

MyBenefits

Submit your out-of-network vision claim online

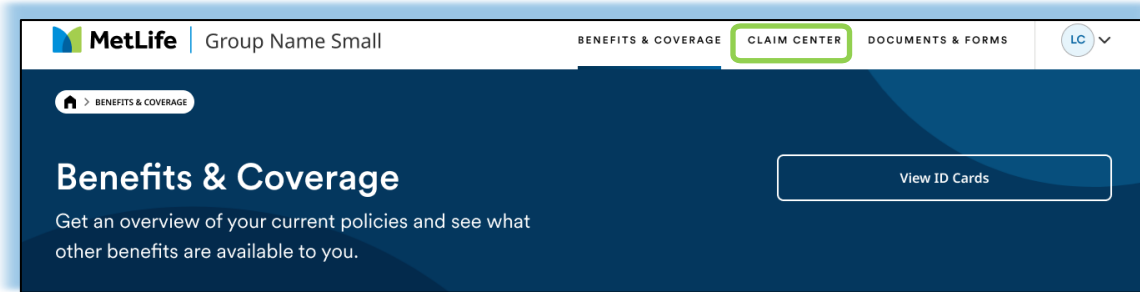


Use this MyBenefits online form to submit a claim for the following:

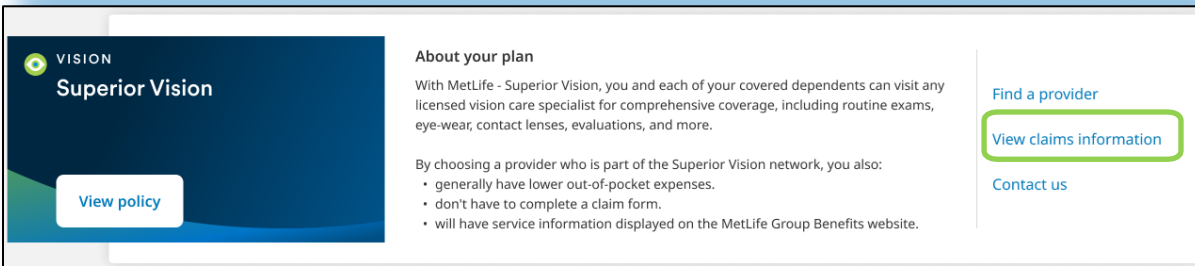
- Services rendered by an out-of-network provider, or
- Services rendered by an in-network provider, **where you took advantage of sales, coupons, or other in-store specials.**

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

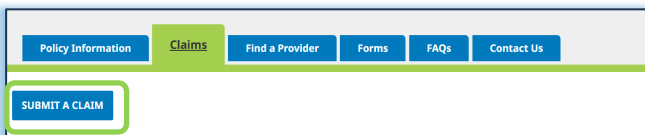
1. Once registered and logged in to **metlife.com/mybenefits**, from the Benefits & Coverage page click on **'Claim Center'**.



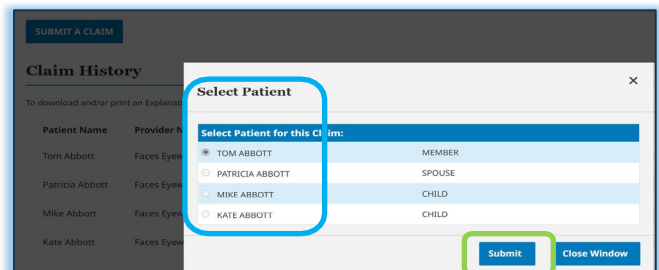
2. From the Benefits & Coverage page, you can also click on **'View all my claims'** in the Superior Vision tile.



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.

Claims submitted here will be reimbursed according to your plan's **out-of-network rates**. You may receive full or partial reimbursement for services from out-of-network providers. However, this claim submission does not guarantee any reimbursement. Review your benefits for details.

Use this 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.

Step 1 Patient Selected		
Patient Name	Relationship	Action
TOM ABBOTT	MEMBER	Change Patient

Step 2 Date of Service		
If you have more than one receipt, please enter the earliest service date.		
April		▼
7		▼
2025		▼

You can change the patient here if needed.

Complete the 'Date of Service'.

Click on 'Add Service to Claim' to enter your services/expenses.

Step 3 Services Received		
Based on your receipt(s), use the "Add Service to Claim" button to enter the expenses you incurred for the services you received.		
Service	Expenses Incurred	Action
Eye Examination	\$ 200.00	Delete
Total Expenses Incurred:	\$ 200.00	

Choose your 'Service Type' from the drop-down box. Enter the amount you paid for that service in the 'Expenses Incurred' field and click 'Submit'.

Add Service

Service Type: Eye Examination ▼

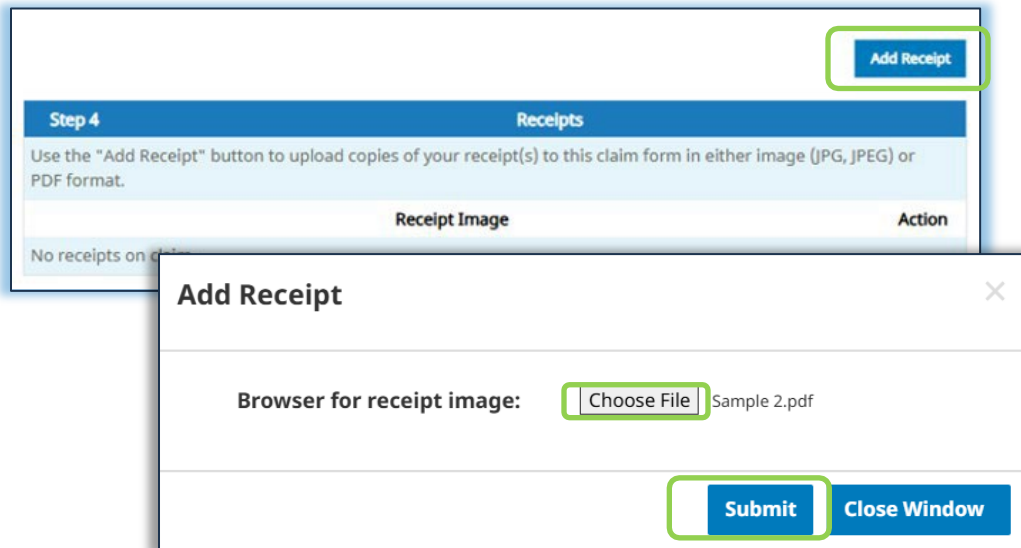
Expenses Incurred: \$ 200.00

[Submit](#) [Close Window](#)

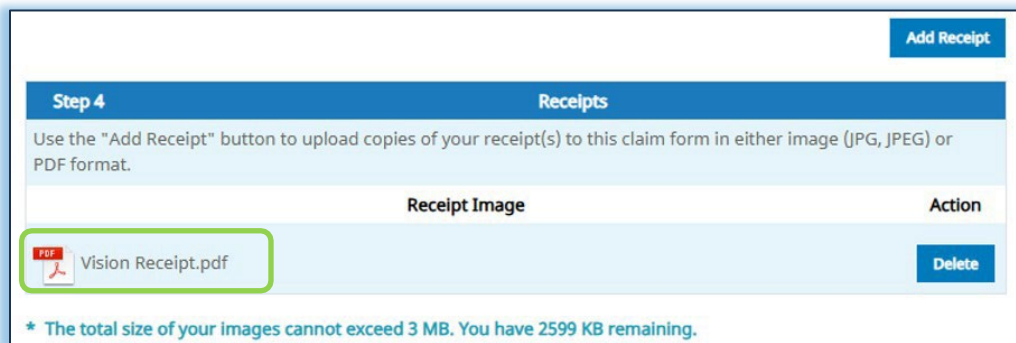
If you have more than one Service Type, click on 'Add Service to Claim' again and then click 'Submit'.

Step 3 Services Received		
Based on your receipt(s), use the "Add Service to Claim" button to enter the expenses you incurred for the services you received.		
Service	Expenses Incurred	Action
Eye Examination	\$ 200.00	Delete
Frames	\$ 150.00	Delete
Single Vision Lenses	\$ 50.00	Delete
Total Expenses Incurred:	\$ 400.00	

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.

Step 5 Did You See an In-Network Provider?

If you are filing this claim for services rendered by an In-Network provider, please enter the provider's name and phone number in Step 5 below. Otherwise, skip Step 5.

Provider Name:

Provider Phone:

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

I certify that the information I am submitting is correct, and I authorize the provider to release appropriate information necessary to process this claim to plan provisions.

[View Claim Summary](#)

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

I certify that the information I am submitting is correct, and I authorize the provider to release appropriate information necessary to process this claim to plan provisions.


[View Claim Summary](#)

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

Please review the claim data below.
Then, click the "Submit Claim" button at the bottom of this page to submit the claim or click the "Edit Claim" button to make changes to this claim before submitting.

Patient Selected	
Patient Name:	TOM ABBOTT
Relationship:	MEMBER
Policyholder:	TOM ABBOTT
Mailing Address:	123 MAPLE STREET APPLETON, WI 12345

Services Received		
Service	Expenses Incurred	Date of Service
Eye Examination	\$ 200.00	4 / 7 / 2025
Total Expenses Incurred:	\$ 200.00	

Receipts	
 Vision Receipt.pdf	

The actual reimbursement amount may differ from above.
You should receive your reimbursement within 10 - 15 business days.

[Edit Claim](#) [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

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, Superior Vision by MetLife plans 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.

