University of Miami Vision Plan Summary

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

Eligibility

Current student at the time of enrollment

Summary of Covered Services

	In-Network Coverage (Using a Network Provider)	**Out-of-Network Coverage** (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	$15 copay	$45 allowance after $0 copay
Retinal Imaging 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
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
Single vision	$25 copay	$30 allowance*
Lined bifocal	$25 copay	$50 allowance*
Lined trifocal	$25 copay	$65 allowance*
Lenticular	$25 copay	$100 allowance*
Standard Lens Enhancement		
Ultraviolet coating	$12	Applied to the allowance for the applicable corrective lens

Standard Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements[2]		
Progressive Standard	$55	$50 allowance
Progressive Premium	$110	$50 allowance
Progressive Ultra	$150	$50 allowance
Progressive Ultimate	$225	$50 allowance
StandardPolycarbonate (adult)	$40	Applied to the allowance for the applicable corrective lens
Scratch-resistant coating (variable by type)	$15 - $30	Applied to the allowance for the applicable corrective lens
Tints (plastic lenses – Solid)	$15	Applied to the allowance for the applicable corrective lens
Frame		
Allowance	$130 allowance	$70 allowance
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, Walmart and Sam's Club.		
Contact Lenses (instead of eyeglasses)		
Elective	$130 allowance	$105 allowance
Necessary	Covered in full	$210 allowance
Contact Fitting and Evaluation	Standard: Covered in Full after $15 copay Specialty: $50 allowance after $15 copay	Applied to the contact lens allowance
Frequency (Glasses or Contacts)		
Eye Examination	1 per 12 Months	1 per 12 Months
Standard Corrective Lenses	1 per 12 Months	1 per 12 Months
Frame	1 per 12 Months	1 per 12 Months
Contact Lenses	1 per 12 Months	1 per 12 Months

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.[2]
Additional Savings on Glasses and Sunglasses	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements.[2] At times, other promotional offers may also be available.
Laser Vision correction[3]	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.

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.
- The following items are not covered under the covered contact lenses enhancement: Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia); replacement of lost or damaged lenses; insurance policies or service agreements; plano lenses (i.e., when patient's refractive error is less than a +/- 0.50 diopter power); plano lenses to change eye color cosmetically; artistically painted lenses; additional office visits associated with contact lens pathology; contact lens modification, polishing or cleaning; and refitting after the initial (90 day) fitting period.

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 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.

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 plan's specific benefits and other important details.
2. 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.
3. 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 the Third-Party Administrator, Benefit Partners Group at 1-877-247-8817 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

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 the Third-Party Administrator, Benefit Partners Group at 1-877-247-8817 for costs and complete details.

Policy form GPNP15-2T
Certificate form GCERT2012-VISION

Policy number 247675-1-G

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

MetLife

Navigating life together