

NAMIC[®]

NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES

Group Voluntary Vision Plan Summary

Effective January 1, 2015

Monthly Rates	2015 MetLife Vision Plan	
Single	\$8.05	
Employee & Spouse	\$14.60	
Employee & Child(ren)	\$15.66	
Family	\$24.32	
Benefits	In-Network	Out-of-Network
Network	VSP Choice	N/A
Exam Copay	\$10	Reimbursed Up To \$45
Frequency	1 Every 12 Months	1 Every 12 Months
Lenses Copay	\$25	Reimbursed Up To \$30 For Single Vision
Frequency	1 Every 12 Months	1 Every 12 Months
Frames Copay	Combined with Lenses	Combined with Lenses
Frequency	1 Every 24 Months	1 Every 24 Months
Benefit Maximum	\$150 Allowance + 20% Off Balance (\$85 Costco Allowance)	Reimbursed Up To \$70
Contacts Copay	N/A	N/A
Frequency	1 Every 12 Months (In Lieu Of Glasses)	1 Every 12 Months (In Lieu Of Glasses)
Benefit Maximum	\$130 Allowance	Reimbursed Up To \$105
Rate Guarantee	24 Months	