



2021 SEBB Vision Benefits Comparison



The figures listed below show what you pay for in-network services, with the amount up to which you would be reimbursed for out-of-network services in parentheses. If anything in these charts conflicts with the vision plan's Certificate of Coverage (COC), the COC takes precedence and prevails. For information on specific benefits and exclusions, refer to the plan's COC or contact the plan directly.

Adults (19 and older) — what you pay for in-network services

Vision care service	Davis Vision ¹	EyeMed ²	MetLife
Routine eye exam (once per calendar year, starting January 1)	\$0 copay (\$40)	\$0 copay (\$84)	\$0 copay (\$45)
Frames (once every 24 months starting January 1 in even years)	\$0 copay up to \$150, then 80% of balance over \$150; or \$0 at Visionworks; or \$0 for any of the Exclusive Frame Collection (\$50)	\$0 copay up to \$150, then 80% of balance over \$150 (\$75)	\$0 copay up to \$150, then 80% of balance over \$150 (\$70)
Lenses (once every 24 months starting January 1 in even years)	\$0 copay (Single, \$40; bifocal, \$60; trifocal, \$80; lenticular, \$100)	\$0 copay (Single, \$25; bifocal, \$40; trifocal, \$55; lenticular, \$55)	\$0 copay (Single, \$30; bifocal, \$50; trifocal, \$65; lenticular, \$100)
Progressive lenses (renews every January 1 in even years)	\$50–\$175 copay (\$60)	\$55–\$175 copay (\$55)	\$0–\$175 copay (\$50)

Lens enhancements	Davis Vision ¹	EyeMed ²	MetLife
Anti-reflective coating	\$35–\$85 ³ copay	\$45–\$85 copay (\$5)	\$41–\$85 ⁴ copay
Scratch-resistant	\$0 ³ copay	\$0 copay (\$5)	\$17–\$33 ⁴ copay
Polycarbonate	\$30 ³ copay	\$40 ³ copay	\$31–\$35 ⁴ copay
Photochromic/transitions	\$65 ³ copay	\$75 ³ copay	\$47–\$82 ⁴ copay
Polarized	\$75 ³ copay	80% of retail price ³	80% of retail price ⁴
Tinting	\$0 ³ copay	\$15 ³ copay	\$17–\$44 ⁴ copay
UV treatment	\$12 ³ copay	\$15 ³ copay	\$0 ⁴ copay

¹ Underwritten by HM Life Insurance Company, Pittsburgh.

² Underwritten by Fidelity Security Life Insurance Company (FSL).

³ No out-of-network lens enhancement reimbursement is available.

⁴ Reimbursement for out-of-network lens enhancements is applied to the out-of-network reimbursement amount for each lens (single, \$30; bifocal, \$50; trifocal, \$65; lenticular, \$100; progressive, \$50).

Contact lenses (in lieu of glasses)	Davis Vision ¹	EyeMed ²	MetLife
Conventional³	\$0 copay up to \$150, then 85% of balance over \$150; or four boxes from Collection lenses (\$105)	\$0 copay up to \$150, then 85% of balance over \$150 (\$150)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105)
Disposable³	\$0 copay up to \$150, then 85% of balance over \$150; or eight boxes from Collection lenses (\$105)	\$0 copay up to \$150, then 100% of balance over \$150 (\$150)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105)
Medically necessary	\$0 copay (\$225)	\$0 copay (\$300)	\$0 copay (\$210)

Additional member savings	Davis Vision ¹	EyeMed ²	MetLife
Additional glasses	30% off	Up to 40% off	20% off
LASIK surgery	40–50% off national average	15% off retail price; or, 5% off a promotional offer	15% off retail price; or, 5% off a promotional offer

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² Underwritten by Fidelity Security Life Insurance Company (FSL).

³ Conventional contact lenses, with proper care and cleaning, can be used for longer periods of time (from one month to up to one year).

Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week.

Children (under age 19) – what you pay for in-network services

Vision care service (once per calendar year)	Davis Vision ¹	EyeMed ²	MetLife
Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Frames	\$0 copay up to \$150, then 80% of balance above \$150	\$0 copay up to \$150, then 80% of balance above \$150	\$0 copay up to \$150, then 80% of balance above \$150
Lenses	\$0 copay	\$0 copay	\$0 copay
Progressive lenses	\$50–\$140 copay	\$0–\$175 copay	\$0–\$175 copay

Lens enhancements	Davis Vision ¹	EyeMed ²	MetLife
Anti-reflective coating	\$35–\$60 copay	\$45–\$85 copay	\$41–\$85 copay
Scratch-resistant	\$0 copay	\$0 copay	\$0 copay
Polycarbonate	\$0 copay	\$0 copay	\$0 copay
Photochromic/transitions	\$65 copay	\$75 copay	\$47–\$82 copay
Polarized	\$0 copay	\$0 copay	\$0 copay
Tinting	\$0 copay	\$15 copay	\$17–\$44 copay
UV treatment	\$0 copay	\$15 copay	\$0 copay

Contact lenses (in lieu of glasses)	Davis Vision ¹	EyeMed ²	MetLife
Conventional³	\$0 copay up to 4 boxes annually	Any amount over \$300	Any amount over \$300
Disposable³	\$0 copay up to 8 boxes annually	Any amount over \$300	Any amount over \$300
Medically necessary	\$0 copay	Any amount over \$300	\$0 copay

Additional member savings	Davis Vision ¹	EyeMed ²	MetLife
Additional glasses	30% off	Up to 40% off	20% off
LASIK surgery	40–50% off national average	15% off retail price; or, 5% off a promotional offer	15% off retail price; or, 5% off a promotional offer

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