

# 2026 SEBB Vision Benefits Comparison

Use these charts to compare vision benefits by plan. If anything in these charts conflicts with the vision plan's certificate of coverage (COC), the COC takes precedence and prevails. For information on specific benefits and exclusions, refer to the plan's COC or contact the plan.

For Davis Vision by MetLife and MetLife Vision, lens enhancements are not available out-of-network.

For EyeMed, out-of-network lens enhancement reimbursement is available. Check with your provider for details.

\*EyeMed members may use both their \$200 contact lens allowance and \$200 frame allowance during the same visit. Network providers will offer a 20% discount on lenses for your frames.

## Benefits for adults 19+

**⚠ The amounts listed below show what you pay for in-network services. The amounts in parentheses show the most the plan would reimburse you for out-of-network services, if covered.**

	Davis Vision by MetLife	EyeMed	MetLife Vision
<b>Vision care services and frequency</b>			
<b>Routine eye exam</b> (once per year starting January 1)	\$0 (\$40)	\$0 (\$84)	\$0 (\$45)
<b>Frames</b> (renews every January 1 of odd years)	\$0 up to \$200 then 80% of balance; \$0 at Visionworks or for any of the Davis Vision Frame Collection (\$50)	\$0 up to \$200 then 80% of balance (\$100)	\$0 up to \$200 then 80% of balance; \$0 up to \$110 at Costco, Walmart, or Sam's Club then 100% of balance (\$70)
<b>Lenses</b> (renews every January 1 of odd years)	\$0 (single \$40; bifocal \$60; trifocal \$80; lenticular \$100)	\$0 (single \$25; bifocal \$40; trifocal \$55; lenticular \$55)	\$0 (single \$30; bifocal \$50; trifocal \$65; lenticular \$100)
<b>Progressive lenses</b> (renews every January 1 of odd years)	\$50 to \$175 (\$60)	\$55 to \$175 (\$55)	\$0 to \$175 (\$50)
<b>Lens enhancements</b>			
<b>Anti-reflective coating</b>	\$35 to \$85 (\$0)	\$45 to \$85 (\$5)	\$41 to \$85 (\$0)
<b>Scratch-resistant</b>	\$0 (\$0)	\$0 (\$5)	\$17 to \$33 (\$0)
<b>Polycarbonate</b>	\$30 (\$0)	\$40 (\$0)	\$35 (\$0)
<b>Photochromic/transitions</b>	\$65 (\$0)	\$75 (\$0)	\$75 (\$0)
<b>Polarized</b>	\$75 (\$0)	80% of retail price (\$0)	80% of retail price (\$0)
<b>Tinting</b>	\$0 (\$0)	\$15 (\$0)	\$17 to \$44 (\$0)
<b>UV treatment</b>	\$12 (\$0)	\$15 (\$0)	\$0 (\$0)

**Benefits for adults 19+ (continued)**

	Davis Vision by MetLife	EyeMed	MetLife Vision
<b>Contact lenses</b> (instead of glasses)			
Conventional	\$0 up to \$200 then 85% of balance; or \$0 for 4 boxes of Collection lenses (\$105)	\$0 up to \$200 then 85% of balance (\$200)*	\$0 up to \$200 then 100% of balance (\$105)
Disposable	\$0 up to \$200 then 85% of balance; or \$0 for 8 boxes of Collection lenses (\$105)	\$0 up to \$200 then 100% of balance (\$200)*	\$0 up to \$200 then 100% of balance (\$105)
Medically necessary	\$0 (\$225)	\$0 (\$300)*	\$0 (\$210)
Fitting fee	\$0 for Collection lenses or 85% of retail price	Standard fit and follow-up: Up to \$55 (\$0) Premium: 90% of retail price	\$60 (\$0)
<b>Additional member savings</b>			
Additional prescription glasses	You pay 70% on complete pairs; some limitations apply (\$0)	You pay 60% on complete pairs (\$0)	You pay 80% on complete pairs; some limitations apply (\$0)
LASIK surgery	You pay 65% to 80% of national average price of traditional LASIK (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)

**Benefits for children under 19**

 The amounts listed below show what you pay for in-network services. **The amounts in parentheses show the most the plan would reimburse you for out-of-network services, if covered.**

	Davis Vision by MetLife	EyeMed	MetLife Vision
<b>Vision care services</b> (once per year starting January 1)			
Routine eye exam	\$0 (\$40)	\$0 (\$90)	\$0 (\$45)
Frames	\$0 up to \$200 then 80% of balance; \$0 at Visionworks or for any of the Davis Vision Frame Collection (\$50)	\$0 up to \$200 then 80% of balance (\$100)	\$0 up to \$200 then 80% of balance; \$0 up to \$110 at Costco, Walmart, or Sam's Club then 100% of balance (\$70)
Lenses	\$0 (single \$40; bifocal \$60; trifocal \$80; lenticular \$100)	\$0 (single \$25; bifocal \$35; trifocal \$53; lenticular \$53)	\$0 (single \$30; bifocal \$50; trifocal \$65; lenticular \$100)
Progressive lenses	\$50 to \$175 (\$60)	\$0 to \$175 (\$40)	\$0 to \$175 (\$50)

**Benefits for children under 19** (continued)

	<b>Davis Vision by MetLife</b>	<b>EyeMed</b>	<b>MetLife Vision</b>
<b>Lens enhancements</b>			
Anti-reflective coating	\$35 to \$85 (\$0)	\$45 to \$85 (\$5)	\$41 to \$85 (\$0)
Scratch-resistant	\$0 (\$0)	\$0 (\$8)	\$0 (\$0)
Polycarbonate	\$0 (\$0)	\$0 (\$20)	\$0 (\$0)
Photochromic/transitions	\$0 (\$0)	\$75 (\$0)	\$75 (\$0)
Polarized	\$75 (\$0)	80% of retail price (\$0)	\$0 (\$0)
Tinting	\$0 (\$0)	\$15 (\$0)	\$17 to \$44 (\$0)
UV treatment	\$0 (\$0)	\$15 (\$0)	\$0 (\$0)
<b>Contact lenses</b> (instead of glasses)			
Conventional	\$0 up to \$300 then 85% of balance or \$0 for 4 boxes of Collection lenses (\$105)	Any amount over \$300 (50% of charge up to \$300)*	Any amount over \$300 (\$105)
Disposable	\$0 up to \$300 then 85% of balance or \$0 for 8 boxes of Collection lenses (\$105)		
Medically necessary	\$0 (\$225)		\$0 (\$210)
Fitting fee	Conventional: \$0 Specialty: \$0 up to \$60 then 85% of balance	Standard: \$0 Premium: \$0 up to \$65 then 90% of balance (\$65)	Covered in full (\$0)
<b>Additional member savings</b>			
Additional prescription glasses	You pay 70% on complete pairs: some limitations apply (\$0)	You pay 60% (\$0)	You pay 80% on complete pairs: some limitations apply (\$0)
LASIK surgery	You pay 65% to 80% of national average price of traditional LASIK (\$0)	You Pay 85% of retail price or 95% of a promotional offer (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)

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