

Vision Care Plan for Granville County Public Schools

You may choose from two plans: Full plan or Materials only plan
Benefits through Superior National network



Frequency	Full	Materials
Exam	12 months	N/A
Frame	12 months	12 months
Contact lens fitting	12 months	12 months
Eyeglass lenses	12 months	12 months
Contact Lenses	12 months	12 months

(based on date of service)

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


Exams

Eye exam copay (Full / Materials):

\$10/ N/A

Contact lens fitting² copay
(standard and specialty):

\$25

Specialty In-network allowance:

\$50


Frames

In-network allowance (Full / Materials):

\$150


Materials¹

Materials copay (Full / Materials):

\$10


Contacts⁵
in lieu of glasses

In-network allowance (Full / Materials):

\$150

Premiums

	Full plan	Materials Only Plan
Monthly		
Employee only:	\$9.22	\$6.56
Employee + 1 dependent:	\$17.86	\$12.71
Employee + family:	\$26.22	\$18.66
Tenthly		
Employee only:	\$11.06	\$7.87
Employee + 1 dependent:	\$21.43	\$15.26
Employee + family:	\$31.46	\$22.39

Lenses (per pair) (base / buy-up)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$34
Bifocal	Covered-in-full	Up to \$48
Trifocal	Covered-in-full	Up to \$64
Progressives	Covered at trifocal level ⁴	Up to \$64

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

Lens Add-Ons ⁶	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid	\$15
Tints - gradient	\$18
Polycarbonate lenses for adults	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium / ultra / ultimate)	\$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 ⁶	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 ⁶	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 \$44 full plan
Eye exam (OD)	Up to \$39 full plan
Frame	Up to \$77
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses ⁵	Up to \$100



LASIK Discounts⁶

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 Discounts⁶

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. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 4. 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 5. Contact lenses are in lieu of eyeglass lenses and frames benefit. 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.