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**CORRECTION TO THE METLIFE VISION PAGES OF**

**THE WV MOUNTAINEER FLEXIBLE BENEFITS REFERENCE GUIDE**

**SUBMISSION ADDRESS FOR OUT OF NETWORK CLAIMS**

The correct claims submission address is:

**MetLife Vision**

**PO Box 385018**

**Birmingham, AL 35238-5018**

Use of the old address will result in the claim being returned to the sender as undeliverable.

You will need to submit an itemized receipt, as well as a MetLife claim form within 6 months of your visit.

Claim forms with the correct address can be downloaded from mybenefits.metlife.com/westvirginia.

**As a reminder, this is for out of network claims only.**

**If you visit an in network provider, they are responsible**

**for submitting your claim to MetLife.**