

Vision Benefits

for the below listed employee groups†

July 1, 2026 - June 30, 2027

Updated May 2026

The information presented in this summary guide is for the following employees based on their role and union representation status:

- **Non-represented faculty and librarians**
- **Non-represented staff**
- **Postdoctoral Associates, Postdoctoral Scholars, Research Associates**
- **Trades union employees represented by the Building and Construction Trades Council**
- **Teamsters Local 249**
- **Operating Engineers, Local 95-95A**
- **SEIU Local 32BJ**
- **University of Pittsburgh Police Association**
- **University of Pittsburgh at Johnstown Security, Police and Fire Professionals of America**
- **The Carrillo Steam Production Association**

Disclosure

The information presented in this summary guide is intended to provide a general overview and discussion of the plans. Descriptive literature is available from the carriers and the Office of Human Resources. Additional details of the benefits presented may also be found at hr.pitt.edu/benefits.

The rights and obligations of employees and those of the University are governed by the terms of each benefit plan and, in some cases, by contracts with the insurance companies. The plans are based on current federal and state laws and are regulated by those laws. If there is a conflict between this summary guide and the plan/contracts, then the plan and contracts will control.

Benefits may be modified as required by applicable laws, and benefits may be modified or terminated as deemed necessary or appropriate by the University. Any such modifications or terminations will be communicated in writing, as appropriate.

Employees covered under collective bargaining agreements are governed by the terms of those agreements. No one speaking on behalf of the plans or purporting to speak on behalf of the plans can modify the terms of the plans in any way. The terms of the plans control in all instances.

Contact the Benefits Department

Call: 833-852-2210

Submit an inquiry: hr.pitt.edu/contact-ohr

Individuals are responsible for reviewing the benefit deductions and retirement plan contributions on their pay statement for each benefit plan every pay period. Contact the Benefits Department immediately if there are any discrepancies.

Summary of Key Provisions: How the Plans Work

All participants, regardless of age, are eligible for a comprehensive eye examination and one pair of eyeglass lenses, along with an allowance for frames OR contact lens evaluation and fitting, once every 12 months from the last date of service.

In-Network: Requires utilization of providers in the Davis Vision by MetLife network.*

Out-of-Network: May utilize providers outside the Davis Vision by MetLife network.

Participants who utilize an out-of-network provider are responsible for paying all billed charges and will be reimbursed subsequently (after submitting claim forms to the carrier) up to the specified out-of-network schedule allowance as stated below.

Davis Vision by MetLife
1-888-777-7418
metlife.com/mybenefits

	FASHION EXCELLENCE		DESIGNER GOLD	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Examination	Covered in full	Plan pays up to \$32	Covered in full	Plan pays up to \$32
Eyeglass Lenses	Covered in full	Single Vision: \$25 Bifocal: \$36 Trifocal: \$46 Lenticular: \$72	Covered in full	Single Vision: \$25 Bifocal: \$36 Trifocal: \$46 Lenticular: \$72
Frame	Plan pays up to \$60 Davis Vision Fashion Frame: Covered in full Davis Vision Designer Frame: \$20 copay Davis Vision Premier Frame: \$40 copay	Plan pays up to \$30	Plan pays up to \$130 plus 20% off** Davis Vision Fashion Frame: Covered in full Davis Vision Designer Frame: \$0 copay Davis Vision Premier Frame: \$25 copay	Plan pays up to \$30
Contacts	Evaluation and fitting: Covered in full Plan pays up to \$75 for provider supplied contacts Medically necessary: Covered in full	Daily wear: up to \$20 Extended wear: up to \$30 Elective: up to \$48 Disposable: up to \$75 Medically necessary: up to \$225	Evaluation and fitting: Covered in full Plan pays up to \$130 plus 15% off** for provider supplied contacts Medically necessary: Covered in full	Daily wear: up to \$20 Extended wear: up to \$30 Elective: up to \$48 Disposable: up to \$75 Medically necessary: up to \$225

Monthly Vision Plan Premiums

COVERAGE LEVEL	FASHION EXCELLENCE	DESIGNER GOLD
Individual	\$6.93	\$10.25
Individual Plus One Dependent	\$12.45	\$18.42
Family	\$16.95	\$25.07

*Locate Participating Providers in the Davis Vision by MetLife network:

- Step 1: Go to [MetLife.com](https://www.metlife.com).
- Step 2: Scroll to “How can we help you” and select “Find a vision provider.”
- Step 3: Select “MetLife Vision - Davis”
- Step 4: Complete the demographics section (location, mile radius, etc.).
- Step 5: Click “Search Now” to obtain a provider list based on your inputs in step 4.

Important Notice

When seeking vision services through a provider, please ensure that you are providing the full name of “Davis Vision by MetLife” on any forms and/or to the provider’s office upon checking in for your appointment.

**Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

For more information on the Davis Vision Collection, contact Davis Vision by MetLife.
Additional discounts are now available at Walmart locations.
An additional \$50 allowance is available for Non-Collection frames purchased at Visionworks locations.