

National Armed Forces Association

2026 Plan Summary and Cost of Coverage

Help lower your and your family's out-of-pocket costs on eye exams, glasses, lenses and more with Superior Vision Network Vision Insurance. With affordable co-payments and nationwide access to discounts, you'll be seeing your way to clear savings in no time.¹

Eligibility

All National Armed Forces Association members² in good standing, their spouses/domestic partners, and dependent children³ may apply.

Summary of Covered Services — Superior Vision Network

	In-Network Coverage (Using a Network Provider)	Out-of-Network Coverage (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Covered in full with a Co-Payment not to exceed \$39	Applied to the allowance for the eye examination
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
Single vision	Covered in full after \$25 copay	\$30 allowance
Lined bifocal	Covered in full after \$25 copay	\$50 allowance
Lined trifocal	Covered in full after \$25 copay	\$65 allowance
Lenticular	Covered in full after \$25 copay	\$100 allowance
Standard Lens Enhancement		
Ultraviolet coating	Up to \$12	Applied to the allowance for the applicable corrective lens
Polycarbonate (child up to age 18)	Covered in full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements⁴		
Progressive Standard	Up to \$55	\$50 allowance
Progressive Premium	Up to \$110	\$50 allowance
Progressive Ultra	Up to \$150	\$50 allowance

Progressive Ultimate	Up to \$225		\$50 allowance
Standard Polycarbonate (adult)	Up to \$40		Applied to the allowance for the applicable corrective lens
Scratch-resistant coating	Tier 1 Up to \$15 Tier 2 Up to \$30		Applied to the allowance for the applicable corrective lens
Tints/Dyes	Solid Up to \$15 Gradient Up to \$18		Applied to the allowance for the applicable corrective lens
Anti-reflective coating	Tier 1 Up to \$50 Tier 2 Up to \$70 Tier 3 Up to \$85 Tier 4 Up to \$120		Applied to the allowance for the applicable corrective lens
Photochromic	Up to \$80		Applied to the allowance for the applicable corrective lens
Frame			
Allowance	\$130 allowance		\$70 allowance
You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating (in-network) locations except Costco.			
Contact Lenses (instead of eyeglasses)			
Elective	\$130 allowance		\$105 allowance
Necessary	Covered in full		\$210 allowance
Contact Fitting and Evaluation	Standard fit: covered in full after \$25 copay	Specialty: \$50 allowance after \$25 copay	Applied to the contact lens allowance
Frequency (Glasses or Contacts)			
Eye Examination	1 per 12 Months		1 per 12 Months
Standard Corrective Lenses	1 per 12 Months		1 per 12 Months
Frame	1 per 12 Months		1 per 12 Months
Contacts	1 per 12 months		1 per 12 months

In-Network Value Added Features	
Additional lens enhancements	In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements. ⁴
Additional Savings on Glasses and Sunglasses	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. ⁴ At times, other promotional offers may also be available.
Laser Vision correction⁵	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

To find a Superior Vision network provider go to:

<https://www.metlife.com/insurance/vision-insurance/>

Click on Find Vision Provider, Choose Superior Vision, & enter your zip code.

Rates at a glance

Monthly Cost

The following monthly costs are effective through December 31, 2026. Monthly cost covers all eligible children.

Superior Vision Network

	Member Only	Member + Spouse/ Domestic Partner	Member + Child(ren)	Member + Family
Area 1	\$5.91	\$11.09	\$13.05	\$21.15
Area 2	\$6.40	\$12.12	\$14.26	\$23.68
Area 3	\$7.18	\$14.36	\$16.90	\$25.89
Area 4	\$7.66	\$15.45	\$18.18	\$28.18
Area 5	\$7.90	\$15.81	\$18.75	\$30.17
Area 6	\$8.39	\$17.03	\$20.04	\$32.38

Areas are determined based on ZIP Code – see the area schedule below. Rates are guaranteed from January 1, 2026 – December 31, 2026

Area Schedule

To determine the appropriate premium rates for a vision plan, look up your state of residence, and then look up your 3-digit ZIP Code, if applicable. Use the Area number that applies to your state/ZIP Code to determine the premium rate from the table above.

State	Area	First 3 Digits of ZIP Code (if applicable)	State	Area	First 3 Digits of ZIP Code (if applicable)
Alabama	1	350-354, 362-364, 367-369	Montana	3	Not Available
	2	355-361, 365-366	Nebraska	1	680-684, 689-690
Alaska	6	Not Available		2	685-688, 691-693
Arizona	2	850-857	Nevada	2	889-891
	3	859-865		4	893-898
Arkansas	2		New Hampshire	4	Not Available
California	2	923-925		5	Not Available
	3	900, 905-922, 926-938, 952-953, 955-961	New Jersey	2	071-072
	4	901-904, 939, 945-946, 948, 950-951		3	070, 073, 077, 080-087
	5	940-944, 947, 949, 954		4	074-076, 078-079, 088-089
Colorado	3		New Mexico	3	Not Available
Connecticut	4		New York	2	104, 124-129, 133-136, 142
Delaware	4	197, 199		3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	5	198		4	063, 105-108, 111-114, 116
D.C.	3			6	100-102
Florida	2	320-322, 325-329, 334-338, 342-349	North Carolina	3	270-281, 283-289
	3	323-324, 333, 339-341		4	282
	4	330-332	North Dakota	3	
Georgia	2	306-310, 312, 319	Ohio	2	430-435, 437-459
	3	300-305, 311, 313-318, 398		3	436
Hawaii	3		Oklahoma	2	731, 735-749
Idaho	2			3	730, 734
Illinois	1	624, 628-629	Oregon	3	
	2	609-623, 625-627	Pennsylvania	1	Not Available
	3	600-608		2	Not Available
Indiana	1	471, 475			
	2	460-462, 465-470, 472-474, 476-479		3	Not Available
	3	463-464	Puerto Rico	1	
Iowa	1	508-510, 512-516	Rhode Island	3	
	2	500-507, 520-528	South Carolina	3	
	3	511	South Dakota	2	570, 572-577
Kansas	2			3	571
Kentucky	1	400-404, 406-409, 411-419, 425-427	Tennessee	2	
	2	405, 410, 420-424	Texas	1	782
Louisiana	2			2	754-759, 764-769, 773-774, 776-781, 783-785,
Maine	3	Not Available			788-789, 794-799
	4	Not Available		3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Maryland	1	215	Utah	1	Not Available
	2	206, 210-214, 216-219	Vermont	4	Not Available
	3	207-209	Virginia	2	230-246
Massachusetts	3	010, 012-013		3	201, 220-229
	4	011, 014-027	Virgin Islands	3	
Michigan	2	486	Washington	3	990-992, 994
	3	480-485, 487-499		4	985-989, 993
Minnesota	3			5	980-984
Mississippi	2		West Virginia	2	
Missouri	1	645	Wisconsin	3	
	2	630-644, 646-651, 653-659	Wyoming	2	
	3	652			

How do I pay for my coverage?

Discuss your payment options with your plan administrator.

Please contact your plan administrator at 1-651-259-9001 for information about your payment options.



Exclusions

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medications.

Important: If you or your family members are covered by more than one health care plan, you may not be able to receive benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Continuation of Coverage: Your coverage can continue as long as you pay your premium when due, remain a member, insurance continues for your class and the policy remains in force. Please see the certificate of insurance for details.

1. Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
2. You must be a member in good standing of the National Armed Forces Association to qualify for this insurance plan.
3. Refers to your unmarried, dependent children under age 26.
4. Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.
5. The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eyecare provider.

Coverage may not be available in all states. Please contact your plan administrator at 1-651-259-9001 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy/exhibits. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Vision insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

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 your plan administrator at 1-651-259-9001 for costs and complete details.

VSP is a registered trademark of Vision Service Plan.

Policy form GPNP15-2T

Certificate form GCERT2000-VISION

Policy number 253905-1-G

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Navigating life together