Carrier Name: MetLife

Plan Name: VI-STAND

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Up to $45

In-Network Single Vision Lens: $25

Out-of-Network Single Vision Lens: Up to $30

In-Network Lined Bi-Focal Lens: $25

Out-of-Network Lined Bi-Focal Lens: Up to $50

In-Network Lined Tri-Focal Lens: $25

Out-of-Network Lined Tri-Focal Lens: Up to $65

In-Network Lenticular Lens: $25

Out-of-Network Lenticular Lens: Up to $100

In-Network Contact Lens Allowance: $130

Out-of-Network Contact Lens Allowance: Elective up to $105

In-Network Frame Allowance: $130 after $25 eyewear copay

Out-of-Network Frame Allowance: up to $70

Exam Frequency: Once every 12 months

Lens Frequency: Once every 12 months

Frame Frequency: Once every 12 months

Out of Network Explanation: If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

Plan Year:

Network Name: VSP Choice Network

Member Website: [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Customer Service Phone Number: 1-855-638-3931