

## Leidos Benefits Summary Plan Description

### Vision Plans

### Comparing the Vision Plans

	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
<b>Examination – One (1) per calendar year</b>				
Routine Well Vision Exam	\$20 Copay for exam and glasses	Plan pays up to \$45 (minus \$20 copay)	\$20 Copay for exam and glasses	Plan pays up to \$45 (minus \$20 copay)
Contact Lens Exam (fitting and evaluation)	Up to \$60 Copay	N/A	Up to \$60 Copay	N/A
<b>Lenses – per calendar year</b>				
Single Vision Lenses	Included in \$20 exam copay	Plan reimburses up to \$30	Included in \$20 exam copay	Plan reimburses up to \$30
Lined Bifocal Lenses	Included in \$20 exam copay	Plan reimburses up to \$50	Included in \$20 exam copay	Plan reimburses up to \$50
Lined Trifocal Lenses	Included in \$20 exam copay	Plan reimburses up to \$65	Included in \$20 exam copay	Plan reimburses up to \$65
Lenticular	Included in \$20 exam copay	Plan reimburses up to \$100	Included in \$20 exam copay	Plan reimburses up to \$100
<b>Frames – per calendar year</b>				
Copay	Included in \$20 exam copay	Included in \$20 exam copay	Included in \$20 exam copay	Included in \$20 exam copay
Wide selection of frames	\$150 Allowance	Plan reimburses up to \$70	\$150 Allowance	Plan reimburses up to \$70
Featured frame brands	\$200 Allowance	Plan reimburses up to \$70	\$200 Allowance	Plan reimburses up to \$70
Walmart / Sam's Club / Costco	\$150 Allowance	Plan reimburses up to \$70	\$150 Allowance	Plan reimburses up to \$70
Savings on the amount over your allowance	20% off overage	Plan reimburses up to \$70	20% off overage	Plan reimburses up to \$70

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<b>Frames – per calendar year</b>				
LightCare Program (Allows members to use frame allowance towards ready-made non-prescription sunglasses or ready-made nonprescription blue light filtering glasses, in lieu of prescription glasses or contacts.) Not available at Walmart or Sam's Club.	\$150 Allowance	Up to \$70	\$250 Allowance (inclusive of EasyOptions Allowance)	Up to \$70
Featured Frame Brands	\$50 in addition to LightCare frame allowance		\$50 in addition to LightCare frame allowance	
<b>Contact Lenses (in lieu of glasses) – per calendar year</b>				
Elective Contact Lenses	\$150 Allowance	Plan reimburses up to \$105	\$150 Allowance	Plan reimburses up to \$105
Medical Necessary Contact Lenses	Included	Plan reimburses up to \$210	Included	Plan reimburses up to \$210
<b>VSP EasyOptions<sup>1</sup> – per calendar year</b>				
	N/A	N/A	Each covered plan member may select one of the following enhancements when purchasing their eyewear: <ul style="list-style-type: none"> <li>• Additional \$100 frame allowance</li> <li>• Additional \$100 contact lens allowance</li> <li>• Fully-covered premium or custom progressive lenses</li> <li>• Fully-covered anti-reflective coating</li> <li>• Fully-covered light-reactive lenses</li> </ul>	N/A

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<b>Covered Lens Enhancements</b>				
Standard Progressive Lenses	Covered	Reimbursed up to \$50	Covered	Reimbursed up to \$50
Polycarbonate for children	Covered	N/A	Covered	N/A
<b>Non-Covered Lens Enhancements</b>				
Other Add-Ons & Services	Average of 30% discount off the regular price	N/A	Average of 30% discount off the regular price	N/A
<b>Supplemental Essential Medical Eye Care Plan</b>				
Retinal Screening for members with diabetes	\$0 per screening	N/A	\$0 per screening	N/A
Medical Eye Care Treatment	\$20 Copay <sup>2</sup>	N/A	\$20 Copay <sup>2</sup>	N/A
<p>Essential Medical Eye Care provides supplemental coverage for urgent and medical eye care. The program provides additional exams and services beyond routine care to treat immediate issues or to monitor ongoing conditions. Examples of symptoms for which a participant may seek services under EMEC:</p> <ul style="list-style-type: none"> <li>• pain in or around the eyes</li> <li>• transient loss of vision</li> <li>• ocular trauma</li> <li>• flashes or floaters</li> <li>• recent onset of eye muscle dysfunction</li> </ul> <p>Examples of conditions which may require management under the EMEC plan:</p> <ul style="list-style-type: none"> <li>• diabetic eye disease</li> <li>• ocular hypertension</li> <li>• retinal nevus</li> <li>• glaucoma</li> <li>• cataract</li> <li>• pink eye</li> <li>• macular degeneration</li> <li>• corneal dystrophy</li> </ul>				

	VSP Basic		VSP Plus	
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<b>Laser VisionCare Preferred Program – per lifetime</b>				
Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK	\$100 allowance per eye up to \$200 lifetime maximum. Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	Plan reimburses up to \$100 per eye up to \$200 lifetime maximum	\$100 allowance per eye up to \$200 lifetime maximum. Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	Plan reimburses up to \$100 per eye up to \$200 lifetime maximum
<b>Additional Discounts &amp; Savings</b>				
20% off additional glasses and/or non-prescription sunglasses from any VSP doctor within 12 months of your last well vision exam. No more than a \$39 copay for routine retinal screening as an enhancement to a well vision exam.				

<sup>1</sup>EasyOptions is not covered at Walmart, Sam's Club, or Costco. EasyOptions upgrade must be selected at the time eyewear materials are ordered. The selected upgrade must be consistent with the eyewear materials ordered (glasses or contact lenses). If you purchase eyewear materials from Walmart, Sam's Club or Costco, the EasyOptions feature will be forfeited and will not be available to redeem at other providers.

<sup>2</sup>If you have medical coverage and your eye doctor participates in your medical plan network, the eye doctor will process your EMEC claim through your medical plan first and VSP will supplement that coverage. If you do not have medical coverage or if your eye doctor does not participate in your medical plan network, you will pay the \$20 copay and the EMEC claim will be processed under the VSP plan.