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.

**Continuation of Coverage:** Your coverage can continue as long as you pay your premium when due, remain a member, insurance continues for your class and the policy remains in force. Please see the certificate of insurance for details.

1. Your actual savings from enrolling in the MetLife Vision plan will depend on various factors, including plan premiums, number of visits by your family per year to an eye care professional and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plans specific benefits and other important details.
2. Refers to your unmarried, dependent children through age 30.
3. 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 to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
4. 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.

Coverage may not be available in all states. Please contact your plan administrator, Member Benefits at 1-800-282-8626 for more information.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

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 your plan administrator for costs and complete details.

Policy form GPNP15-2T

Certificate form GCERT2012-VISION

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