



File a Claim Online

Superiorvision.com provides quick access to your vision benefits information. Find everything you need from eye care professionals to claim forms and discounts online.

Step 1:

Visit **superiorvision.com** and click on “Member log in” from the top navigation.

Step 2:

If you already have an account, enter your username and password. Otherwise, click the “Create a new account” button.

Step 3:

Once signed in, your information will be displayed. Click on the “Submit a claim” link located beneath the subscriber’s information.

Step 4:

You will then be taken to the “Online claims submission” page. Fill out the claim accordingly and submit electronically.

Submit a claim by mail:

Repeat steps 1 through 2 and then click on the “Forms and Pubs” link located above “Subscriber Information”. Once on the “Forms and Pubs” page, click on the “Member Reimbursement Claim Form” link. Print the form, fill it out and mail it in to the address located on the form. Should you need more assistance, please call customer service at 1 (800) 507-3800.

What else can I do in my member account?

Use your member account to easily locate an in-network eye care professional, view your benefits and eligibility, print your ID card, download forms and more.

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1. The homepage features a navigation bar with links for MEMBERS, EYE CARE PROFESSIONALS, CLIENTS, HEALTH PLANS, and BROKERS. The main heading reads "Making vision first for everyone" with buttons for "Members" and "Shop online".

2. The login page has a "Login" section with fields for Username and Password, and a "New Member" section with a "Create a new account" button. A "Forgot username or password?" link is also present.

3. The member dashboard shows "Subscriber Information" and "Family Members" tables. The "Subscriber Information" table includes fields for Subscriber ID, First Name, Last Name, Address, DOB, and Coverage Ter. The "Family Members" table includes fields for Member ID, First Name, Last Name, DOB, Relationship, and Coverage from.

Subscriber ID	First Name	Last Name	Address	DOB	Coverage Ter.
5000000000	John	Doe	1234 Avenue Any State, USA 12345	12/18/1975	Employer Only

Member ID	First Name	Last Name	DOB	Relationship	Coverage from	Plan	Effective Date	Term Date
Superiorvision	000000000	JOHN DAVID	ACTIVE	SPRINT HEALTH	3/1/2020			

4. The "ONLINE CLAIMS SUBMISSION" page provides instructions for submitting a claim and displays "This Claim is Being Submitted for: John Doe". It includes a "Claim Information" section with a field for the earliest service date.