

Superior Vision Network Plan Summary

Plan Design for: Veros Credit LLC
Original Plan Effective Date: September 1, 2025

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 Warby Parker, Costco® Optical, Walmart®, Sam's Club®, Visionworks®, LensCrafters® and Target Optical®.

Superior		
Network	Superior Vision National Network	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$15 copay	\$45 allowance after \$0 copay
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina, to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear		
Glasses		
Standard Corrective Lenses		
• Single vision	\$15 copay	\$30 allowance*
• Lined bifocal	\$15 copay	\$50 allowance*
• Lined trifocal	\$15 copay	\$65 allowance*
• Lenticular	\$15 copay	\$100 allowance*
		*After \$0 copay

Standard Lens Enhancement	In-Network	Out-of-Network
<ul style="list-style-type: none"> Ultraviolet coating 	\$12	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Standard Polycarbonate (child up to age 18) 	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹ (In addition to Materials Copay) These Lens options are available with a “not to exceed” pricing/maximum member out of pocket amount.		
<ul style="list-style-type: none"> Progressive Standard 	\$55	\$50 allowance
<ul style="list-style-type: none"> Progressive Premium 	\$110	\$50 allowance
<ul style="list-style-type: none"> Progressive Ultra 	\$150	\$50 allowance
<ul style="list-style-type: none"> Progressive Ultimate 	\$225	\$50 allowance
<ul style="list-style-type: none"> Standard Polycarbonate (adult) 	\$40	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Scratch-resistant coating (variable by type) 	Covered in Full	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Tints (plastic lenses – Solid) 	\$15	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Tints (plastic lenses – Gradient) 	\$18	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Anti-reflective coating (variable by type) 	\$50 - \$120	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Photochromic (variable by type) 	\$80	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Blue Light Filtering 	\$15	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Digital Single Vision 	\$30	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Polarized 	\$75	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> High Index (1.67/1.74) 	\$80 / \$120	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam’s Club.)	\$130 allowance Additional \$25 frame allowance at select providers. Visit www.metlife.com/mybenefits to locate participating providers.	\$70 allowance
Contact Lenses		
<ul style="list-style-type: none"> Elective 	\$130 allowance	\$105 allowance
<ul style="list-style-type: none"> Necessary 	Covered in full	\$210 allowance

<ul style="list-style-type: none"> Contact Fitting and Evaluation 	Standard: Covered in Full after \$25 copay Specialty: \$50 allowance after \$25 copay	Applied to the contact lens allowance
Value Added Features		
LASER VISION CORRECTION	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.	
ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. ²	
ADDITIONAL SAVINGS ON LENS ENHANCEMENTS	Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program. ²	
ADDITIONAL SAVINGS ON FRAMES	20% off any amount over your frames allowance. ²	
SAVINGS ON ADDITIONAL EXAMS	30% savings on additional exams. ²	
ADDITIONAL SAVINGS ON CONTACTS	10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. ² 10% - 20% discount on additional contacts. ²	
HEARING AIDS	Savings of up to 40% off national average selling prices for brand name hearing aids. 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.	

Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 24 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Vision	Rate per Employee
▪ Employee Only	\$6.03
▪ Employee + 1 Dependent	\$11.58
▪ Employee + Family	\$20.04

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.

• Materials allowance after a \$0 copay	• Single vision lenses: up to \$30	• Progressive lenses: up to \$50
• Eye exam: up to \$45 after a \$0 copay.	• Lined bifocal lenses: up to \$50	
• Frames: up to \$70	• Lined trifocal lenses: up to \$65	
• Contact lenses:	• Lenticular lenses: up to \$100	
• Elective up to \$105		
• Necessary up to \$210		

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 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.