

# Vision Benefits – MetLife Superior

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents. Also, you do not have to enroll in medical coverage to elect the vision plan.

To find a network provider, visit [www.metlife.com](http://www.metlife.com), click “Find a Vision Provider,” then click “MetLife Vision Superior.”



View a full list of covered vision services by clicking [here](#).

PLAN HIGHLIGHTS		
NETWORK	METLIFE NETWORK	OUT-OF-NETWORK
	YOU PAY	REIMBURSEMENT
<b>VISION EXAM – EVERY 12 MONTHS</b>		
Exam	\$15 Copay	Ophthalmologist: Up to \$42, Optometrist: Up to \$37
<b>LENSES – EVERY 12 MONTHS</b>		
Single Lenses	\$15 Copay	Up to \$26
Bifocal Lenses	\$15 Copay	Up to \$34
Trifocal Lenses	\$15 Copay	Up to \$50
<b>FRAMES – EVERY 24 MONTHS</b>		
Frames	\$15 Copay, \$125 Allowance	Up to \$50
<b>CONTACTS – EVERY 12 MONTHS (IN LIEU OF LENSES &amp; FRAMES)</b>		
Medically Necessary Contacts	\$0	Up to \$210
Elective Contacts	\$120 Allowance	Up to \$100

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

VISION PLAN COST	BI-WEEKLY
Employee Only	\$2.93
Employee and Spouse	\$4.36
Employee and Child(ren)	\$4.66
Employee and Family	\$7.45

