

## Retiree Vision Care Benefits

Princeton University offers a “retiree pay all” vision plan to eligible retirees, which is administered by MetLife Vision. Retirees choose to select the plan or waive this benefit. Once enrolled, individuals may not terminate vision coverage mid-year. The chart below is intended to provide an overview of plan benefits only.

Benefits	Frequency	Coverage from In-Network Provider	Out-of-Network Reimbursement
Comprehensive Vision Exam	Once every calendar year	\$10 copay	Up to \$45
Prescription Lenses <sup>1</sup> Single Vision, Lined Bifocal, Lined Trifocal, Lenticular	Once every calendar year	\$10 copay <sup>2</sup> applied to lenses and frames	Up to: \$30 for single vision \$50 for lined bifocals \$65 for lined trifocals \$100 for lenticulars
Frames <sup>3</sup>	Once every calendar year	Up to \$155 after \$10 copay  Up to \$85 at Costco, Walmart, Sam’s Club after \$10 copay	Reimbursement Up to \$70
Prescription Contact Lenses <sup>4</sup> Evaluation Fees Fitting Costs	Once every calendar year	Copayment not to exceed \$60	Not Covered
Prescription Contact Lenses Materials	Once every calendar year	Reimbursement up to \$140	
Second pair benefit for additional eyewear coverage	Once every calendar year	2 pairs of prescription eyeglasses or 1 pair of prescription eyeglasses and allowance toward contact lenses or double contact lens allowance	

<sup>1</sup> Lens options, which can enhance the appearance, durability, and function of glasses, may be available at an average of 20-25% savings at an in-network provider. Ask the in-network provider for details.

<sup>2</sup> If purchasing lenses and frames together, one \$10 copayment applies

<sup>3</sup> Choosing a frame valued at more than the allowance save 20% on out-of-pocket costs at an in-network provider, except at Costco, Walmart and Sam’s Club.

<sup>4</sup> Receive a 15% savings off the cost of a contact lens exam from an in-network provider, performed in addition to a routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.

The plan also covers all tints, polycarbonate lenses and scratch coatings and offers savings on laser vision correction surgery.

Benefits are **not available** for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing
- Plano lenses, non-prescription
- Replacement for any lost or broken lenses and/or frames included this program, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eyes
- Any eye examination or any corrective eye wear required by an employer as a condition of employment
- Protective eyewear

### **How to Use MetLife Vision Benefits**

For a current directory of vision care providers, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call (855) MET-EYE1 (638-3931). When utilizing services from an in-network vision care group, it is necessary to confirm that the actual individual provider of services is in-network with the MetLife Vision Plan prior to having the services completed. As an example, although Costco is a part of the MetLife Vision network for materials, not all Costco doctors are in-network providers. Any services from non-network providers are processed at the out-of-network reimbursement level.

### **ID Cards**

New and continued enrollees will receive ID cards from MetLife for 2021 prior to January 1. In addition, on or after January 1, 2021, participants can print a temporary ID card from MetLife's website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

### **How to Be Reimbursed When Using a Provider Not in the MetLife Vision Network**

Participants have two options for submitting an out-of-network claim for reimbursement:

1. Ask the out-of-network provider to submit the claim electronically to MetLife. If the provider submits the claim, the participant should only pay for the portion of the services rendered in accordance with the reimbursement schedule described on the chart above.
2. Pay for the full amount of the services and submit a claim form to MetLife to receive the eligible reimbursement. A claim form can be downloaded from [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call (855) MET-EYE1 (638-3931) to request one. Complete the claim form, attach the itemized receipt from the provider, and mail them to:

MetLife Vision  
PO Box 385018  
Birmingham, AL 35238-5018.

This information is a summary of the benefit. For more detail, visit <https://hr.princeton.edu/summary-plan-descriptions-spds>. Individuals who have questions about the plan should call (855) MetLife at MET-EYE1 (638-3931) or contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu).

*While the University intends to continue each of its benefit plans, the University reserves the right to terminate or amend any Plan, at any time, and for any reason.*

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