

Vision Care Plan for Socorro ISD

You may choose from two plans: Platinum plan or Gold plan

Benefits through Superior National network



Frequency

Exam	1 per calendar year
Frame ⁴	1 per calendar year
Contact lens fitting	1 per calendar year
Eyeglass lenses ⁴	1 pair per calendar year
Contact Lenses ⁴	1 allowance per calendar year

Platinum plan: One pair of glasses **AND** one contact lens allowance are included with the above service frequencies.

Gold plan: Contact lenses are in lieu of eyeglass lenses and frames benefit.

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



Exams

Eye exam copay:
\$10

Contact lens fitting² copay
(standard and specialty):
\$25

Specialty In-network allowance:
\$50



Materials¹

Materials copay:
\$25

Monthly Premiums

	Platinum Plan	Gold Plan
Employee only:	\$8.15	\$5.65
Employee + spouse:	\$14.62	\$10.13
Employee + child(ren):	\$15.55	\$10.77
Employee + family:	\$22.51	\$15.60



Frames⁴

In-network allowance:
\$130



Contacts⁴

In-network allowance:
\$150

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Up to \$50
Progressives	Covered at trifocal level ³	Up to \$50
Polycarbonate for dependent children	Covered-in-full	Not covered

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

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

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

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$42
Frame	Up to \$52
Contact lens fitting (standard / specialty) ²	Applied to allowance for contact lenses
Contact lenses ⁴	Up to \$105



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.



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.

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. Platinum plan: One pair of glasses AND one contact lens allowance are included with the above service frequencies. Gold plan: Contact lenses are in lieu of eyeglass 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.