

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
Examination – One (1) per calendar year				
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	Plan reimburses up to \$105; shared with contact lens materials	Up to \$60 Copay	Plan reimburses up to \$105; shared with contact lens materials
Lenses – per calendar year				
Single Vision Lenses	Included	Plan reimburses up to \$30	Included	Plan reimburses up to \$30
Lined Bifocal Lenses	Included	Plan reimburses up to \$50	Included	Plan reimburses up to \$50
Lined Trifocal Lenses	Included	Plan reimburses up to \$65	Included	Plan reimburses up to \$65
Lenticular	Included	Plan reimburses up to \$100	Included	Plan reimburses up to \$100
Frames – per calendar year				
Wide selection of frames	\$150 Allowance	Plan reimburses up to \$70	\$150 Allowance	Plan reimburses up to \$70
Featured frame brands/VisionWorks	\$200 Allowance	N/A	\$200 Allowance	N/A
Walmart / Sam's Club / Costco	\$150 Allowance	N/A	\$150 Allowance	N/A
Savings on the amount over your allowance	20% off overage	N/A	20% off overage	N/A
LightCare Program (Not available at Walmart® or Sam's Club®)	\$150 Allowance	Up to \$70	\$250 Allowance (inclusive of EasyOptions Allowance)	Up to \$70

	VSP Basic		VSP Plus	
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Contact Lenses (in lieu of glasses) – per calendar year				
Elective Contact Lenses	\$150 Allowance	Plan reimburses up to \$105	\$150 Allowance	Plan reimburses up to \$105;
Medical Necessary Contact Lenses	Included after copay	Plan reimburses up to \$210 (minus \$20 copay)	Included after copay	Plan reimburses up to \$210 (minus \$20 copay)
VSP EasyOptions¹ – per calendar year				
	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"> • Additional \$100 frame allowance • Additional \$100 contact lens allowance • Fully-covered premium or custom progressive lenses • Fully-covered anti-reflective coating • Fully-covered light-reactive lenses 	N/A
Covered Lens Enhancements				
Standard Progressive Lenses	Covered	Reimbursed up to \$50	Covered	Reimbursed up to \$50
Polycarbonate for children	Covered	N/A	Covered	N/A
Non-Covered Lens Enhancements				
Other Add-Ons & Services	Average of 30% discount off the regular price	N/A	Average of 30% discount off the regular price	N/A

	VSP Basic		VSP Plus	
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Supplemental Essential Medical Eye Care Plan				
Retinal Screening for members with diabetes	\$0 per screening	N/A	\$0 per screening	N/A
Medical Eye Care Treatment	\$20 Copay ²	N/A	\$20 Copay ²	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"> • pain in or around the eyes • transient loss of vision • ocular trauma • flashes or floaters • recent onset of eye muscle dysfunction <p>Examples of conditions which may require management under the EMEC plan:</p> <ul style="list-style-type: none"> • diabetic eye disease • ocular hypertension • retinal nevus • glaucoma • cataract • pink eye • macular degeneration • corneal dystrophy 				
Laser VisionCare Preferred Program – per lifetime				
Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	\$100 allowance per eye up to \$200 lifetime maximum.	Plan reimburses up to \$100 per eye up to \$200 lifetime maximum	\$100 allowance per eye up to \$200 lifetime maximum.	Plan reimburses up to \$100 per eye up to \$200 lifetime maximum
Additional Discounts & Savings				
20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last well vision exam. Routine Retinal Screening, no more than a \$39 copay as an enhancement to a well vision exam. (Routine Retinal Screening not available at Walmart®, Sam's Club® or Costco®.				

¹EasyOptions 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). EasyOptions is not covered at Costco®. If you purchase eyewear materials from Costco®, the EasyOptions feature will be forfeited and will not be available to redeem at other providers.

²If 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.