

2022 SEBB Vision Benefits Comparison



The figures listed below show what you pay for in-network services. **The amounts in parentheses are what the plan would reimburse you for out-of-network services.** 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 directly.

| Adults 19+ (what you pay) | Davis Vision | EyeMed | MetLife |
|--|---|---|--|
| Vision care service | | | |
| Routine eye exam (once per calendar year, starting January 1) | \$0 (\$40) | \$0 (\$84) | \$0 (\$45) |
| Frames (renews every January 1 of even years) | \$0 up to \$150, then 80% of balance (\$50); \$0 at Visionworks or for any of the Davis Vision Frame Collection | \$0 up to \$150, then 80% of balance (\$75) | \$0 up to \$150, then 80% of balance (\$70); or \$85 allowance at Costco, Walmart, or Sam's Club |
| Lenses (renews every January 1 of even 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) |
| Progressive lenses (renews every January 1 of even years) | \$50 to \$175 (\$60) | \$55 to \$175 (\$55) | \$0 to \$175 (\$50) |
| Lens enhancements¹ | | | |
| Anti-reflective coating | \$35 to \$85 | \$45 to \$85 (\$5) | \$41 to \$85 |
| Scratch-resistant | \$0 | \$0 (\$5) | \$17 to \$33 |
| Polycarbonate | \$30 | \$40 | \$31 to \$35 |
| Photochromic/transitions | \$65 | \$75 | \$47 to \$82 |
| Polarized | \$75 | 80% of retail price | 80% of retail price |
| Tinting | \$0 | \$15 | \$17 to \$44 |
| UV treatment | \$12 | \$15 | \$0 |
| Contact lenses (instead of glasses)² | | | |
| Conventional | \$0 up to \$150, then 85% of balance (\$105); or 4 boxes from Collection lenses | \$0 up to \$150, then 85% of balance (\$150) | \$0 up to \$150, then 100% of balance (\$105) |
| Disposable | \$0 up to \$150, then 85% of balance (\$105); or 8 boxes from Collection lenses | \$0 up to \$150, then 100% of balance (\$150) | \$0 up to \$150, then 100% of balance (\$105) |
| Medically necessary | \$0 (\$225) | \$0 (\$300) | \$0 (\$210) |
| Additional member treatments | | | |
| Additional prescription glasses | 30% off (some limitations apply) | Up to 40% off complete pairs | 20% off (some limitations apply) |
| LASIK surgery | 40% to 50% off national average price of traditional LASIK | 15% off retail price or 5% off a promotional offer | 15% off retail price or 5% off a promotional offer |

1. For Davis Vision and EyeMed, no out-of-network lens enhancement reimbursement is available unless noted in parentheses. For MetLife, reimbursement for out-of-network lens enhancements is applied to the out-of-network reimbursement amount for each lens (single \$30; bifocal \$50; trifocal \$65; lenticular \$100; progressive \$50).
 2. EyeMed members may use both their \$150 contact lens allowance and \$150 frame allowance during the same visit. Your provider will offer a 20% discount on lenses for your frames.

| Children under 19 (what you pay) | Davis Vision | EyeMed | MetLife |
|-------------------------------------|--------------|--------|---------|
|-------------------------------------|--------------|--------|---------|

Vision care service (once per calendar year)

| | | | |
|--------------------|--|---|--|
| Routine eye exam | \$0 | \$0 | \$0 |
| Frames | \$0 up to \$150, then 80% of balance (\$50); or \$0 at Visionworks or for any of the Davis Vision Frame Collection | \$0 up to \$150, then 80% of balance (\$75) | \$0 up to \$150, then 80% of balance (\$70); or \$85 allowance at Costco, Walmart, or Sam's Club |
| Lenses | \$0 | \$0 (single \$25; bifocal \$35; trifocal \$53; lenticular \$53) | \$0 |
| Progressive lenses | \$50 to \$175 | \$0 to \$175 (\$40) | \$0 to \$175 |

Lens enhancements

| | | | |
|--------------------------|--------------|--------------------|--------------|
| Anti-reflective coating | \$35 to \$85 | \$45 to \$85 (\$5) | \$41 to \$85 |
| Scratch-resistant | \$0 | \$0 (\$8) | \$0 |
| Polycarbonate | \$0 | \$0 (\$20) | \$0 |
| Photochromic/transitions | \$0 | \$75 | \$47 to \$82 |
| Polarized | \$75 | \$0 | \$0 |
| Tinting | \$0 | \$15 | \$17 to \$44 |
| UV treatment | \$0 | \$15 | \$0 |

Contact lenses (instead of glasses)¹

| | | | |
|---------------------|---|---|-----------------------|
| Conventional | \$0 up to \$300, then 85% of balance (\$105); or 4 boxes from Collection lenses | Any amount over \$300 (50% of charge up to \$300) | Any amount over \$300 |
| Disposable | \$0 up to \$300, then 85% of balance (\$105); or 8 boxes from Collection lenses | | |
| Medically necessary | \$0 (\$225) | | |

Additional member treatments

| | | | |
|---------------------------------|--|--|--|
| Additional prescription glasses | 30% discount (some limitations apply) | Up to 40% off complete pairs | 20% off (some limitations apply) |
| LASIK surgery | 40% to 50% off national average price of traditional LASIK | 15% off retail price or 5% off a promotional offer | 15% off retail price or 5% off a promotional offer |

1. EyeMed members may use both their \$150 contact lens allowance and \$150 frame allowance during the same visit. Your provider will offer a 20% discount on lenses for your frames.

Davis Vision is underwritten by HM Life Insurance Company, Pittsburg. EyeMed is underwritten by Fidelity Security Life Insurance Company (FSL).