



Agents of Change.

County of McDonald  
 Vision Benefit Comparison  
 Effective Date ~~January 1, 2020~~

MetLife

Vision	
<b>Plan Type &amp; Network</b>	
<b>Copay</b>	
Examination	
Materials	
<b>Benefit Frequencies</b>	
Examination	
Lenses	
Frames	
Contacts	
<b>Lenses/Frames</b>	
Single	
Lined Bifocal	
Lined Trifocal	
Lenticular	
Basic Frames Allowance	
<b>Contacts</b>	
Elective	
Necessary	
Fitting	
LASIK (In-Network)	
Participation	
<b>Unit Cost:</b>	<b>Count</b>
Employee Only	
Employee + Spouse	
Employee + Children	
Employee + Family	

MetLife M150A-10/25	
In Network	Out of Network
\$10	\$45 allowance
\$25	-
Examination	
12	
Lenses	
12	
Frames	
12	
Contacts	
12	
Covered in full after copay	\$30 allowance
	\$50 allowance
	\$65 allowance
	\$100 allowance
\$150 allowance	\$70 allowance
\$150 allowance	\$105 allowance
Covered in full after copay	\$210 allowance
Covered in full w/ a max copay of \$60	Applied to the contact lense allowance
Average of 15% off reg price or 5% off a promo offer	
35% and at least 10 covered lives	
<del>RENEWAL</del>	<input type="checkbox"/>
<del>7.58</del>	<input type="checkbox"/>
<del>10.55</del>	<input type="checkbox"/>
<del>14.55</del>	<input type="checkbox"/>
<del>18.55</del>	<input type="checkbox"/>
<del>22.55</del>	<input type="checkbox"/>

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_