

2025 PEBB Vision Benefits At-A-Glance

Use these charts to compare vision benefits by plan. If anything in these charts conflicts with the vision plan's benefits booklet (also called evidence of coverage or certificate of coverage) the benefits booklet takes precedence and prevails. For information on specific benefits and exclusions, refer to the plan's benefits booklet or contact the plan directly.

For Davis Vision by MetLife and MetLife Vision, lens enhancements are not available out-of-network.

For EyeMed, out-of-network lens enhancement reimbursement is available. Check with your provider for details.

*EyeMed members may use both their \$200 contact lens allowance and \$200 frame allowance during the same visit. Your provider will offer a 20% discount on lenses for your frames.

Benefits for adults 19+

⚠️ The amounts listed below show what you pay for in-network services. The amounts in parentheses show the most the plan would reimburse you for out-of-network services.

	Davis Vision by MetLife	EyeMed	MetLife Vision
Vision care services			
Routine eye exam (once per year starting January 1)	\$0 (\$40)	\$0 (\$84)	\$0 (\$45)
Frames (renews every January 1 of odd years)	\$0 up to \$200, then 80% of balance (\$0); \$0 at Visionworks or for any of the Davis Vision Frame Collection (\$50)	\$0 up to \$200, then 80% of balance (\$100)	\$0 up to \$200, then 80% of balance; or \$0 up to \$110 allowance at Costco, Walmart, or Sam's Club (\$70)
Lenses (renews every January 1 of odd years)	\$0 (single \$40; bifocal \$60; trifocal \$80; lenticular \$100)	\$0 (single \$25; bifocal \$40; trifocal \$55; lenticular \$55)	\$0 (single \$30; bifocal \$50; trifocal \$65; lenticular \$100)
Progressive lenses (renews every January 1 of odd years)	\$50 to \$175 (\$60)	\$55 to \$175 (\$55)	\$0 to \$175 (\$50)
Lens enhancements			
Anti-reflective coating	\$35 to \$85 (\$0)	\$45 to \$85 (\$5)	\$41 to \$85 (\$0)
Scratch-resistant	\$0 (\$0)	\$0 (\$5)	\$17 to \$33 (\$0)
Polycarbonate	\$30 (\$0)	\$40 (\$0)	\$35 (\$0)
Photochromic/transitions	\$65 (\$0)	\$75 (\$0)	\$75 (\$0)
Polarized	\$75 (\$0)	80% of retail price (\$0)	80% of retail price (\$0)
Tinting	\$0 (\$0)	\$15 (\$0)	\$17 to \$44 (\$0)
UV treatment	\$12 (\$0)	\$15 (\$0)	\$0 (\$0)

Benefits for adults 19+ (continued)

	Davis Vision by MetLife	EyeMed	MetLife Vision
Contact lenses (instead of glasses)			
Conventional	\$0 up to \$200, then 85% of balance; or 4 boxes from Collection lenses without copay (\$105)	\$0 up to \$200, then 85% of balance (\$200)*	\$0 up to \$200, then 100% of balance (\$105)
Disposable	\$0 up to \$200, then 85% of balance; or 8 boxes from Collection lenses without copay (\$105)	\$0 up to \$200, then 100% of balance (\$200)*	\$0 up to \$200, then 100% of balance (\$105)
Medically necessary	\$0 (\$225)	\$0 (\$300)*	\$0 (\$210)
Fitting fee	Conventional lenses: covered in full Specialty lenses: \$0 up to \$60, then 85% of balance (\$0)	Standard fit and follow-up: Up to \$55 Premium: 10% off retail (\$0)	\$60 (\$0)
Additional member savings			
Additional prescription glasses	You pay 70% on complete pairs: some limitations apply (\$0)	You pay 60% on complete pairs (\$0)	You pay 80% on complete pairs: some limitations apply (\$0)
LASIK surgery	You pay 50% to 60% of national average price of traditional LASIK (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)

Benefits for children under 19

 The amounts listed below show what you pay for in-network services. **The amounts in parentheses show the most the plan would reimburse you for out-of-network services.**

	Davis Vision by MetLife	EyeMed	MetLife Vision
Vision care services (once per year starting January 1)			
Routine eye exam	\$0 (\$40)	\$0 (\$90)	\$0 (\$45)
Frames	\$0 up to \$200, then 80% of balance or \$0 at Visionworks or for any of the Davis Vision Frame Collection (\$50)	\$0 up to \$200, then 80% of balance (\$100)	\$0 up to \$200, then 80% of balance or \$0 up to \$110 allowance at Costco, Walmart, or Sam's Club (\$70)
Lenses	\$0 (single \$40; bifocal \$60; trifocal \$80; lenticular \$100)	\$0 (single \$25; bifocal \$35; trifocal \$53; lenticular \$53)	\$0 (single \$30; bifocal \$50; trifocal \$65; lenticular \$100)
Progressive lenses	\$50 to \$175 (\$60)	\$0 to \$175 (\$40)	\$0 to \$175 (\$50)
Lens enhancements			
Anti-reflective coating (depends on level of coating)	\$35 to \$85 (\$0)	\$45 to \$85 (\$5)	\$41 to \$85 (\$0)
Scratch-resistant	\$0 (\$0)	\$0 (\$8)	\$0 (\$0)
Polycarbonate	\$0 (\$0)	\$0 (\$20)	\$0 (\$0)
Photochromic/transitions	\$0 (\$0)	\$75 (\$0)	\$75 (\$0)
Polarized	\$75 (\$0)	\$0 (\$0)	\$0 (\$0)
Tinting	\$0 (\$0)	\$15 (\$0)	\$17 to \$44 (\$0)
UV treatment	\$0 (\$0)	\$15 (\$0)	\$0 (\$0)

Benefits for children under 19 (continued)

	Davis Vision by MetLife	EyeMed	MetLife Vision
Contact lenses (instead of glasses)			
Conventional	\$0 up to \$300, then 85% of balance or 4 boxes from Collection lenses without copay (\$105)	Any amount over \$300 (50% of charge up to \$300)*	Any amount over \$300 (\$105)
Disposable	\$0 up to \$300, then 85% of balance or 8 boxes from Collection lenses without copay (\$105)		
Medically necessary	\$0 (\$225)		
Fitting fee	Conventional: covered in full Specialty Lens: \$0 up to \$60 then \$85% of balance (\$0)	Standard: \$0 Premium: \$0 copay, 10% discount then balance over \$65 (\$65)	Covered in full (\$0)
Additional member savings			
Additional prescription glasses	You pay 70% on complete pairs: some limitations apply (\$0)	You pay 60% of complete pairs (\$0)	You pay 80% on complete pairs: some limitations apply (\$0)
LASIK surgery	You pay 50% to 60% of national average price of traditional LASIK (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)	You pay 85% of retail price or 95% of a promotional offer (\$0)

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