



# AUSA GROUP VISION INSURANCE PLAN

*You value protecting our nation's security.  
We're here to protect yours.*

Having a good vision plan is important to your overall health. That's because taking good care of your eyes also helps you take better care of your body. Regular visits to your eye care professional do more than just protect your eyesight. Through routine exams, eye doctors can spot serious health problems, like diabetes, heart disease, certain cancers, and more.<sup>1</sup>

## VISION BENEFITS SUMMARY

Through MetLife Vision, AUSA can help you set your sights on better vision. Vision care services without a vision plan can be expensive. Out-of-pocket costs can add up fast. See how much you could save.

The following schedule shows the benefits available under the Group Policy. You and your dependents will only be insured for the benefits:

- for which you and your dependents become and remain eligible;
- which you elect, if subject to election; and
- which are in effect.

SERVICE FREQUENCY				
Service Interval	Exam	Lenses	Frame	Contacts
Months	12 Months	12 Months	24 Months	12 Months

SERVICE COPAYMENTS	
Exam In-Network Copayment shall not apply to Retinal Imaging	\$10
Materials In-Network Copayment shall not apply to Elective Contact Lenses	\$25

SCHEDULE OF BENEFITS		
	In-Network Coverage (Using an In-Network Vision Provider)	Out-of-Network Coverage (Using an Out-of-Network Vision Provider)
<b>EYE EXAMINATION</b> (one per frequency)	Comprehensive examination of visual functions and prescription of corrective eyewear.	Covered up to \$45 allowance Comprehensive examination of visual functions and prescription of corrective eyewear.
<b>RETINAL IMAGING</b>	Covered in full with a copayment not to exceed \$39. Coverage for retinal imaging is an enhancement to eye examination. Retinal imaging is not available at all provider locations – contact your In-Network Vision Provider to see if this technology (or equipment or service) is available.	Applied to the allowance for the eye examination
<b>STANDARD CORRECTIVE LENSES</b>	Covered in full after any applicable copayment Lenses (Single, Lined Bifocal, Lined Trifocal, or Lenticular)	Single Vision--\$30 allowance Lined Bifocal--\$50 allowance Lined Trifocal--\$65 allowance Lenticular--\$100 allowance

SCHEDULE OF BENEFITS CONTINUED		
	In-Network Coverage (Using an In-Network Vision Provider)	Out-of-Network Coverage (Using an Out-of-Network Vision Provider)
<b>STANDARD LENS OPTIONS</b>	Ultraviolet (UV) Coating—covered in full after any applicable copayment. Standard Polycarbonate (child up to age 18)—Covered in full after any applicable copayment	Applied to the allowance for the applicable corrective lens
	Standard Progressive Premium Progressive  These lens options are available at a discount with "not to exceed" pricing/maximum member out-of-pocket amount. <sup>2</sup>	\$50 allowance
	Standard Polycarbonate (adult) Scratch Resistant Coating Anti-Reflective Coating Tints Photochromic  These lens options are available at a discount with "not to exceed" pricing/maximum member out-of-pocket amount. <sup>2</sup>	Applied to the allowance for the applicable corrective lens
<b>FRAMES</b>	<b>Covered up to a \$130 allowance after any applicable copayment.</b> Frames are covered up to the allowance of \$70 after any applicable copayment at Costco, Walmart, and Sam's Club and \$130 after any applicable copayment at other optical retail locations.	<b>Covered up to a \$70 allowance</b>

CONTACT LENSES		
	In-Network Coverage (Using an In-Network Vision Provider)	Out-of-Network Coverage (Using an Out-of-Network Vision Provider)
<b>FITTING AND EVALUATION</b>	Standard and Premium fit: Covered in full with a copayment not to exceed \$60.	Applied to the allowance for the contact lenses
<b>ELECTIVE</b>	Covered up to \$130 Contact lenses are provided in place of lens and frame benefits available herein.	Covered up to \$105 Contact lenses are provided in place of lens and frame benefits available herein.
<b>NECESSARY</b>	Covered in full after any applicable copayment. Necessary contact lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider. Contact lenses are provided in place of lens and frame benefits available herein.	<b>Covered up to \$210</b> Necessary contact lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider. Contact lenses are provided in place of lens and frame benefits available herein.

VALUE-ADDED FEATURES AVAILABLE AT IN-NETWORK VISION PROVIDERS (THESE FEATURES ARE NOT INSURANCE.)	
<b>REFRACTIVE SURGERY DISCOUNT</b>	Savings averaging 15% off the regular price, or 5% off a promotional offer, for Refractive Surgery.
<b>ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES</b>	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. <sup>3</sup>
<b>ADDITIONAL SAVINGS ON LENS ENHANCEMENTS</b>	Average 20-25% savings on all lens enhancements not otherwise covered under the MetLife Vision Insurance program. <sup>3</sup>
<b>ADDITIONAL SAVINGS ON FRAMES</b>	20% off any amount over your frames allowance. <sup>3</sup>
<b>ADDITIONAL ALLOWANCE ON FEATURED FRAMES</b>	For certain frames, an additional \$20 allowance. <sup>3</sup>

## MONTHLY RATES

Your rate depends on where you live and whether your spouse and dependents are covered under the plan. Refer to the area table and determine which ZIP Code applies to you. Then, refer to the rate table to determine your monthly rate.

VISION PLAN MONTHLY RATES			
	Member Only	Member + 1 Dependent	Member + Family
<b>Area 1</b>	\$6.58	\$11.59	\$17.46
<b>Area 2</b>	\$7.12	\$12.67	\$19.54
<b>Area 3</b>	\$7.99	\$15.01	\$21.37
<b>Area 4</b>	\$8.53	\$16.15	\$23.26
<b>Area 5</b>	\$8.80	\$16.52	\$24.90
<b>Area 6</b>	\$9.33	\$17.80	\$26.73

<sup>1</sup>Heiting G. Eye Exams: 5 Reasons Why They Are Important. All About Vision website: <http://www.allaboutvision.com/eye-exam/importance.htm>. Updated: February 2021.

<sup>2</sup>All lens options are available at participating private practice provider offices, and not to exceed maximum member out-of-pocket amounts and pricing are subject to change without notice. Please check with your provider for details and maximum member out-of-pocket amounts applicable to your lens choice. At this time, all lens options and "not to exceed" maximum member out-of-pocket amounts and pricing are not available at Costco, Walmart, and Sam's Club. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens options and pricing prior to receiving services.

<sup>3</sup>These features may not be available in all states and with all In-Network Vision Providers. Please check with Your In-Network Vision Provider.

## HOW TO USE THIS CHART

To determine the appropriate premium rates for a dental plan, look up the enroller's state of residence on this chart, and then look up the enroller's 3-digit zip code.

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	
Arizona	2	850-857
	3	859-865
Arkansas	2	
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
Colorado	3	
Connecticut	4	
Delaware	4	197, 199
	5	198
D.C.	3	
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	
Idaho	2	
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	
Maine	3	042-044, 046-047, 049
	4	039-041, 045, 048
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209
Massachusetts	3	010, 012-013
	4	011, 014-027
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	
Mississippi	2	
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Montana	3	
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 111-114, 116
	6	100-102
North Carolina	3	270-281, 283-289
	4	282
North Dakota	3	
Ohio	2	430-435, 437-459
	3	436
Oklahoma	2	731, 735-749
	3	730, 734
Oregon	3	
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
Puerto Rico	1	
Rhode Island	3	
South Carolina	3	
South Dakota	2	570, 572-577
	3	571
Tennessee	2	
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	
Vermont	4	
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	
Washington	3	990-992, 994
	4	985-989, 993
	5	980-984
West Virginia	2	
Wisconsin	3	
Wyoming	2	

## COMMON QUESTIONS

### WHAT IS COVERED BY MY VISION PLAN?

The AUSA vision insurance plan covers a wide range of services, including routine eye exams, glasses, contact fittings, evaluations, and lenses, plus additional savings on non-prescription sunglasses and laser vision correction.<sup>1</sup>

### WHY SHOULD I ENROLL?

A vision plan is a competitively priced way to help protect the eyesight of everyone in your family. Even if you don't wear glasses or contacts, regular visits to your eye doctor are important to your overall health. Routine eye exams can help detect other health problems.<sup>2</sup>

### HOW CAN A VISION PLAN HELP ME SAVE MONEY?

Eyeglasses and routine eye exams can be more expensive than you may think. With AUSA vision insurance, through low to no copays, you can save up to 60% in-network on vision wear and services.<sup>3</sup> Lens options like polycarbonate (shatter-resistant) lenses for children up to age 18 and ultraviolet (UV) coating are covered in full in-network at no additional charge. You also enjoy in-network fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses,<sup>4</sup> and more.

### HOW CAN I FIND A PARTICIPATING PROVIDER?

You can review a list of participating providers online at [www.metlife.com](http://www.metlife.com). Enter your ZIP code and select the MetLife Vision PPO network. Or call MetLife Vision at **855.MET.EYE1 (855.638.3931)** for access to our 24/7 Interactive Voice Response system.

There is a good chance that your provider will be in the network as the MetLife network includes thousands of participating ophthalmologists, optometrists, and opticians at private practices and popular retail locations.

### CAN I CHOOSE MY OWN EYE CARE PROFESSIONAL?

You can go to any licensed eye care professional. However, your out-of-pocket costs are usually lower when you visit an in-network provider, so you have the opportunity to save even more.<sup>3</sup>

Choose from the thousands of ophthalmologists, optometrists, and opticians at private practices or popular retail locations like Costco® Optical, Sam's Club, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision,<sup>5</sup> Shopko, Visionworks, Walmart, and more.

### CAN I GET MY EYE EXAMINATION AT ONE LOCATION AND THE MATERIALS AT ANOTHER?

Yes. You may get an eye examination from one provider and your glasses or contacts from another.

### WHAT KINDS OF FRAMES ARE COVERED?

You can choose the eyewear that's right for you and your budget. Your eye care professional can help you choose from classic styles to the latest designer frames. You can select from hundreds of options for you and your family. Some of the great brands to choose from include Anne Klein, bebe®, Flexon®, Lacoste, Nike, Nine West, Calvin Klein, and more.<sup>1</sup>

### DO I NEED AN ID CARD?

No. You do not need an ID card to access your benefits.

### HOW ARE CLAIMS PROCESSED?

You do not need to file a claim if you visit an in-network provider for care. The network provider will confirm your eligibility, submit the claim, and calculate your out-of-pocket costs, if any, at the time of service. If you visit an out-of-network provider, you pay the provider in full for the services and vision wear received at the time of your appointment, including taxes. Then you submit a completed MetLife Vision claim form and itemized receipt to MetLife. If you need a claim form, visit the Forms Library on [www.metlife.com](http://www.metlife.com) or call **855.MET.EYE1 (855.638.3931)**.

<sup>1</sup> 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.

<sup>2</sup> Heiting, OD, Gary, Vision Screenings vs. Eye Exams: Why Are Eye Exams Important?, All About Vision, April 2018, <https://www.allaboutvision.com/eye-exam/importance.htm>. Accessed October 15, 2020.

<sup>3</sup> Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year to an eye care professional, 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.

<sup>4</sup> All lens options are available at participating private practices. Please note the maximum copays and pricing are subject to change without notice. Check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens options and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>5</sup> Not all Pearle Vision locations participate in the MetLife Vision program. Please visit [metlife.com](http://metlife.com) to confirm participating locations by using our Find A Provider online directory.

Those services set forth in the certificate of insurance are covered. Please review your certificate of insurance or contact an AUSA Vision Representative at 1-800-882-5707 for more information on covered services.

Coverage may not be available in all states. Please contact an AUSA Vision Representative at 1-800-882-5707 for more information.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claim and network administration services are provided through Vision Services Plan, Rancho Cordova, CA (VSP). VSP is not affiliated with MetLife or its affiliates. Like most group benefit plans, benefit plans offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact an AUSA Vision Representative at 1-800-882-5707 for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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