MetLife | Vision

Hollywood Chrysler Plymouth, Inc. MLAM – Superior Vision Network Plan Summary

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart®, Sam's Club®, Visionworks® , LensCrafters®, and Target Optical®.

In-network value added features:

Additional savings on lens enhancements:[5] Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

Additional savings on glasses and sunglasses:[5] 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on frames:[5] 20% off any amount over your frames allowance.

Additional savings on contacts:[5] Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

Laser vision correction: [5] Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

Monthly Premiums

• *Employee Only:*	**$5.70**
• *Employee + 1 Dependent:*	**$10.72**
• *Employee + Family:*	**$15.24**

In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

Frequency

Eye exam

Once every **12** months

- Eye health exam, dilation, prescription, and refraction for glasses: after a **$10** copay
- Retinal imaging: Up to a **$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **12** months

- Allowance: **$130** [1]
- Additional allowance of $25 at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon ($).

Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: after a **$25** eyewear copay.[1].

Standard lens enhancements[2]

Once every **12** months

- Standard Polycarbonate (child up to age 18) [3] Covered in full.
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.

[1] Materials co-pay applies to lenses and frames only, not contact lenses.

[2] The above list highlights some of the most popular lens enhancements and is not a complete listing.

[3] Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

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Other in-network features - continued:

Hearing discounts: [5] A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Lens Enhancements[6]: How to maximize potential savings[7]. In search results, look for the star icon. These providers have agreed to accept discounts[8] for all covred lens enhancements.

Contact lenses (instead of eyeglasses)[4]

Once every **12** months

Contact fitting and evaluation:

- Standard fitting; Covered in full after **$25** copay
- Specialty fitting: **$50** allowance after **$25** copay
- Elective lenses: **$130** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:[4]
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

1 [4] Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

2 [5] These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart, Costco and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **$45**
- Frames: up to **$70**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**
- Contact lenses:
  - Elective lenses up to **$105**
  - Necessary lenses up to **$210**

Second Pair Plan Enhancement

Once every 12 months

This benefit gives you additional eyewear coverage.

- Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance.

Out-of-network reimbursement:
Out of network allowances are the same as enumerated in the main benefit plan above.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect 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.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including 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.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

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 MetLife or your plan administrator for costs and complete details.