



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

CERTIFICATE RIDER

Group Policy No.: VH243174-1-G
Policyholder: CSEA Child Care Providers Trust Fund
Participating Association: Civil Service Employee Association
Effective Date: January 1, 2025

The certificate is changed as follows:

Applicable to Vision Insurance

1. In the **SCHEDULE OF BENEFITS**, replace Photochromic under **Vision Insurance For You and Your Dependents** with the following:

	In-Network Coverage (Using an In-Network Vision Provider)	
	"Photochromic	Covered in full"

2. In the **SCHEDULE OF BENEFITS**, replace **NON-COLLECTION** under **Vision Insurance For You and Your Dependents** with the following:

	In-Network Coverage (Using an In-Network Vision Provider)
" NON-COLLECTION "	Covered up to a \$150 allowance after any applicable Co-Payment"

3. In the **SCHEDULE OF BENEFITS**, replace **ELECTIVE NON-COLLECTION** under **Vision Insurance For You and Your Dependents** with the following:

" ELECTIVE NON-COLLECTION "	\$150 allowance Contact lenses are provided in place of lens and frame benefits available herein."
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This rider is to be attached to and made part of the certificate.

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