

Robert Half – Davis Vision Plan Summary With your Davis

Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Davis vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco[®] Optical, Walmart[®], Sam's Club[®] and Visionworks[®].

In-network value added features:

Additional savings on lens enhancements:⁵ Save an average of 20-25% over retail on all lens enhancements not otherwise covered under the Davis Vision Insurance program.

Additional savings on glasses and sunglasses:⁵ A 20% discount off the provider's usual and customary rate may be available. When buying additional complete pairs of eyeglasses or sunglasses on the same transaction as their primary benefit, members may receive 50% off the additional pair at Visionworks[®] and 30% off at other participating providers.

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ 15% off any amount over your contact lens allowance. 15% same-day discount on additional contacts beyond your covered amount. 10% after-service discount on additional contacts beyond your covered amount.

Laser vision correction:⁵ Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

In-Network Covered Benefits

There are no claims for you to file when you go to an in-network Davis vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

Frequency

Benefit	Frequency
Eye exam <ul style="list-style-type: none"> • Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a \$10 copay • Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practitioner. 	Once every Calendar Year
Frame <ul style="list-style-type: none"> • Allowance: \$130 after \$25 eyewear copay.¹ • OR Davis offers an alternative to the global allowance. Members may instead choose from a Collection of frames. • Exclusive Collection Frame Copay (in lieu of Allowance) for 3 tiers of the Collection: Option 1: Fashion Value: Covered in full, Option 2: Designer: Covered in full, Option 3: Premier: Covered in full after \$25 Co-Payment <p><i>Participating private practice providers typically do not display the Collection but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Special lens designs, materials, powers and frames may require additional cost. Collection is available at most participating independent provider offices. Collection is subject to change.</i></p>	Once every Other Calendar Year
Standard corrective lenses <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay.¹ 	Once every Calendar Year
Standard lens enhancements ² <ul style="list-style-type: none"> • Standard Polycarbonate (child up to age 18)³, Plastic tints/dyes, Solid and Gradient Tints, Progressive Standard, Ultra Violet Coating, Standard Polycarbonate (adult), Scratch Resistant Coating – Tier 1: Covered in Full • Progressive Premium/Custom, Scratch-resistant coatings – Tier 2, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket (MOOP) amount that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits. 	Once every Calendar Year

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

² The above list highlights some of the most popular lens enhancements and is not a complete listing.

³ Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

In-network value added features continued:

Free one-year breakage warranty: All Davis Collection eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies only to Davis Collection frames and lenses installed in them. Warranty does not apply to non-Collection frames.

Hearing discounts:⁵ A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Davis Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Contact lenses (instead of eyeglasses)⁴

Once every **Calendar Year**

Contact fitting and evaluation: Covered in full after \$25 Copay

- Elective lenses: **\$130** allowance

OR

- Elective lenses from Davis Vision’s Collection (in lieu of allowance), up to:
Planned Replacement: **4** boxes/multi-packs*
Disposable: **8** boxes/multi-packs*

**Number of contact lens boxes may vary based on manufacturer’s packaging.*

- Necessary lenses: **Covered in full** with prior authorization
 - Discounts:⁴
 - **15%** off the amount over your contact lens allowance.
 - Same-day purchase of additional contacts: **15%**
 - After-service purchase of additional contacts: **10%**
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We’re here to help

Find a Davis Vision provider at www.metlife.com/vision and select ‘Davis Vision by MetLife’.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

- 4 ⁴ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
- 5 ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam’s Club. Please check with your in-network vision provider.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$40**
 - Frames: up to **\$50**
 - Single vision lenses: up to **\$40**
 - Lined bifocal lenses: up to **\$60**
 - Lined trifocal lenses: up to **\$80**
 - Lenticular lenses: up to **\$100**
 - Progressive lenses: up to **\$50**
 - Contact lenses:
 - Elective lenses up to **\$105**
 - Necessary lenses up to **\$225**
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Covered Contacts Plan Enhancement

Once every **Calendar Year**

(In addition to eye glasses) Covered members are entitled to one pair of hard, soft or multifocal contact lenses; Disposable contact lenses are covered (up to a one-year supply) when purchased one per eligibility period.

- Contact fitting and evaluation: Covered in full.
 - Elective lenses: Covered in full after **\$50** copay.
 - Necessary lenses: Covered in full after eyewear copay.
 - Members are entitled to one pair of hard, soft or multifocal contact lenses; Disposable contact lenses are covered (up to a one-year supply) when purchased one per eligibility period.
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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.

Out-of-network reimbursement:

- Covered up to **\$250** allowance

Light Protection Plan Enhancement

Once every Calendar Year

Light Protection is available to you for use if you do not have a need for prescription eyewear. You may purchase ready-made non-prescription blue light filtering glasses or ready-made non-prescription sunglasses. When you select this option, your frame and lens benefits for that period will be exhausted. Benefits are not available at retail chains, including Costco®, Walmart® and Sam's Club®.

- Eyewear: Your frame allowance may be applied toward non-prescription sunglasses or ready-made non-prescription blue light filtering glasses.* Such benefit will be considered both a lens and frame benefit for determining Service Intervals.

**Lab-fabricated Plano lenses are not covered.*

Out-of-network reimbursement:

Your frame allowance may be applied toward non-prescription blue light filtering glasses or sunglasses.

Low Vision Plan Enhancement

Once every 5 Calendar Years

Provides additional benefits for members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Supplemental aids include such things as high-power spectacles, magnifiers, and telescopes. Benefits are not available at retail chains, including Costco®, Walmart® and Sam's Club®.

- Comprehensive Evaluation:
 - \$300 allowance once every **5 Calendar Years**
- Follow-Up Evaluation:
 - Up to **4** follow-up visits every **5 Calendar Years**
 - \$100 Allowance for each follow-up visit
- Supplemental aids:
 - \$600 allowance per aid
 - \$1200 lifetime maximum for aids

Out-of-network reimbursement:

- Comprehensive Evaluation:
 - \$300 allowance once every 60 months
- Follow-Up Evaluation:
 - Up to 4 follow-up visits every 60 months
 - \$100 Allowance for each follow-up visit
- Supplemental aids:
 - \$600 allowance per aid
 - \$1200 lifetime maximum for aids

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect 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. Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year 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.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Davis Vision, Inc. ("Davis Vision"), a New York corporation. Davis Vision is part of the MetLife family of companies.

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 MetLife or your plan administrator for costs and complete details.