



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 ¹ | EyeMed ² | MetLife |
|---|---|---|--|
| Routine eye exam (once per calendar year, starting January 1) | \$0 copay (\$40) | \$0 copay (\$84) | \$0 copay (\$45) |
| Frames (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 (\$70) |
| Lenses (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) |
| Progressive lenses (renews every January 1 in even years) | \$50–\$175 copay (\$60) | \$55–\$175 copay (\$55) | \$0–\$175 copay (\$50) |

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

¹ Underwritten by HM Life Insurance Company, Pittsburgh.

² Underwritten by Fidelity Security Life Insurance Company (FSL).

³ No out-of-network lens enhancement reimbursement is available.

⁴ 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 ¹ | EyeMed ² | MetLife |
|--|--|--|--|
| Conventional³ | \$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) |
| Disposable³ | \$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) |
| Medically necessary | \$0 copay (\$225) | \$0 copay (\$300) | \$0 copay (\$210) |

| Additional member savings | Davis Vision ¹ | EyeMed ² | MetLife |
|---------------------------|-----------------------------|--|--|
| Additional glasses | 30% off | Up to 40% off | 20% off |
| LASIK surgery | 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 |

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² Underwritten by Fidelity Security Life Insurance Company (FSL).

³ 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 ¹ | EyeMed ² | MetLife |
|--|--|--|--|
| Routine eye exam | \$0 copay | \$0 copay | \$0 copay |
| Frames | \$0 copay up to \$150, then 80% of balance above \$150 | \$0 copay up to \$150, then 80% of balance above \$150 | \$0 copay up to \$150, then 80% of balance above \$150 |
| Lenses | \$0 copay | \$0 copay | \$0 copay |
| Progressive lenses | \$50–\$140 copay | \$0–\$175 copay | \$0–\$175 copay |

| Lens enhancements | Davis Vision ¹ | EyeMed ² | MetLife |
|---------------------------------|---------------------------|---------------------|-----------------|
| Anti-reflective coating | \$35–\$60 copay | \$45–\$85 copay | \$41–\$85 copay |
| Scratch-resistant | \$0 copay | \$0 copay | \$0 copay |
| Polycarbonate | \$0 copay | \$0 copay | \$0 copay |
| Photochromic/transitions | \$65 copay | \$75 copay | \$47–\$82 copay |
| Polarized | \$0 copay | \$0 copay | \$0 copay |
| Tinting | \$0 copay | \$15 copay | \$17–\$44 copay |
| UV treatment | \$0 copay | \$15 copay | \$0 copay |

| Contact lenses (in lieu of glasses) | Davis Vision ¹ | EyeMed ² | MetLife |
|-------------------------------------|----------------------------------|-----------------------|-----------------------|
| Conventional³ | \$0 copay up to 4 boxes annually | Any amount over \$300 | Any amount over \$300 |
| Disposable³ | \$0 copay up to 8 boxes annually | Any amount over \$300 | Any amount over \$300 |
| Medically necessary | \$0 copay | Any amount over \$300 | \$0 copay |

| Additional member savings | Davis Vision ¹ | EyeMed ² | MetLife |
|---------------------------|-----------------------------|--|--|
| Additional glasses | 30% off | Up to 40% off | 20% off |
| LASIK surgery | 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 |

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³ 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.