

Vision Care Plan for

Colorado ISD

You may choose from two plans: High plan or Low plan

Benefits through Superior National network

Frequency		
Exam	12 months	
Frame	12 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	Materials ¹			
Eye exam copay (High / Low): \$5 / \$10	Materials copay (High / Low): \$0 / \$20	Monthly P	remiums	
Contact lens fitting ² copay (standard and specialty) (High / Low):			High plan	Low Plan
\$0 / \$20		Employee only:	\$10.75	\$7.35
Specialty In-network allowance: \$50		Employee + spouse:	\$21.51	\$14.73
DO Frames	© <u>ा</u> ⊚ Contacts ⁴	Employee + child(ren):	\$24.51	\$16.68
	in lieu of glasses	Employee + family:	\$37.88	\$25.78
In-network allowance (High / Low):	In-network allowance (High /Low):			

\$200/\$130

Lenses (per pair) (base / buy-up)	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	See description ³	Up to \$50
Factory scratch coat	Covered-in-full (high plan) / Not covered (low plan)	Not covered
Ultraviolet coat	Covered-in-full high plan / Not covered low plan	Not covered

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

1800 contacts*

\$150/\$130

GLASSES.COM

contactsdirect



Lens Add-Ons⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints – solid / gradient	\$15/\$18
Polycarbonate lenses for adults	\$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 Discounts⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

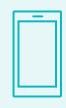
Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$60 high plan / Up to \$52 low plan
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses₄	Up to \$100



LASIK Discounts⁵ Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit <u>superiorvision.com</u> 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 <u>superiorvision.com</u> 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. Stitting 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. Co-pays apply to in-network benefits. Co-pays apples to a current contact lenses and frames only. Specialty contact lenses fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 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 eyeglass lenses and frames benefit. S. 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. Discounts and member out-of-pocket re 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.