

Monroe County Bar Association Plan Summary and Cost of Coverage

Help lower your and your family's out-of-pocket costs on eye exams, glasses, lenses and more with a MetLife Vision Insurance plan. With affordable co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.¹

Eligibility

All Members of the Monroe County Bar Association²

Summary of Covered Services

| | In-Network Coverage (Using a Network Provider) | Out-of-Network Reimbursement (Using a Non-Network Provider) |
|--|--|---|
| Eye Examination | | |
| Comprehensive exam of visual functions and prescription of corrective eyewear. | Covered in full after \$10 copay | \$45 allowance |
| Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes. | Up to \$39 copay | Applied to the exam allowance |
| Materials / Eyewear (Either Glasses or Contacts) | | |
| Standard Corrective Lenses | | |
| Single vision | Covered in full after \$20 copay | Up to \$30 allowance |
| Lined bifocal | Covered in full after \$20 copay | Up to \$50 allowance |
| Lined trifocal | Covered in full after \$20 copay | Up to \$65 allowance |
| Lenticular | Covered in full after \$20 copay | Up to \$100 allowance |
| Standard Lens Enhancement | | |
| Ultraviolet coating | Covered in full after copay | Applied to the allowance for the applicable corrective lens |
| Polycarbonate (child up to age 18) | Covered in full | Applied to the allowance for the applicable corrective lens |

| Standard Lens Enhancements⁴ | | |
|--|--|---|
| Progressive Standard | Lens option available with “not to exceed” pricing/maximum copay | Up to \$50 allowance |
| Progressive Premium | Lens option available with “not to exceed” pricing/maximum copay | Up to \$50 allowance |
| Polycarbonate (adult) | Lens option available with “not to exceed” pricing/maximum copay | Applied to the allowance for the applicable corrective lens |
| Scratch-resistant coating | Lens option available with “not to exceed” pricing/maximum copay | Applied to the allowance for the applicable corrective lens |
| Tints | Lens option available with “not to exceed” pricing/maximum copay | Applied to the allowance for the applicable corrective lens |
| Anti-reflective coating | Lens option available with “not to exceed” pricing/maximum copay | Applied to the allowance for the applicable corrective lens |
| Photochromic | Lens option available with “not to exceed” pricing/maximum copay | Applied to the allowance for the applicable corrective lens |
| Frame | | |
| Allowance | Up to \$130 allowance | Up to \$70 allowance |
| Costco | \$70 allowance | |
| You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating (in-network) locations except Costco. | | |
| Contact Lenses | | |
| Elective | Covered up to \$130 | Up to \$105 allowance |
| Necessary | Covered in full after material copay | Up to \$210 allowance |
| Contact Fitting and Evaluation | Covered in full with a copay not to exceed \$60 | Applied to the contact lens allowance |
| Frequency (Glasses or Contacts) | | |
| Eye Examination | 1 per 12 Months | |
| Standard Corrective Lenses | 1 per 12 Months | |
| Standard Lens Enhancement | 1 per 12 Months | |
| Frame | 1 per 24 Months | |

| | |
|-----------------------|-----------------|
| Contact Lenses | 1 per 12 Months |
|-----------------------|-----------------|

| In-Network Value Added Features | |
|---|--|
| Additional lens enhancements | In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. ⁴ |
| Additional Savings on Glasses and Sunglasses | Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. ⁴ At times, other promotional offers may also be available. |
| Laser Vision correction⁵ | Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations. |

Rates at a glance

Monthly Rates

The following monthly costs are effective through **December 31, 2024**. Monthly cost covers all eligible children³


| | | | |
|--------------------|--------|------------------------|---------|
| Member Only | \$9.28 | Member + Family | \$21.78 |
|--------------------|--------|------------------------|---------|

Exclusions

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

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- Services and materials obtained while outside the United States, except for emergency vision care.
 - Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
 - Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
 - Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
 - Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
 - Two pairs of glasses instead of bifocals.
 - Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
 - Contact lens insurance policies and service agreements.
 - Refitting of contact lenses after the initial (90 day) fitting period.
 - Contact lens modification, polishing, and cleaning.
 - The following items are not covered under the covered contact lenses enhancement: Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia); replacement of lost or damaged lenses; insurance policies or service agreements; plano lenses (i.e., when patient's refractive error is less than a ± 0.50 diopter power); plano lenses to change eye color cosmetically; artistically painted lenses; additional office visits associated with contact lens pathology; contact lens modification, polishing or cleaning; and refitting after the initial (90 day) fitting period.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medications.

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.

Continuation of Coverage: Your coverage can continue as long as you pay your premium when due, remain a member, the participating association continues to participate in the trust, insurance continues for your class and the policy remains in force. Please see the certificate of insurance for details.

1. Your actual savings from enrolling in the MetLife Vision plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the Schedule of Benefits for your plans specific benefits and other important details.
2. You must be a member of the Bar Association of Erie County to qualify for this insurance plan.
3. Refers to your unmarried, dependent children through age 26.
4. 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 to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
5. 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.

Coverage may not be available in all states. Please contact the Plan Administrator Ahrens Bar Association Marketplace at 1-800-852-5570 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company 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 **the** plan administrator Ahrens Bar Association Marketplace at **1-800-852-5570** for costs and complete details.

Policy form GPNP99

Policy number 162819-1-G

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