

Welcome to the MetLife Vision Plan!  
Your new Identification Card is attached.

Fold and Detach



Vision ID

Name of insured: JOHN Q. SAMPLE

Group Name: COLQUITT COUNTY BOARD OF EDUCATION

Group Number: 0237181 ID Number: XXXXXXXXXXXX

Effective Date of Coverage: 03/01/2022

EXAM/LENSES/FRAME INTERVAL 12/12/12

EXAM COPAY: \$10 MAT COPAY: \$25

FRAME ALLOWANCE: \$200

CONTACTS ALLOWANCE: \$200