MetLife

BankUnited – All Full-Time and Part-Time Employees, Board Members and Former Executives

VSP Choice Network Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed 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 lens enhancements: Average 20-25% savings on all lens enhancements not otherwise covered under the MetLife Vision Insurance program. [2]

Savings on glasses and sunglasses:20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.[2]

Laser vision correction: [2]Savings averaging 15% off the regular price, or 5% off a promotional offer, for laser surgery including PRK, LASIK, and Custom LASIK.

	Frequency
Eye exam • Eye health exam, dilation, prescription and refraction for glasses: Covered in Full after a $15 copay. • Retinal imaging: Covered in Full Up to a **$39** copay on routine retinal screening when performed by a private practice.	Once every **12** months
Frame • Allowance: **$130** after **$15** eyewear copay. • Costco®, Walmart: **$70** allowance after **$15** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.	Once every **24** months
Standard corrective lenses • Single vision, lined bifocal, lined trifocal, lenticular: Covered in Full after **$15 Materials** copay.	Once every **12** months
Standard lens enhancements[1] • Standard Polycarbonate (child up to age 18), **and** Ultra Violet Coating Covered in Full after **$15** eyewear copay and Standard Progressive Covered in Full. • Progressive Premium/Custom, Standard Polycarbonate (adult), Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.	Once every **12** months
Contact lenses (instead of eyeglasses) • Contact fitting and evaluation: Covered in full with a copay not to exceed **$60** • Elective lenses: $**130** allowance • Necessary lenses: At no additional cost Covered in Full after $15 material copay.	Once every **12** months

1 **These features are considered discounts.** All lens enhancements and services are available at participating private practices. Maximum co-pays and pricing are subject to change without notice. Please check with your provider for details and co-pays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements or services and pricing prior to receiving services. Additional discounts may not be available in certain states.

We're here to help

Find a Vision provider at
www.metlife.com/vision

Download a claim form at
www.metlife.com/mybenefits

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For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1
(1-855-638-3931)

SUPPLEMENTAL PLAN BENEFITS (In-network benefits)

SECOND PAIR

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses, **or**
- One pair of prescription eyeglasses and an allowance toward contact lenses, **or**
- Double your contact lens allowance

Diabetic Eyecare Plus Program

Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco®.

- Exam: Covered in full after $20 copay.
- Special Ophthalmological services: Covered in full.

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 **$45**
- Frames: up to **$70**
- Contact lenses:
  - Elective up to **$105**
  - Necessary up to **$210**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**

*If you choose an out-of-network provider, you may have increased out-of-pocket expenses, must pay in full at time of service, and must file a claim for reimbursement.

Commented [HH1]: If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

Diabetic Eyecare Plus Program

- Exam and other ophthalmological services - The lesser of the provider's usual fee or up to 80% of the Medicare allowable charge.

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, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

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.

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.

Vision Insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim 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 MetLife or your plan administrator for costs and complete details.