

# 2021 SEBB Vision Benefits Comparison



The figures listed below show what you pay for in-network services, with the amount up to which you would be reimbursed for out-of-network services in parentheses. 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 and older) — what you pay for in-network services

Vision care service	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Routine eye exam</b> (once per calendar year, starting January 1)	\$0 copay (\$40)	\$0 copay (\$84)	\$0 copay (\$45)
<b>Frames</b> (once every 24 months starting January 1 in even years)	\$0 copay up to \$150, then 80% of balance over \$150; or \$0 at Visionworks; or \$0 for any of the Exclusive Frame Collection (\$50)	\$0 copay up to \$150, then 80% of balance over \$150 (\$75)	\$0 copay up to \$150, then 80% of balance over \$150; or \$85 allowance at Costco, Walmart, and Sam's Club (\$70)
<b>Lenses</b> (once every 24 months starting January 1 in even years)	\$0 copay (Single, \$40; bifocal, \$60; trifocal, \$80; lenticular, \$100)	\$0 copay (Single, \$25; bifocal, \$40; trifocal, \$55; lenticular, \$55)	\$0 copay (Single, \$30; bifocal, \$50; trifocal, \$65; lenticular, \$100)
<b>Progressive lenses</b> (renews every January 1 in even years)	\$50–\$175 copay (\$60)	\$55–\$175 copay (\$55)	\$0–\$175 copay (\$50)

Lens enhancements	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Anti-reflective coating</b>	\$35–\$85 <sup>3</sup> copay	\$45–\$85 copay (\$5)	\$41–\$85 <sup>4</sup> copay
<b>Scratch-resistant</b>	\$0 <sup>3</sup> copay	\$0 copay (\$5)	\$17–\$33 <sup>4</sup> copay
<b>Polycarbonate</b>	\$30 <sup>3</sup> copay	\$40 <sup>3</sup> copay	\$31–\$35 <sup>4</sup> copay
<b>Photochromic/transitions</b>	\$65 <sup>3</sup> copay	\$75 <sup>3</sup> copay	\$47–\$82 <sup>4</sup> copay
<b>Polarized</b>	\$75 <sup>3</sup> copay	80% of retail price <sup>3</sup>	80% of retail price <sup>4</sup>
<b>Tinting</b>	\$0 <sup>3</sup> copay	\$15 <sup>3</sup> copay	\$17–\$44 <sup>4</sup> copay
<b>UV treatment</b>	\$12 <sup>3</sup> copay	\$15 <sup>3</sup> copay	\$0 <sup>4</sup> copay

<sup>1</sup> Underwritten by HM Life Insurance Company, Pittsburgh.

<sup>2</sup> Underwritten by Fidelity Security Life Insurance Company (FSL).

<sup>3</sup> No out-of-network lens enhancement reimbursement is available.

<sup>4</sup> 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).

Contact lenses (in lieu of glasses)	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Conventional<sup>3</sup></b>	\$0 copay up to \$150, then 85% of balance over \$150; or four boxes from Collection lenses (\$105)	\$0 copay up to \$150, then 85% of balance over \$150 (\$150)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105)
<b>Disposable<sup>3</sup></b>	\$0 copay up to \$150, then 85% of balance over \$150; or eight boxes from Collection lenses (\$105)	\$0 copay up to \$150, then 100% of balance over \$150 (\$150)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105)
<b>Medically necessary</b>	\$0 copay (\$225)	\$0 copay (\$300)	\$0 copay (\$210)

Additional member savings	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Additional glasses</b>	30% off	Up to 40% off	20% off
<b>LASIK surgery</b>	40–50% off national average	15% off retail price; or, 5% off a promotional offer	15% off retail price; or, 5% off a promotional offer

<sup>1</sup> Underwritten by HM Life Insurance Company, Pittsburgh.

<sup>2</sup> Underwritten by Fidelity Security Life Insurance Company (FSL).

<sup>3</sup> Conventional contact lenses, with proper care and cleaning, can be used for longer periods of time (from one month to up to one year).

Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week.

## Children (under age 19) – what you pay for in-network services

Vision care service (once per calendar year)	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Routine eye exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Frames</b>	\$0 copay up to \$150, then 80% of balance above \$150; or \$0 at Visionworks; or \$0 for any of the Exclusive Frame Collection (\$50)	\$0 copay up to \$150, then 80% of balance above \$150	\$0 copay up to \$150, then 80% of balance above \$150
<b>Lenses</b>	\$0 copay	\$0 copay	\$0 copay
<b>Progressive lenses</b>	\$50–\$175 copay	\$0–\$175 copay	\$0–\$175 copay
Lens enhancements	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Anti-reflective coating</b>	\$35–\$85 copay	\$45–\$85 copay	\$41–\$85 copay
<b>Scratch-resistant</b>	\$0 copay	\$0 copay	\$0 copay
<b>Polycarbonate</b>	\$0 copay	\$0 copay	\$0 copay
<b>Photochromic/transitions</b>	\$65 copay	\$75 copay	\$47–\$82 copay
<b>Polarized</b>	\$0 copay	\$0 copay	\$0 copay
<b>Tinting</b>	\$0 copay	\$15 copay	\$17–\$44 copay
<b>UV treatment</b>	\$0 copay	\$15 copay	\$0 copay
Contact lenses (in lieu of glasses)	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
<b>Conventional<sup>3</sup></b>	\$0 copay up to \$300, then 85% of balance over \$300; or 4 boxes from Collection lenses (\$105)	Any amount over \$300	Any amount over \$300
<b>Disposable<sup>3</sup></b>	\$0 copay up to \$300, then 85% of balance over \$300; or 8 boxes from Collection lenses (\$105)	Any amount over \$300	Any amount over \$300
<b>Medically necessary</b>	\$0 copay	Any amount over \$300	\$0 copay
Additional member savings	Davis Vision <sup>1</sup>	EyeMed <sup>2</sup>	MetLife
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