



IMPORTANT REMINDER NOTICE: Patients may present with MetLife/Versant Health (Superior/Davis Vision) Vision Benefit

Dear Valued Eye Care Professional,

As a reminder, MetLife, Versant Health's new owner, added Davis Vision and Superior Vision plans into their vision product offerings that began January 1, 2022. As providers in the Davis Vision and/or Superior Vision networks, this upcoming year will bring additional MetLife members seeking services from your office.

The plan names offered by MetLife are "***Davis Vision by MetLife***" and "***Superior Vision by MetLife***." MetLife also continues to offer its Vision PPO plan, which is the third plan of its vision care offerings. Patients may simply convey that they have MetLife Vision and not understand the distinction between these three plans. As a result, you may have to ask the patient if they know which of the plans they have. Based on their answer, please manage eligibility verification, orders, and claims for MetLife vision care patients in the following way:

Davis Vision or Davis Vision by MetLife – Versant Health's Provider Portal

- Versant Health Portal: <https://ecp.versanthealth.com/>

Superior Vision or Superior Vision by MetLife – Versant Health's Provider Portal

- Versant Health Portal: <https://ecp.versanthealth.com/>

MetLife Vision PPO or MetLife through VSP – Follow your existing VSP Process

If the patient does not know the specific plan they have, you may need to look into both systems in order to complete the process using their LAST NAME and DATE OF BIRTH.

Note: Please see the attached for instructions on how to look up "***Davis Vision by MetLife***" and "***Superior Vision by MetLife***" member eligibility and benefits.

You and your clinical teams are integral to our mission as valued participants in our provider network. As always, please contact customer service if you have any questions.

Davis Vision: 1 (877) 235-5316

Superior Vision: 1 (877) 235-5317

Sincerely,
Versant Health Provider Support Team



Look up eligibility **Davis Met Life** and benefit information



Member Search By

Service Date* 03/31/2020 Today's Date

Date of Birth* 03/26/1964

ID# -OB- Last Name*

*Indicates Required

Complete the Member Search Fields



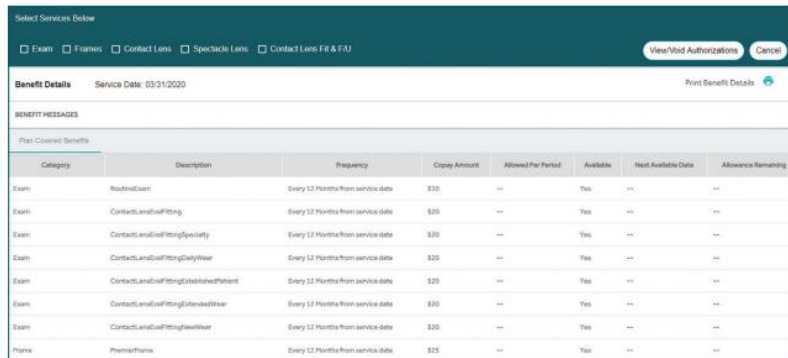
← Back Location* 5 Railroad Ave, PA, 15066 (DV33111, DV2222) Make this my default location Practitioner Anika Han

Displaying Search Results for: Service Date: 1/17/2019, DOB: 09/02/1964, Member ID: 22222222

Select	Member Information	Relationship	Group	Plan Name
<input type="checkbox"/>	Jerry Johnson 09/02/1964 22222222	Self	HealthFirst NewYork 12345678	XYZ Vision Plan

[View Detailed Benefits](#) [Service Record Form](#) [History](#)

Be sure the practitioner accepts the member's benefits



Select Services Below

☐ Exam ☐ Frames ☐ Contact Lens ☐ Spectacle Lens ☐ Contact Lens FR & FUJ

Benefit Details Service Date: 03/31/2020 [Print Benefit Details](#)

BENEFIT MESSAGES

Plan Covered Benefits

Category	Description	Frequency	Copay Amount	Allowed Per Period	Available	Next Available Date	Allowance Remaining
Exam	Routine Exam	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Specialty	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Daily Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Frame	Frame and Frame	Every 12 Months from service date	\$25	---	Yes	---	---

Review the Member Benefits Messages

1. From the Dashboard:
Choose the date of service, **Member DOB** and **Member Last Name** in the fields provided. (**Do Not Use Member ID**)
Click Search.

2. If the member you searched for does not participate in your particular network, you will be required to choose a different **practitioner** who accepts that member's benefits. Then click the button to select the member.

3. Click the **View Details Benefits** button beside the Member's name in the results list. The Member Eligibility information displays.

Look up eligibility **Superior Met Life** and benefit information



Member Search By

Service Date* 03/31/2020 Today's Date

Date of Birth* 03/26/1964

ID# -OB- Last Name*

*Indicates Required

Complete the Member Search Fields



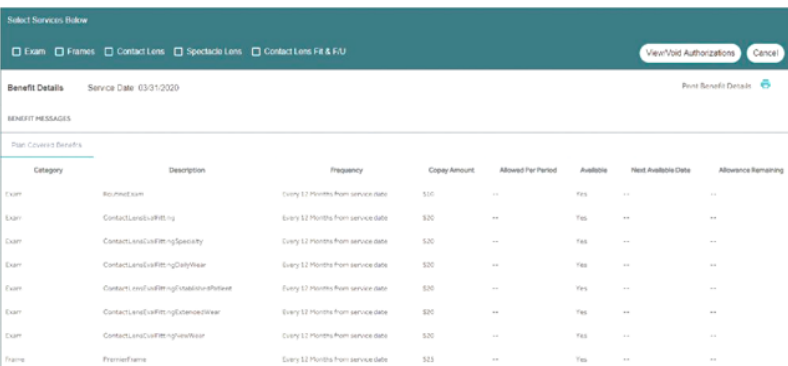
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Be sure the practitioner accepts the member's benefits



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Benefit Details Service Date: 03/31/2020 [Print Benefit Details](#)

BENEFIT MESSAGES

Plan Covered Benefits

Category	Description	Frequency	Copay Amount	Allowed Per Period	Available	Next Available Date	Allowance Remaining
Exam	Routine Exam	Every 12 Months from service date	\$10	---	Yes	---	---
Exam	Contact Lens and Fitting	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Specialty	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Daily Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
Exam	Contact Lens and Fitting Extended Wear	Every 12 Months from service date	\$20	---	Yes	---	---
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