

Vision Plans Side by Side

The following summary is a simplified comparison of the current PCS Low Plan through MetLife and the PEA Trust Vision program through EyeMed. The PEA Trust Enhanced program offers access to a preferred network plan that includes the **nation's largest vision network**. When members visit preferred PLUS providers they receive enhanced benefits (highlighted in pink), stretching their benefit dollars further. PLUS providers include Lenscrafters, Vision Source, Swan City Eye Care and more.

Vision Insurance

LOW PLAN



MetLife

Carrier	MetLife LOW PLAN		PEA Trust EyeMed LOW PLAN	
	In-Network Copay	Out-of-Network Reimbursement	In-Network Copay	Out-of-Network Reimbursement
EXAM Once every Calendar Year				
	\$20 copay	Up to \$45	\$0 copay \$10 copay	Up to \$40 Up to \$40
STANDARD LENSES Once every Calendar Year				
Single	\$20 copay	Up to \$30	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$65	\$20 copay	Up to \$70
Progressives L1-L3	\$50 allowance	Up to \$50	\$105, \$115 or \$130 copay	Up to \$50
Progressives L4	Premium: Up to \$90; Ultra: Up to \$140; Ultimate: Up to \$175	Up to \$50	\$235 copay	Up to \$50
FRAMES Once every other Calendar Year				
Frames	\$130 allowance	Up to \$55	\$170 allowance + 20% off balance over \$170 \$120 allowance + 20% off balance over \$120	Up to \$60 Up to \$60
CONTACT LENSES Once every Calendar Year, in lieu of frames and lenses			Once every Calendar Year – PEA Plans	
Elective Lenses	\$130 allowance	Up to \$105	\$170 allowance + 15% off balance over \$170 \$120 allowance + 15% off balance over \$120	Up to \$60 Up to \$60
Medically Necessary Lenses	Covered in full	Up to \$210	Covered in full	Up to \$300

Rate Comparison

MetLife LOW PLAN	
Coverage Level	Monthly Premium
Employee Only	\$5.48
Employee & Spouse	\$9.91
Employee & Child(ren)	\$10.28
Employee & Family	\$15.85

PEA Trust EyeMed LOW PLAN	
Coverage Level	Monthly Premium
Employee Only	\$5.23
Employee & Spouse	\$9.94
Employee & Child(ren)	\$10.46
Employee & Family	\$15.38

Vision Plans Side by Side

The following summary is a simplified comparison of the current PCS High Plan through MetLife and the PEA Trust Vision program through EyeMed. The PEA Trust Enhanced program offers access to a preferred network plan that includes the **nation's largest vision network**. When members visit preferred PLUS providers they receive enhanced benefits (highlighted in pink), stretching their benefit dollars further. PLUS providers include Lenscrafters, Vision Source, Swan City Eye Care and more.

Vision Insurance

HIGH PLAN



MetLife

Carrier	MetLife HIGH PLAN		PEA Trust EyeMed HIGH PLAN	
	In-Network Copay	Out-of-Network Reimbursement	In-Network Copay	Out-of-Network Reimbursement
EXAM Once every Calendar Year				
	\$10 copay	Up to \$45	\$0 copay \$10 copay	Up to \$40 Up to \$40
STANDARD LENSES Once every Calendar Year				
Single	\$20 copay	Up to \$30	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$65	\$20 copay	Up to \$70
Progressives L1-L3	Covered in full	Up to \$50	\$105, \$115 or \$130 copay	Up to \$50
Progressives L4	Premium: Up to \$90; Ultra: Up to \$140; Ultimate: Up to \$175	Up to \$50	\$235 copay	Up to \$50
FRAMES Once every other Calendar Year				
Frames	\$160 allowance	Up to \$70	\$200 allowance + 20% off balance over \$200 \$150 allowance + 20% off balance over \$150	Up to \$75 Up to \$75
CONTACT LENSES Once every Calendar Year, in lieu of frames and lenses			Once every Calendar Year – PEA Plans	
Elective Lenses	\$160 allowance	Up to \$105	\$200 allowance + 15% off balance over \$200 \$150 allowance + 15% off balance over \$150	Up to \$110 Up to \$60
Medically Necessary Lenses	Covered in full	Up to \$210	Covered in full	Up to \$300

Rate Comparison

MetLife HIGH PLAN	
Coverage Level	Monthly Premium
Employee Only	\$8.64
Employee & Spouse	\$15.65
Employee & Child(ren)	\$16.24
Employee & Family	\$25.03

PEA Trust EyeMed HIGH PLAN	
Coverage Level	Monthly Premium
Employee Only	\$8.81
Employee & Spouse	\$16.74
Employee & Child(ren)	\$17.62
Employee & Family	\$25.90