

# Queens University of Charlotte Plan Summary

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 competitive co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.<sup>1</sup>

## Eligibility

Any Student enrolled at Queens University of Charlotte (including Optional Practical Training ((OPT)) students).

## Summary of Covered Services

	<b>In-Network Coverage<sup>1</sup></b> (Using a Network Provider)	<b>Out-of-Network Coverage</b> (Using a Non-Network Provider)
<b>Eye Examination</b>		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	\$10 copay	\$45 allowance
<b>Retinal Imaging</b> 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
<b>Materials / Eyewear (Either Glasses or Contacts)</b>		
<b>Standard Corrective Lenses</b>		
<b>Single vision</b>	\$25 copay	Up to \$30 allowance
<b>Lined bifocal</b>	\$25 copay	Up to \$50 allowance
<b>Lined trifocal</b>	\$25 copay	Up to \$65 allowance
<b>Lenticular</b>	\$25 copay	Up to \$100 allowance
<b>Standard Lens Enhancement</b>		
<b>Ultraviolet coating</b>	Up to \$12	Applied to the allowance for the applicable corrective lens
<b>Polycarbonate (child up to age 18)</b>	Covered in full	Applied to the allowance for the applicable corrective lens

Additional Lens Enhancements <sup>2</sup>		
<b>Progressive Standard</b>	Up to \$55	\$50 allowance
<b>Progressive Premium</b>	Up to \$110	\$50 allowance
<b>Standard Polycarbonate (adult)</b>	Up to \$40	Applied to the allowance for the applicable corrective lens
<b>Scratch-resistant coating (variable by type)</b>	Up to \$15-\$30	Applied to the allowance for the applicable corrective lens
<b>Tints (variable by type)</b>	\$15-\$18	Applied to the allowance for the applicable corrective lens
<b>Anti-reflective coating (variable by type)</b>	Up to \$50 - \$120	Applied to the allowance for the applicable corrective lens
<b>Photochromic (variable by type)</b>	Up to \$80	Applied to the allowance for the applicable corrective lens
Frame		
You will receive an additional <b>20%</b> off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.	\$130 allowance	\$70 allowance
Contact Lenses (instead of eyeglasses)		
<b>Elective</b>	\$130 allowance	\$105 allowance
<b>Necessary</b>	Covered in full	\$210 allowance
<b>Contact Fitting and Evaluation</b>	Standard: Covered in Full after \$25 copay Specialty: \$50 allowance after \$25 copay	Applied to the contact lens allowance
Frequency (Glasses or Contacts)		
<b>Eye Examination</b>	1 per 12 Months	1 per 12 Months
<b>Standard Corrective Lenses</b>	1 per 12 Months	1 per 12 Months
<b>Standard Lens Enhancement</b>	1 per 12 Months	1 per 12 Months
<b>Frame</b>	1 per 12 Months	1 per 12 Months
<b>Contact Lenses</b>	1 per 12 Months	1 per 12 Months


<b>In-Network Value Added Features<sup>1</sup></b>	
<b>Additional lens enhancements</b>	In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. <sup>2</sup>
<b>Additional Savings on Glasses and Sunglasses</b>	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. <sup>2</sup> At times, other promotional offers may also be available.
<b>Laser Vision correction<sup>3</sup></b>	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.

## Exclusions and Limitations of Benefits

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

### Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule 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.
- 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 required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

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- 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  $\pm 0.50$  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.

#### **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 receive 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, insurance continues for your class and the policy remains in force. Please see the certificate of insurance for details.

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice

<sup>3</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

Coverage may not be available in all states. Please contact the Third-Party Administrator, Benefit Partners Group at 847-247-8811 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.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife 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 Third-Party Administrator, Benefit Partners Group at 847-247-8811 for costs and complete details.

Policy form GPNP15-2T

Certificate form GCERT2012-VISION

Policy number 247675-1-G

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166  
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Navigating life together