

Selecting a vision plan

If you are eligible for SEBB benefits, vision coverage is included for you and your eligible dependents; your employer pays the premium. You and any enrolled dependents must be enrolled in the same vision plan.

Before you select a vision plan, check with the plan to see if your vision provider is in the plan's network. You can call the [vision plan's customer service](#).

What providers can I see?

Davis Vision

Visit the [Davis Vision provider directory](#).

Davis Vision is underwritten by HM Life Insurance Company.

EyeMed Vision Care

Visit the [EyeMed Vision Care provider directory](#).

EyeMed Vision Care is underwritten by Fidelity Security Life Insurance Company (FSL).

MetLife Vision

Visit the [MetLife Vision provider directory](#).

How do the vision plans compare?

Before you enroll in a vision plan, use the tables below to get the details you need to help you decide or use the [printable Vision benefits comparison](#).

For information on specific benefits and exclusions, refer to the vision plan's certificate of coverage or contact the plan directly. The figures listed below show what you pay for in-network coverage, 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 plan's certificate of coverage (COC), the COC takes precedence.

Vision benefits for adults (19 and older)

Vision care service	Davis Vision	EyeMed Vision Care	MetLife Vision
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 copay at Visionworks; or, \$0 copay 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 Vision¹	EyeMed Vision Care	MetLife Vision²
Anti-reflective coating	\$35—\$85 copay	\$45—\$85 copay (\$5)	\$41—\$85 copay
Scratch-resistant	\$0 copay	\$0 copay (\$5)	\$17—\$33 copay

	Davis Vision¹	EyeMed Vision Care	MetLife Vision²
Polycarbonate	\$30 copay	\$40 ¹ copay	\$31— \$35 copay
Photochromic/transitions	\$65 copay	\$75 ¹ copay	\$47— \$82 copay
Polarized	\$75 copay	80% of retail price ¹	80% of retail price
Tinting	\$0 copay	\$15 ¹ copay	\$17— \$44 copay
UV Treatment	\$12 copay	\$15 ¹ copay	\$0 copay

¹ No out-of-network lens enhancement reimbursement is available.

² 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	EyeMed	MetLife
Conventional*	\$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)
Disposable*	\$0 copay up to \$150, then 85% of balance over \$150; or, eight boxes	\$0 copay up to \$150, then 100% of balance over \$150 (\$150)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105)

	Davis Vision	EyeMed	MetLife
	from Collection lenses (\$105)		
Medically necessary	\$0 copay (\$225)	\$0 copay (\$300)	\$0 copay (\$210)

*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.

Additional member savings

	Davis Vision	EyeMed Vision Care	MetLife Vision
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

Vision benefits for children (under age 19)

For information on specific benefits and exclusions, refer to the vision plan's certificate of coverage or contact the plan directly. The figures listed below show what you pay for in-network coverage. If anything in these charts conflicts with the plan's Certificate of Coverage (COC), the COC takes precedence.

Vision care service (once per calendar year)	Davis Vision	EyeMed Vision Care	MetLife Vision
Routine eye exam	\$0 copay	\$0 copay	\$0 copay

Vision care service (once per calendar year)	Davis Vision	EyeMed Vision Care	MetLife Vision
Frames	\$0 copay up to \$150; then, 80% of balance above \$150	\$0 copay up to \$150; then, 80% off balance above \$150	\$0 copay up to \$150; then, 80% off 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	EyeMed Vision Care	MetLife Vision
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
High index	\$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	EyeMed Vision Care	MetLife Vision
Conventional*	\$0 copay up to four boxes annually	Any amount over \$300	Any amount over \$300
Disposable*	\$0 copay up to eight boxes annually	Any amount over \$300	Any amount over \$300
Medically necessary	\$0 copay	Any amount over \$300	\$0 copay

* 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.

Additional member savings

	Davis Vision	EyeMed Vision Care	MetLife Vision
Additional glasses	30% off	Up to 40% off	20% off
LASIK surgery	40%—50% off national average	15% off retail price, or 5% off promotional price	15% off retail price, or 5% off promotional price

Preauthorization criteria

Preauthorization is when you seek approval from your health plan for coverage of specific services, supplies, or drugs before receiving them. Some services or treatments (except emergencies) may require preauthorization before the plan pays for them. Preauthorization is not a guarantee, however, that your plan will pay for those services, supplies, or drugs.

[Davis Vision](#)

[EyeMed Vision Care](#)

[MetLife Vision](#)

These criteria do not imply or guarantee approval. Please check with your plan to ensure coverage. Preauthorization requirements are only valid for the month published. They may have changed from previous months and may change in future months.

Contact

Davis Vision, Inc. (Underwritten by HM Life Insurance Company)

Online: [Davis Vision for school employees](#)

Phone: 1-877-377-9353

TRS: 1-800-523-2847

HM Life Insurance Company

Phone: 1-800-328-5433

EyeMed Vision Care (Underwritten by Fidelity Security Life Insurance Company)

Online: [EyeMed Vision Care for school employees](#)

Phone: 1-800-699-0993

TRS: 1-844-230-6498

Fidelity Security Life Insurance Company

Phone: 1-800-648-8624

MetLife

Online: [MetLife Vision for school employees](#)

Phone: 1-855-638-3931

TRS: 1-800-428-4833

Forms and publications

[Vision benefit comparison \(SEBB\) 2021](#)

[MetLife Vision \(SEBB\) Certificate of Coverage \(COC\) Washington employees](#)

[MetLife Vision \(SEBB\) Certificate of Coverage \(COC\) non-Washington employees](#)

[Davis Vision \(SEBB\) Certificate of Coverage \(COC\) 2021](#)

[EyeMed vision \(SEBB\) Certificate of Coverage 2021](#)

Related links

[Find a provider](#)

[Davis Vision](#)

[EyeMed Vision Care](#)

[MetLife Vision](#)