

# CSEA Child Care Providers Trust Fund (VOICE)

## Plan Summary

Help lower your and your family's out-of-pocket costs on eye exams, glasses, lenses and more with a MetLife / CSEA Child Care Providers Trust Fund (VOICE) Vision Insurance plan. With affordable co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.<sup>1,2</sup>

### Summary of Covered Services

	In-Network Coverage (Using a Network Provider)	Out-of-Network Coverage (Using a Non-Network Provider)
<b>Eye Examination</b>		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear</b>	\$10 copay	NA
<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	NA
<b>Materials / Eyewear</b> (Either Glasses or Contacts)		
<b>Frame</b>		
<b>Davis Vision Network Collection</b>	Covered in full after \$25 copay	NA
<b>Non-Collection</b>	\$130 allowance after applicable copay	NA
<b>Standard Corrective Lenses</b>		
<b>Single vision</b>	\$25 copay	NA
<b>Lined bifocal</b>	\$25 copay	NA
<b>Lined trifocal</b>	\$25 copay	NA
<b>Lenticular</b>	\$25 copay	NA
<b>Standard Lens Enhancement</b>		
<b>Ultraviolet coating</b>	\$12	NA
<b>Polycarbonate (child to age 18)</b>	Covered in full	NA

	<b>In-Network Coverage</b> (Using a Network Provider)	<b>Out-of-Network Coverage</b> (Using a Non-Network Provider)
<b>Additional Lens Enhancements</b>		
<b>Progressive Standard</b>	Covered in full	NA
<b>Progressive Premium</b>	\$90	NA
<b>Polycarbonate (adult)</b>	Covered in full	NA
<b>Scratch-resistant coating standard</b>	Covered in full	NA
<b>Tints</b>	Covered in full	NA
<b>Anti-reflective coating (variable by tier)</b>	\$35 – \$85	NA
<b>Photochromic</b>	\$65	NA
<b>Contact Lenses</b> (instead of eyeglasses)		
<b>Elective</b>	Covered in full	NA
<b>Necessary</b>	Covered in full	NA
<b>Contact Fitting and Evaluation</b>	Covered in full	NA
<b>Frequency</b> (Glasses or Contacts)		
<b>Eye Examination</b>	1 per calendar year	NA
<b>Standard Corrective Lenses</b>	1 per calendar year	NA
<b>Standard Lens Enhancement</b>	1 per calendar year	NA
<b>Standard Lens Enhancements</b>	1 per calendar year	NA
<b>Frame</b>	1 per calendar year	NA
<b>Contact Lenses</b>	1 per calendar year	NA



## Exclusions

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

### Services and Eyewear

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary 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.
- 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.

<sup>1</sup> Your actual savings from 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>2</sup> You must be a member in good standing of CSEA/VOICE Local 100A to qualify for this insurance plan.

Coverage may not be available in all states. Please call Pearl Insurance at 1-800-697-2732 for more information.

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.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Davis Vision, Inc. ("Davis Vision"), a New York corporation. Davis Vision is part of the MetLife family of companies. 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 MetLife or your plan administrator for costs and complete details.

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Navigating life together