

# Vision Care Plan for Westchester Medical Center

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

Eye exam copay:

**\$0**

Contact lens fitting<sup>2</sup> copay  
(standard and specialty):

**\$0**

Specialty In-network allowance:

**\$50**



Frames

In-network allowance:

**\$150**



Materials<sup>1</sup>

Materials copay:

**\$0**



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

In-network allowance:

**\$150**

| Lenses (per pair)                                        | In – Network Coverage        | Out – of – Network Reimbursement |
|----------------------------------------------------------|------------------------------|----------------------------------|
| Single Vision                                            | Covered – in – full          | Up to \$30                       |
| Bifocal                                                  | Covered – in – full          | Up to \$50                       |
| Trifocal                                                 | Covered – in – full          | Up to \$65                       |
| Progressives                                             | See description <sup>3</sup> | Up to \$50                       |
| Lenticular                                               | Covered – in – full          | Up to \$100                      |
| Polycarbonate for dependent children only (up to age 18) | Covered – in – full          | Not covered                      |

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

| Lens Add-Ons <sup>5</sup>                                       | Your Cost                    |
|-----------------------------------------------------------------|------------------------------|
| Anti-scratch coating                                            | \$15                         |
| Ultraviolet coating                                             | \$12                         |
| Tints - solid / gradient                                        | \$15 / \$18                  |
| Polycarbonate lenses (Adult)                                    | \$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 <sup>5</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>5</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 (MD)                                            | Up to \$50  |
| Eye exam (OD)                                            | Up to \$50  |
| Frame                                                    | Up to \$100 |
| Contact lens fitting (standard / specialty) <sup>2</sup> | Not covered |
| Contact lenses                                           | Up to \$160 |



### LASIK Discounts<sup>5</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>5</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 only. 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 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.