

The AABN Vision Plan Summary

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

Eligibility

All members of AABN in good standing, their spouses/domestic partners, and dependent children² may apply.

Summary of Covered Services – High Plan

	In-Network Coverage (Using a Network Provider)	Out-of-Network Coverage (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	Covered in full	\$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	Up to \$30 allowance
Lined bifocal	Covered in full	Up to \$50 allowance
Lined trifocal	Covered in full	Up to \$65 allowance
Lenticular	Covered in full	Up to \$100 allowance
Standard Lens Enhancement		
Ultraviolet coating	Covered in full	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
Additional Standard Lens Enhancements³		
Progressive Standard	Up to a \$55 copay	Up to a \$50 allowance
Progressive Premium/Custom	Premium: \$95 – \$105 copay Custom: \$150 – \$175 copay	Up to \$50 allowance
Polycarbonate (adult)	Single Vision: Up to a \$31 copay Multifocal: Up to a \$35 copay	Up to \$50 allowance

Scratch-resistant coating (variable by type)	\$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
Tints (variable by type)	\$15 - \$17 copay	Applied to the allowance for the applicable corrective lens
Anti-reflective coating (variable by type)	Up to a \$85 copay	Applied to the allowance for the applicable corrective lens
Photochromic	Up to a \$75 copay	Applied to the allowance for the applicable corrective lens
Frame		
Allowance	Up to \$130 allowance	Up to \$70 allowance
Costco	Up to \$70 allowance	N/A
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 (instead of eyeglasses)		
Elective	Covered up to \$100	Up to \$80 allowance
Necessary	Covered in full after \$25 eyewear copay	Up to \$210 allowance
Contact Fitting and Evaluation	Standard or Premium fit: 15% off contact lens exam services with a maximum copay of \$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 Enhancements	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. ³
Additional Savings on Glasses and Sunglasses	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. ³ At times, other promotional offers may also be available.

Laser Vision correction⁴	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.
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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, remain a member, 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 a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
2. Refers to your unmarried, dependent children through age 30.
3. Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.
4. The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. 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. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eyecare provider.

Coverage may not be available in all states. Please contact your plan administrator, Member Benefits at 1-800-282-8626 for more information.

Vision insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim 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 your plan administrator for costs and complete details.

VSP is a registered trademark of Vision Service Plan.

Policy form GPNP15-2T

Certificate form GCERT2012-VISION

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