

# Vision Care Plan for City of Houston (Retirees)

Benefits through Superior Select network



Frequency	
Exam	12 months
Frame	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](http://superiorvision.com) for assistance.


**Exams<sup>1</sup>**

Eye exam copay:  
**\$20**


**Frames**

In-network allowance:  
**\$150**

**LASIK<sup>5</sup>**

Allowance:  
**\$300**


**Eyewear<sup>2</sup>**

Eyewear copay:  
**\$25**


**Contacts<sup>4</sup>**  
in lieu of glasses

In-network allowance:  
**\$150**  
Medically necessary:  
**Covered-in-full**

**Monthly Premiums**

Employee only:	\$9.09
Employee + spouse:	\$15.52
Employee + child(ren):	\$16.42
Employee + family:	\$24.63

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$25
Bifocal	Covered-in-full	Up to \$40
Trifocal	Covered-in-full	Up to \$45
Progressives (standard)	Covered-in-full	Up to \$45
Lenticular	Covered-in-full	Up to \$80
Hi-index	Covered-in-full	Up to \$75
Polycarbonate	Covered-in-full	Up to \$20
Tints	Covered-in-full	Up to \$15
UV coating	Covered-in-full	Up to \$20
Photochromic (transitions)	Covered-in-full	Up to \$20
Scratch coat	Covered-in-full	Up to \$25
Anti-reflective	Covered-in-full	Up to \$35

Lens Add-Ons <sup>6</sup>	Your Cost
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium / ultra / ultimate)	\$110 / \$150 / \$225
Anti-reflective coating (premium / ultra / ultimate)	\$70 / \$85 / \$120
Polarized lenses	\$75

Overage Discounts <sup>6</sup>	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 <sup>6</sup>	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	Up to \$45
Frame	Up to \$70
Contact lenses	Up to \$80
Medically necessary contact lenses	Up to \$150
LASIK vision correction <sup>5</sup>	Up to \$300

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

1800contacts<sup>®</sup>

GLASSES.COM

contactsdirect

befitting  
eyewear



### LASIK Discounts<sup>6</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](http://superiorvision.com) or contact your benefits coordinator.



### Hearing Aid Discounts<sup>6</sup>

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](http://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. Eye exam copay is a single payment due to the provider at the time of service. 2. Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses). 3. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses, plus applicable co-pay 4. Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit. 5. Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations. 6. 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.