

Vision Care Plan for Attala County Schools

Benefits through Superior National network

Frequency

Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting²
(standard and specialty):

\$20

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$130



Materials¹

Materials copay:

\$20



Contacts⁴ in lieu of glasses

In-network allowance:

\$120

Monthly Premiums

Employee only:	\$8.67
Employee + spouse:	\$17.07
Employee + children:	\$16.72
Employee + family	\$25.40

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$39
Trifocal	Covered-in-full	Up to \$49
Progressives	See description ³	Up to \$49

Shop with convenience while using your benefits through these in-network online retailers.

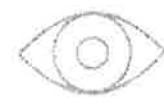
1800contacts®

GLASSES.COM

contactsdirect

befitting
eyewear

Lens Add-On Discounts ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120



LASIK Discounts⁵
 Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵
 Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost



Free Mobile App
 With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$34
Eye exam (OD)	Up to \$26
Frame	Up to \$68
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglasses lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



VISION INSURANCE
 Underwritten by National Guardian Life Insurance Company
 Administered by:
 Superior Vision Services
 11101 White Rock Road, Suite 150
 Rancho Cordova, CA 95670



Enrollment / Change Form

Please print and complete all sections.

GROUP/EMPLOYEE INFORMATION		A: Add (enroll) T: Terminate C: Change (change of name or coverage)	
Employer Name Attala County Schools		Group Number 30539	Location
Effective Date		Date of Hire	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name	First Name
M.I.		Date of Birth	Social Security Number
Home Street Address		City/State/Zip	Home Phone ()
Email Address		Work Phone ()	
		Cell Phone ()	

ELECTION(S)

Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Employee + Family

FAMILY INFORMATION (Only those eligible may be enrolled.)		A: Add (enroll) T: Terminate C: Change (change of name or coverage)	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name
M.I.		Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	Child unmarried and full-time student or handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name
M.I.		Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature: _____ Date: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.