MetLife | Vision Superior Vision Network

MyBenefits

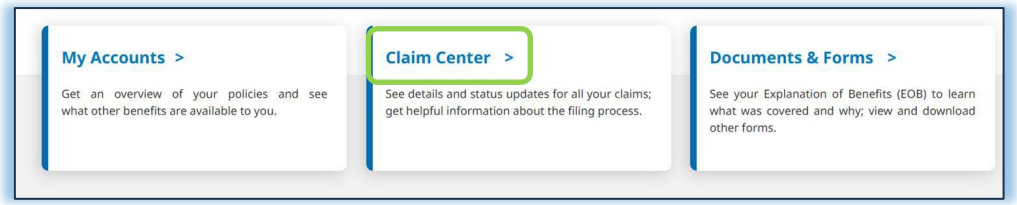
Submit your out-of-network vision claim online

Use this MyBenefits online form to submit a claim for the following:

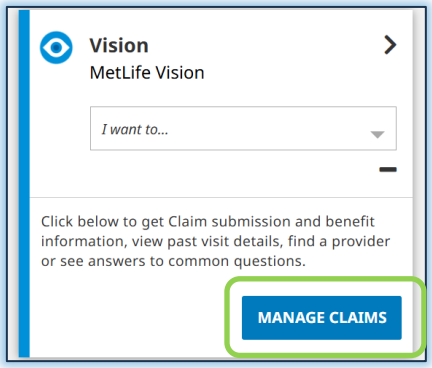
- Services rendered by an out-of-network provider, or
- Services rendered by an in-network provider, **where you took advantage of sales, coupons, or other in-store specials.**

Claims submitted here will be reimbursed according to your plan's **out-of-network rates.**

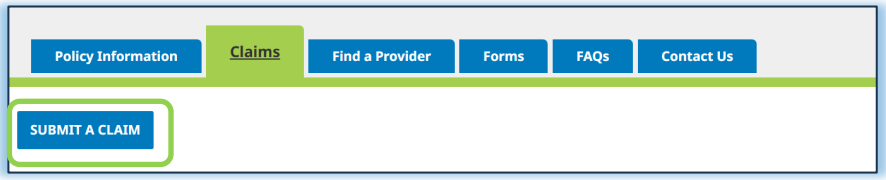
1. Once registered and logged in to **metlife.com/mybenefits**, from the MyBenefits Homepage click on '**Claim Center**'.



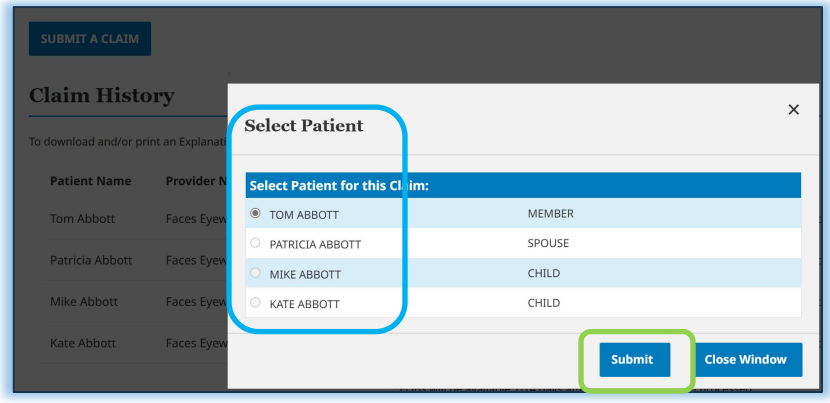
2. On the **Vision card**, click on '**Manage Claims**'.



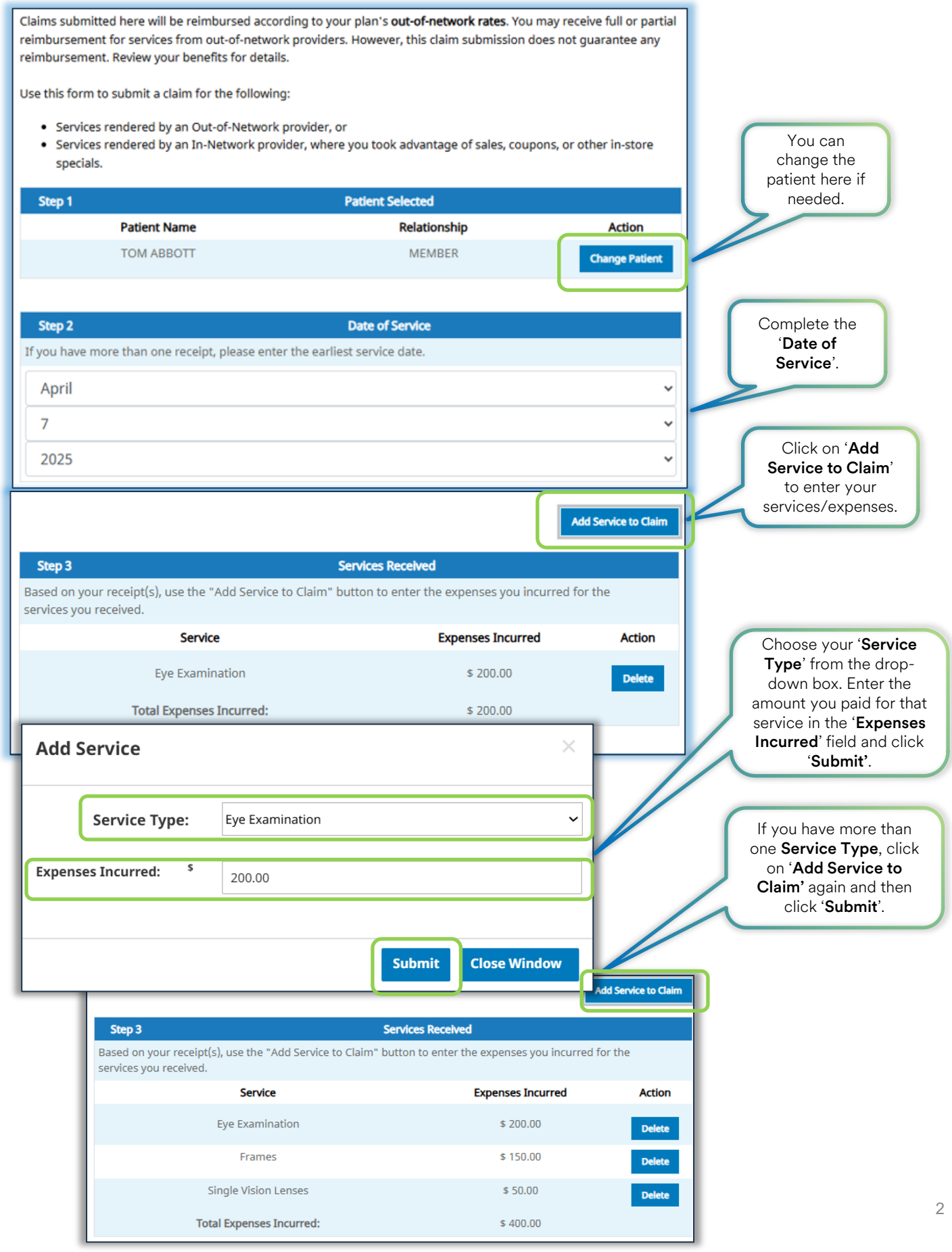
3. Next, click on '**Submit a Claim**'.



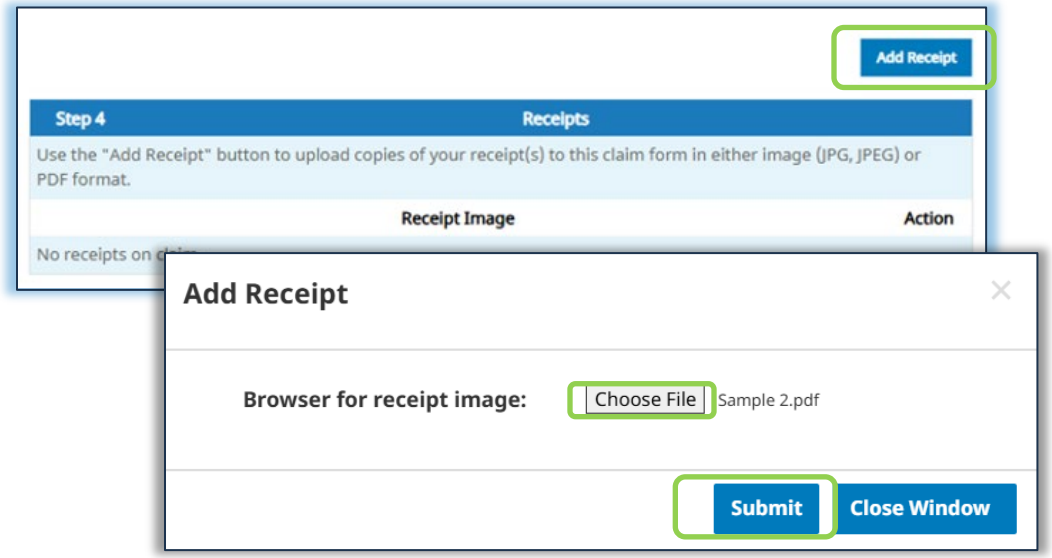
4. A box will pop-up to select the patient/person you are submitting the claim for. Select the person and click '**Submit**'.



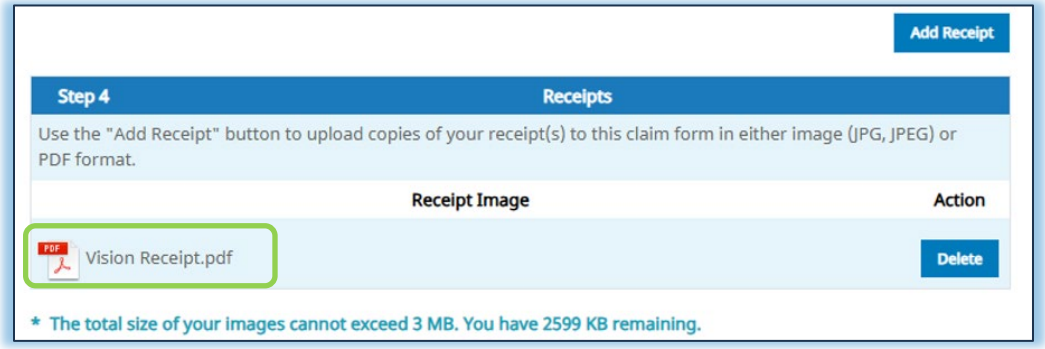
5. After choosing the person you are submitting a claim for, the following page appears. Enter the requested information in each section.



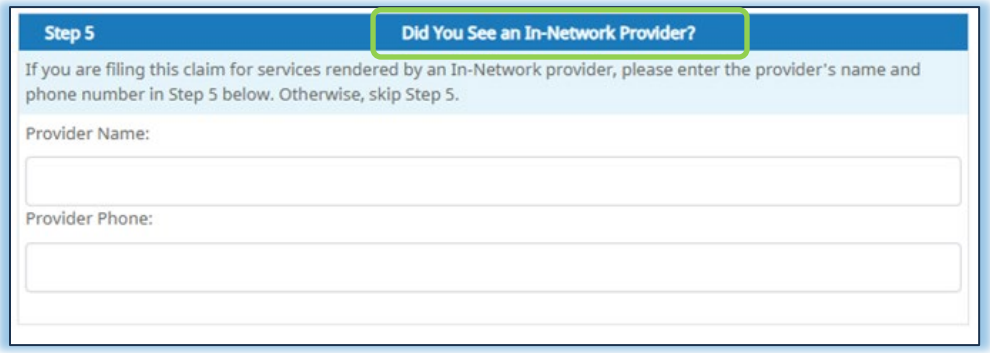
6. After entering your services/expenses incurred, click on '**Add Receipt**' to upload your **itemized receipts**.
7. Upload your receipt by clicking on **Choose File.** After choosing your file, click **Submit**.
   - You may enter more than one receipt, up to 3 MB.



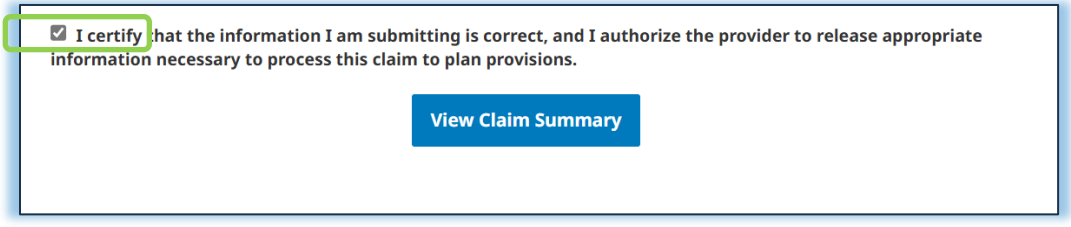
Your file name will show under the **Receipts** section.



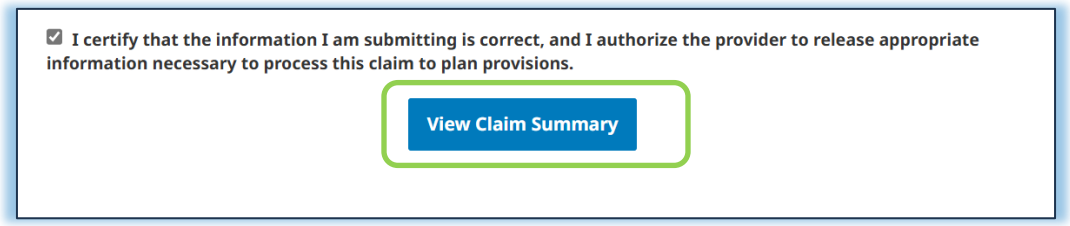
8. If you visited an **in-network provider** for this service, enter the provider's name and phone number.



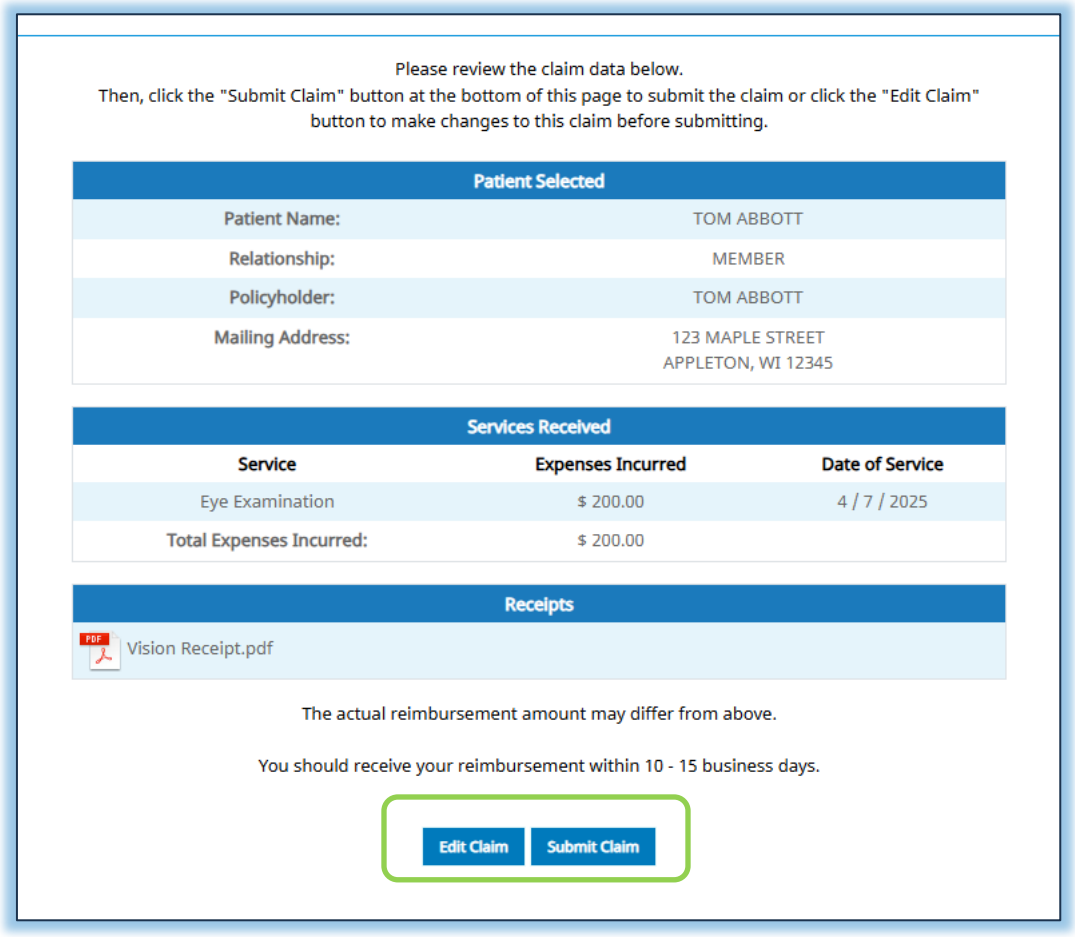
9. Next, **certify** the information is correct by **checking off the box**.



10. Once you have certified the information is correct, you'll have a chance to **'View Claim Summary'**.



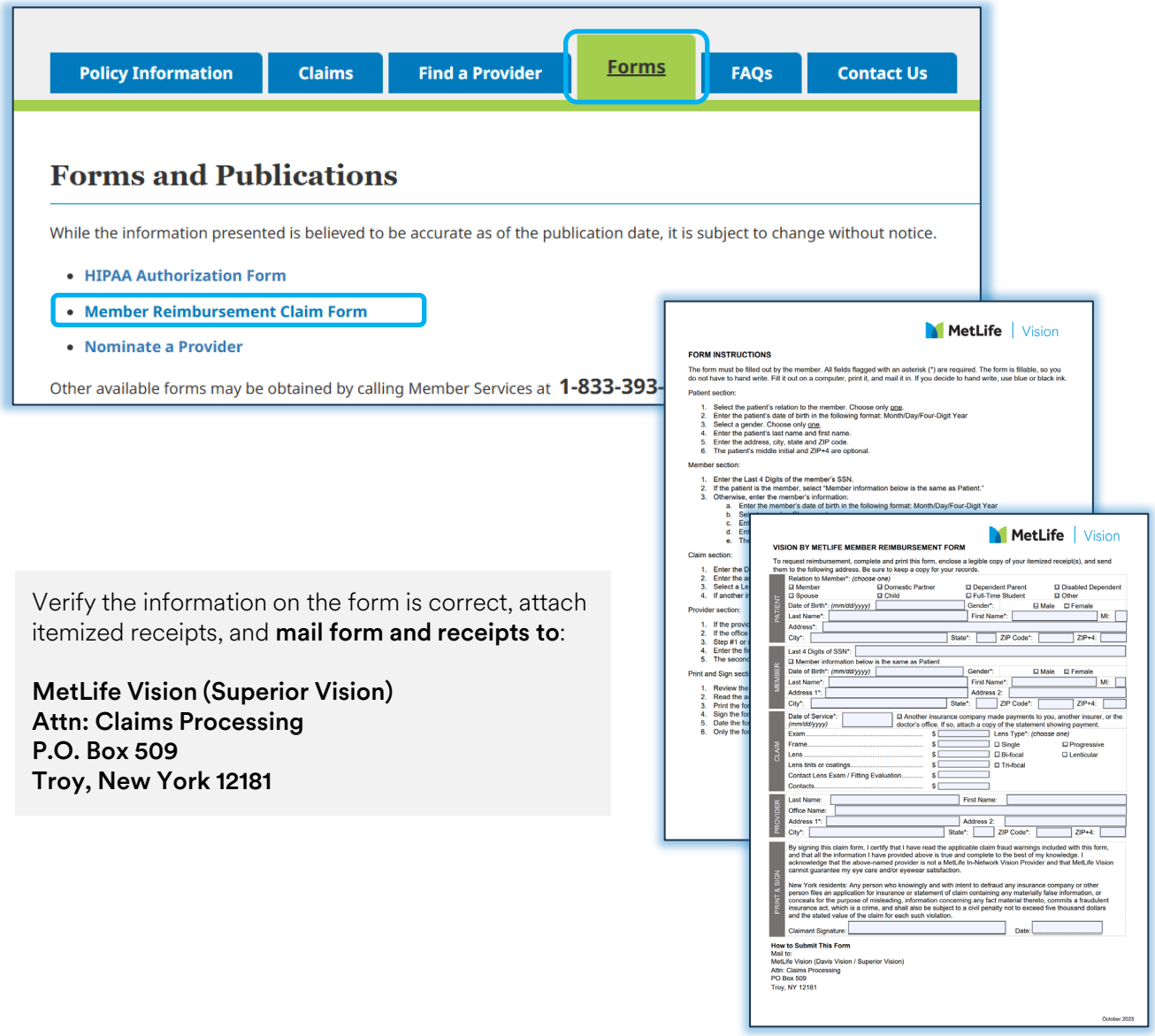
11. You can then choose to either '**Edit Claim**' or '**Submit Claim**'.



Prefer to mail in a paper form with receipts?

By clicking on the '**Forms' tab**, you can **download a form and mail it** to the address below. Follow the directions and fill out the form in its entirety.

- Complete a form **for each patient** and/or plan.



Verify the information on the form is correct, attach itemized receipts, and **mail form and receipts to**:

MetLife Vision (Superior Vision)
Attn: Claims Processing
P.O. Box 509
Troy, New York 12181