

# The Alumni Insurance Program Plan Summary

## VSP Choice Vision Plan

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 affordable 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<sup>2</sup> of The Alumni Insurance Program, their spouses/domestic partners and unmarried, dependent children<sup>3</sup> under age 26.

	In-Network Coverage (Using a Network Provider)		Out-of-Network Coverage (Using a Non-Network Provider)	
	HIGH PLAN	LOW PLAN	HIGH PLAN	LOW PLAN
<b>Eye Examination</b>				
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	\$0 copay / Covered in full	\$20 copay / Covered in full	Up to \$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.	Covered in full after a \$39 co-pay		Applied to the exam allowance	
<b>Materials / Eyewear (Either Glasses or Contacts)</b>				
<b>Standard Corrective Lenses</b>				
<b>Single vision</b>	\$0 copay / Covered in full	\$20 copay	\$30 allowance	
<b>Lined bifocal</b>	\$0 copay / Covered in full	\$20 copay	\$50 allowance	
<b>Lined trifocal</b>	\$0 copay / Covered in full	\$20 copay	\$65 allowance	
<b>Lenticular</b>	\$0 copay / Covered in full	\$20 copay	\$100 allowance	

Standard Lens Enhancement				
Ultraviolet coating	Covered in full	Covered in full	Applied to the allowance for the applicable corrective lens	
Polycarbonate (child up to age 18)	Covered in full	Covered in full	Applied to the allowance for the applicable corrective lens	
Additional Lens Enhancements <sup>4</sup>				
Progressive Standard	Up to \$55 copay		\$50 allowance	
Progressive Premium/Custom	Premium: Up to \$95 – \$105 copay Custom: Up to \$150 – \$175 copay		\$50 allowance	
Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay		Applied to the allowance for the applicable corrective lens	
Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay		Applied to the allowance for the applicable corrective lens	
Tints (variable by type)	Single Vision: Up to \$17 – \$34 copay Multifocal: Up to \$17 – \$44 copay		Applied to the allowance for the applicable corrective lens	
Anti-reflective coating (variable by type)	Up to \$41 – \$85 copay		Applied to the allowance for the applicable corrective lens	
Photochromic (variable by type)	Up to \$47 – \$82 copay		Applied to the allowance for the applicable corrective lens	
Frames				
Allowance	Covered up to a \$150 allowance	Up to a \$100 allowance	Up to a \$70 allowance	Up to a \$55 allowance
Costco	\$85 allowance	\$55 allowance	N/A	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				
Elective	Covered up to a \$150 allowance	Covered up to a \$100 allowance	Covered up to a \$105 allowance	Covered up to a \$80 allowance
Necessary	Covered in full after eyewear copay	Covered in full after eyewear copay	Covered up to \$210	

<b>Contact Fitting and Evaluation</b>	Standard and Premium fit covered in full with a maximum copay of \$60	Standard and Premium fit covered in full with a maximum copay of \$60	Applied to the contact lens allowance	
<b>Frequency (Glasses or Contacts)</b>				
<b>Eye Examination</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
<b>Standard Corrective Lenses</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months
<b>Frame</b>	1 per 12 Months	1 per 24 Months	1 per 12 Months	1 per 24 Months
<b>Contact Lenses</b>	1 per 12 Months	1 per 12 Months	1 per 12 Months	1 per 12 Months

<b>In-Network Value Added Features</b>	
<b>Additional lens enhancements</b>	In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. <sup>4</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>4</sup> At times, other promotional offers may also be available.
<b>Laser Vision correction<sup>5</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.



## 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 Participating Association of the person receiving such services is required to pay; or (b) received at a facility maintained by the Participating Association, 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  $\pm 0.50$  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).

## 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.

**Continuation of Coverage:** Your coverage can continue as long as you pay your premium when due, remain a member, the participating association continues to participate in the trust, 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 plan's specific benefits and other important details.
2. You must be a member of The Alumni Insurance Program to qualify for this insurance plan.
3. Refers to your unmarried, dependent children under age 26.
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.

Coverage may not be available in all states. Please contact USI Affinity at 1-855-874-0264 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.

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 USI Affinity at 1-855-874-0264.

Policy form GPNP15-2T

Certificate form GCERT2012-VISION

Policy number 160667-G

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