



Vision Network: VSP Choice

Present SSN to Provider

Employee Name

Chugach Alaska Corporation

Group Name

Employee ID

255806

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card
- Review benefits information and past services
- Obtain claims forms and educational information
- **Providers** — Check eligibility through eyefinity.com or call 800.615.1883
- **Retail chain locations** — Check eligibility through 2020source.com or call 866.773.3260

1-855-MET-EYE1

TDD/TTY for the hearing impaired: 1-800-428-4833

- Monday-Saturday, 9 a.m. to 8 p.m., Eastern Time
- Sunday - Closed (IVR available 24/7)
- MetLife Vision Claims; P.O. Box 495918; Cincinnati, OH 45249