

Federal Employee Association of the United States (FEA) Plan Summary and Cost Savings

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

Eligibility

Active FEA members² of the **Federal Employee Association** in good standing and Actively at Work, their spouses/domestic partners and dependent children³ may apply.

Service Interval One per Frequency	Exam	Lenses	Frame	Contacts
Basic Vision Plan	\$10 Copay every 12 months	\$10 Copay every 12 months	\$10 Copay every 12 months	\$10 Copay every 12 months
Premiere Vision Plan	\$0 Copay every 12 months	\$0 Copay every 12 months	\$0 Copay every 12 months	\$0 Copay every 12 months

Summary of Covered Services

	In-Network Coverage (Using a Network Provider)		Out-of-Network Coverage (Using a Non-Network Provider)	
	Vision	Premier Vision	Vision	Premier Vision
Eye Examination				
Comprehensive exam of visual functions and prescription of corrective eyewear.	Covered in full* Comprehensive examination of visual functions and prescription of corrective eyewear.		Covered up to \$45 allowance Comprehensive examination of visual functions and prescription of corrective eyewear.	
RETINAL IMAGING	Covered in full, with a co-pay not to exceed \$39. Retinal imaging is not available at all provider locations. Contact Network provider to see if available		Applied to the allowance for the eye examination	
Materials / Eyewear (Either Glasses or Contacts)				
Standard Corrective Lenses				
Single vision	Single Vision Covered in full*		Covered up to \$30 allowance	

Lined bifocal	Single Vision Covered in full*	Covered up to \$50 allowance		
Lined trifocal	Single Vision Covered in full*	Covered up to \$65 allowance		
Lenticular	Single Vision Covered in full*	Covered up to \$100 allowance		
Standard Lens Enhancement				
Ultraviolet coating	Covered in full*	Applied to the allowance for the applicable corrective lens		
Polycarbonate (child up to age 18)	Covered in full*	Applied to the allowance for the applicable corrective lens		
Progressive Standard	Available at a Discount "not to exceed" pricing/maximum copay	Standard Progressive \$50 allowance;		
Polycarbonate (adult)	Available at a Discount "not to exceed" pricing/maximum copay	Applied to the allowance for the applicable corrective lens		
Scratch-resistant coating	Available at a Discount "not to exceed" pricing/maximum copay	Applied to the allowance for the applicable corrective lens		
Tints and Anti-reflective coating	Available at a Discount "not to exceed" pricing/maximum copay	Applied to the allowance for the applicable corrective lens		
Photochromic	Available at a Discount "not to exceed" pricing/maximum copay	Applied to the allowance for the applicable corrective lens		
Frame				
	Vision	Premier Vision	Vision	Premier Vision
	Covered up to a \$85 allowance Frames are covered up to the allowance of \$45* at Costco, Walmart and Sam's Club and \$85* at other optical retail locations. In-Network Vision Providers prescribe and/or order Covered Person's lenses, verify the accuracy of finished lenses, and assist Covered Person with frame selection and adjustment.	Covered up to a \$125 allowance Frames are covered up to the allowance of \$70* at Costco, Walmart and Sam's Club and \$125* at other optical retail locations. In-Network Vision Providers prescribe and/or order Covered Person's lenses, verify the accuracy of finished lenses, and assist Covered Person with frame selection and adjustment.	Covered up to a \$35 allowance	Covered up to a \$70 allowance

Lens Enhancements⁴ * Less any applicable Co-payment.				
Fitting and Evaluation	Standard and Premium fit: Covered in full, with a co-pay not to exceed \$60.		Applied to the allowance for the contact lenses	
Elective	Covered up to \$85 allowance Contact lenses are provided in place of lens and frame benefits available herein.	Covered up to \$125 allowance Contact lenses are provided in place of lens and frame benefits available herein.	Covered up to \$50 allowance Contact lenses are provided in place of lens and frame benefits available herein.	Covered up to \$105 allowance Contact lenses are provided in place of lens and frame benefits available herein.
Necessary	Covered in full* Necessary contact lenses are a Plan Benefit when specific criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider. Contact lenses are provided in place of lens and frame benefits available herein.		Covered up to \$210 allowance Necessary contact lenses are a Plan Benefit when specific criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider. Contact lenses are provided in place of lens and frame benefits available herein	
<p><i>Less any applicable Co-payment.</i></p> <p>¹All lens enhancements are available at participating private practice provider offices, and not to exceed copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. At this time, all lens enhancements and "not to exceed" copays and pricing are not available at Costco, Walmart and Sam's Club. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services.</p>				

Value-Added Features Available at In-Network Vision Providers (These features are not insurance.)	
LASER VISION CORRECTION	Savings averaging 15% off the regular price, or 5% off a promotional offer, for laser surgery including PRK, LASIK, and Custom LASIK.
ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. ² At times, other promotional offers may also be available.
ADDITIONAL SAVINGS ON LENS ENHANCEMENTS	Average 20-25% savings on all lens enhancements not otherwise covered under the MetLife Vision Insurance program. ²
ADDITIONAL SAVINGS ON FRAMES	20% off any amount over your frames allowance. ²
ADDITIONAL ALLOWANCE ON FEATURED FRAMES	For certain frames, an additional \$20 allowance. ²

² These features may not be available in all states and with all In-Network Vision Providers. Please check with Your In-Network Vision Provider.



Exclusions

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary 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 Worker's 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 ± 0.50 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).

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: If continuation of coverage is elected, payment for continuation coverage must be made no later than 45 days after the date of such election. (This is the date the election notice is post-marked, if mailed.) If the first payment for continuation coverage is not made in full by the 45th day after the date of election, continuation coverage under This Plan will end. A person entitled to COBRA coverage is responsible for making sure that the amount of the first payment is correct.

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. You must be a member in good standing of the **FEA** to qualify for this insurance plan.
3. Refers to your unmarried, dependent children through age 19.
4. 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.
5. 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.

Navigating life together

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.

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