

## Vision Care Plan for

## Lansing Community College

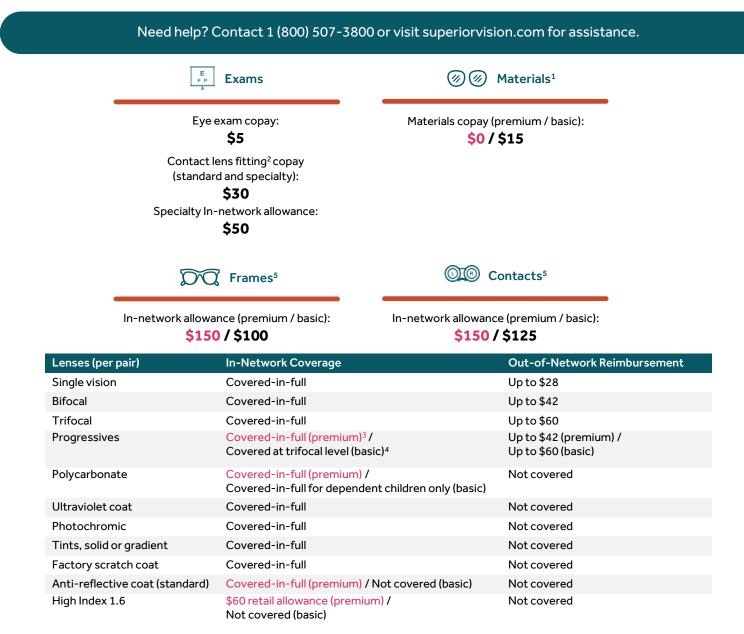
You may choose from two plans: Premium plan or Basic plan

Benefits through Superior National network

| Frequency            |           |  |
|----------------------|-----------|--|
| Exam                 | 12 months |  |
| Frame⁵               | 12 months |  |
| Contact lens fitting | 12 months |  |
| Eyeglass lenses⁵     | 12 months |  |
| Contact Lenses⁵      | 12 months |  |
|                      |           |  |

(based on date of service)

Premium plan: One pair of glasses **AND** one contact lens allowance are included with the above service frequencies. Basic plan: Contact lenses are in lieu of eyeglass lenses and frames benefit.



| Lens Add-On Discounts <sup>6</sup>                                 | Your Cost              |
|--|------------------------|
| Polycarbonate lenses   | \$40                   |
| Blue light filtering   | \$15                   |
| Digital single vision  | \$30                   |
| Progressive lenses<br>(standard / premium / ultra / ultimate)      | \$55/\$110/\$150/\$225 |
| Anti-reflective coating<br>(standard / premium / ultra / ultimate) | \$50/\$70/\$85/\$120   |
| Polarized lenses   | \$75                   |
| Hi-index (1.67 / 1.75)   | \$80/\$120             |

| Overage Discounts <sup>6</sup> | Amount                        |
|--------------------------------|-------------------------------|
| Frames                         | 20% off amount over allowance |
| Conventional contacts          | 20% off amount over allowance |
| Disposable contacts            | 10% off amount over allowance |

| Non-Covered Services Discounts <sup>6</sup> | Amount         |
|---|----------------|
| Exams, frames, prescription lenses          | 30% off retail |
| Contacts, miscellaneous options             | 20% off retail |
| Disposable contact lenses                   | 10% off retail |
| Retinal imaging                             | \$39 cost      |

| Additional Out-of-Network Reimbursements                 | Amount                                       |
|--|--|
| Eye exam (MD)  | Up to \$37                                   |
| Eye exam (OD)  | Up to \$28                                   |
| Frame  | Up to \$70 (premium) /<br>Up to \$48 (basic) |
| Contact lens fitting (standard / specialty) <sup>2</sup> | Applied to allowance for contact lenses      |
| Contact lenses⁵  | Up to \$100                                  |



## LASIK Discounts<sup>6</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit <u>superiorvision.com</u> or contact your benefits coordinator.

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Hearing Aid Discounts<sup>6</sup> Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit <u>superiorvision.com</u> or contact your benefits coordinator.

Free Mobile App With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware 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. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements **1**. Materials co-pay applies to lenses and frames only, not contact lenses. **2**. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. **3**. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses. **4**. Covered to provider's inoffice standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay **5**. **Premium plan: One pair of glasses AND one contact lens allowance are included with the above service frequencies. Basic plan: Contact lenses are in lieu of eyeglass lenses and frames benefit.** 6. Not all providers support these discounts, including an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features. Discounts and member out-of-pocket features are not