

## Leidos Benefits Summary Plan Description

### Vision Plans

Leidos offers two vision plans – VSP Basic and VSP Plus. Participants may elect coverage for themselves and their families under the **Vision Service Plan (VSP)**. These plans are designed to provide a variety of eye care services.

- **Eligibility**
- **Paying for Care**
- **Plan Design**
- **What the VSP Basic Plan Covers**
- **What the VSP Plus Plan covers**
- **What VSP Does Not Cover**
- **Filing Claims**
- **Continuing Vision Insurance After Plan Coverage Ends**

### Eligibility

A Leidos employee is eligible to enroll in Leidos benefit programs under the following conditions:

Employee Eligibility	
Type of Coverage	Eligibility Requirements
Vision Plan	<ul style="list-style-type: none"><li>• Must be an active, regular full-time employee working at least 30 hours per week; or</li><li>• Must be a part-time employee, regularly scheduled to work at least 12 hours per week but less than 30 hours per week;</li></ul>

### Dependents

Participants may enroll their eligible dependents in the Leidos Vision plans. Eligible dependents include:

- The participant's legal spouse or domestic partner (See " Domestic Partners");
- Each child of the participant or domestic partner younger than age 26, including:
  - A natural child or stepchild;
  - An adopted child (coverage begins as of the earlier of the date the child was placed in the participant's home or the date of final adoption); and

- Any other child who depends on the participant for support and lives with the participant in a parent-child relationship, if the participant provides proof of legal guardianship.
- Unmarried children, age 26 and older who are incapable of self-sustaining employment because they are mentally or physically disabled, as long as:
  - The mental or physical disability existed while the child was covered under the plan and began before age 26;
  - The child is primarily dependent on the participant for support; and
  - The participant provides periodic evidence of incapacity.

Participants must update enrollment in Workday within 31 days of any change in dependent eligibility.

### **Important: If a Participant's Spouse, Domestic Partner or Dependent Is a Leidos Employee**

Double coverage is not permitted under Leidos' benefit programs. Therefore, participants may not cover a spouse, domestic partner or dependent child if that spouse, domestic partner or child is also a Leidos employee and has elected his or her own coverage.

If a participant and his or her spouse or domestic partner are both Leidos employees, each can choose individual coverage, or one can cover the other as a dependent — but not both.

## **Domestic Partners**

The participant may enroll his or her domestic partner and the domestic partner's eligible dependent children in participating medical, dental and vision plans in which the participant is enrolled.

For purposes of Leidos coverage, a domestic partnership is a committed same-sex or opposite-sex relationship, in which domestic partners:

- Live together at the same address and have lived together continuously for at least one year;
- Are not legally married to one another or anyone else;
- Do not have another domestic partner and have not signed a domestic partner declaration with another within the past year;
- Are mentally competent to consent to a contract or affidavit;
- Are not related by blood in such a way as would prohibit legal marriage; and
- Are jointly responsible for each other's common welfare and are financially interdependent

Employees must submit proof of Domestic Partnership Registration from a state or local domestic partner registry or submit a notarized [Declaration of Domestic Partnership](#) and any other required documents in order to enroll a domestic partner. The Declaration must be presented to insurers upon request. Contact Employee Services for additional information on enrolling a domestic partner.

Domestic partner coverage is different from spouse coverage. For instance:

- Participant contributions for domestic partner coverage and their eligible children must be paid on an after-tax basis;
- The value of benefits provided to a domestic partner and/or his or her eligible children is considered taxable income. As a result, the Leidos employee must pay any state, federal, FICA and other applicable tax withholding in the form of imputed income. This amount is based on the value of the coverage Leidos provides to the partner.

## Dependent Eligibility Verification (DEV) Process

As a government contractor, the company is required by the Defense Contract Audit Agency (DCAA) to demonstrate that our claims for benefit costs are legitimate and ensure that we provide health and welfare benefit coverage only to eligible dependents of our employees. This ongoing verification also assures that the company does not bill the customer for medical costs associated with ineligible dependents.

To support this ongoing effort, the company maintains a Dependent Eligibility Verification (DEV) program which is administered by a third-party administrator, Alight. Throughout the year, Alight verifies that any dependent added to our plans is, in fact, eligible for coverage. This includes dependents who are enrolled as a result of new employees joining the company, a qualifying life event (e.g., marriage, birth), as well as new dependents added to our plans during the annual Open Enrollment (OE) period in the fall.

In addition to the ongoing verification process, the company is also required to perform random dependent verifications - even if an employee's dependents were previously verified. This is necessary in order to ensure that a dependent's eligibility remains unchanged.

If an employee receives a request from Alight to verify current dependents, even if the dependent has been verified before, it is critical that the request is not ignored. Failure to provide the requested documentation within the specified timeframe will result in the dependent(s) being deemed ineligible and removed from our plans.

Covering ineligible dependents is a violation of the company's Code of Conduct and could expose the company to sanctions from the government. The company's eligibility verification process helps ensure that we are compliant with our requirements as a government contractor.

Questions about the dependent eligibility verification program may be directed to Alight at 866-851-0731, or Employee Services at 855-553-4367, option 3 or via email at [AskHR@Leidos.com](mailto:AskHR@Leidos.com).

## Paying for Care

Participants are responsible for their share of the insurance premiums and applicable copayments for examinations and eyewear. Premiums are paid via pretax payroll deductions. The plan generally pays for prescription glasses, contact lenses and laser eye surgery, up to the applicable allowance. Prices are discounted through VSP network doctors.

## Copayments

When a participant receives an eye exam from a VSP network doctor or a non-VSP provider, or obtains glasses or contacts, the participant is subject to the applicable copayment as shown in the table below.

When a participant receives services from a non-VSP provider, the participant is responsible for paying the complete bill at the time of service and applying for reimbursement for the benefits (less applicable copayments) according to the summary of benefits in the table that follows. For more information, participants may contact VSP by calling 1-800-877-7195, or by visiting the VSP website – <https://leidos.vspforme.com/>.

## Plan Design

The vision plans through VSP offers participants the flexibility to receive services from a VSP network doctor or a non-VSP provider. No referrals or identification cards are needed to see a VSP doctor.

## VSP Network Doctors

Vision care services and eyewear may be obtained from any licensed optometrist, ophthalmologist or dispensing optician. However, the plan generally pays maximum benefits and offers additional discounts when participants receive services and eyewear from VSP network doctors.

Participants pay only a copayment to a VSP doctor for services. VSP will pay the VSP doctor directly according to the plan's agreement with the doctor.

VSP doctors offer additional savings including a 20% discount on unlimited additional pairs of prescription or non-prescription glasses (lenses and frame) and sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. Participants can also save 15% off the cost of a contact lens exam when they receive contact lens services from a VSP doctor. (This discount is not available for use at Walmart®, Sam's Club® or Costco® and does not apply to the purchase of contacts.)

## Scheduling an Appointment with a VSP Network Doctor

When calling to schedule an appointment with a VSP doctor, participants should identify themselves as a VSP member.

To locate a VSP doctor near a participant's home or office:

- Visit the VSP website at <https://leidos.vspforme.com/> to search for a doctor by name or location.
- Call VSP's Member Services at 1-800-877-7195. VSP's automated service allows participants to search for a doctor by Zip Code or name.

## Non-VSP Providers

To receive the best value from the VSP benefit, a participant should visit a VSP network doctor. If benefits are obtained from a non-VSP provider, the participant must pay the provider in full at the time of service. The participant will be reimbursed by VSP according to the reimbursement schedule listed in the Schedule of Benefits. Services obtained from non-VSP providers are subject to the same copayments and limitations as services obtained from VSP providers.

## Laser Surgery Discount

VSP has contracted with many laser surgery facilities and doctors, offering participants access to laser vision correction surgery for hundreds of dollars less than they might pay privately. Visit <https://leidos.vspforme.com/> to learn more about the laser surgery program.

## LightCare Program

VSP's LightCare Program will allow members to use their frame allowance towards ready-made non-prescription sunglasses or non-prescription blue light filtering glasses in lieu of prescription eyewear.

## What the VSP Basic Plan Covers

Benefits generally covered under the Basic Plan include:

- Vision examination, including the test necessary to ensure visual wellness and to detect potential eye-related medical problems;
- Routine Retinal Imaging
- Prescription of corrective lenses when indicated;
- Single vision, lined bifocal or lined trifocal lenses in glass or plastic;
- Standard progressive lenses
- A selection of frames to choose from, up to the plan allowance;
- Contact lenses in place of prescription glasses;
- Discounts and allowances on lenses and frames, contact lens exam and laser eye surgery;
- Type 2 diabetes follow-up services and contact lens exams (evaluation and fitting);

## What the VSP Plus Plan Covers

The VSP Plus Plan coverage is inclusive of the benefits under the Basic Plan; however, the Plus plan has higher frame and lens allowances. Also, each covered member may select one of the following enhancements when purchasing their eyewear:

- 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

## What VSP Does Not Cover

VSP covers the participant's visual needs rather than optional extras or "cosmetic" materials. If a participant selects any of the following cosmetic options listed below, the participant will pay a negotiated VSP member price:

- Blended lenses;
- Oversize lenses;
- UV (ultraviolet protection) lenses;
- Progressive multifocal lenses;
- Coating of a lens or lenses;
- Laminating of a lens or lenses;

- Cosmetic lenses; and
- Optional cosmetic processes

In addition, services and eyewear that aren't covered include:

- Orthoptics or vision training and any associated supplemental testing;
- Planolenses (non-prescription lenses);
- Two pairs of glasses in lieu of bifocals;
- Replacement of lenses, frames and/or contact lenses under the plan which are lost or broken except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Corrective vision treatment of an experimental nature;
- Costs for services and/or eyewear above benefit allowances;
- Refitting of contact lenses after the initial (90-day) fitting period;
- Contact lens modification, polishing or cleaning;
- Services/eyewear not indicated as covered plan benefits

## 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	Plan reimburses up to \$105;	Up to \$60 Copay	Plan reimburses up to \$105;
Routine Retinal Imaging (Routine Retinal Screening not available at Walmart®, Sam's Club® or Costco®.)	\$10 Copay	Not Covered	\$10 Copay	Not Covered
<b>Lenses – per calendar year</b>				
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
<b>Frames – per calendar year</b>				
Wide selection of frames	\$150 Allowance	Plan reimburses up to \$70	\$200 Allowance	Plan reimburses up to \$70
Featured frame brands/VisionWorks	\$200 Allowance	N/A	\$250 Allowance	N/A
Walmart / Sam's Club / Costco	\$150 Allowance	N/A	\$200 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	\$300 Allowance (inclusive of EasyOptions Allowance)	Up to \$70



	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
<b>Contact Lenses (in lieu of glasses) – per calendar year</b>				
Elective Contact Lenses	\$150 Allowance	Plan reimburses up to \$105	\$200 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)
<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
<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

	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
<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>				
<b>Laser VisionCare Preferred Program – per lifetime</b>				
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
<b>Additional Discounts &amp; Savings</b>				
20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last well vision exam.				

<sup>1</sup>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). 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.

<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.

## Filing Claims

For out-of-network reimbursement, the participant must pay the entire bill at the time of service and then send the following information to VSP:

- An itemized receipt listing:
  - Date of service
  - Doctor's name or office name
  - Each service received and the amount paid;
- The participant's name, Social Security Number, phone number and address;
- The group number (#12180678);
- The patient's name, date of birth, phone number and address; and
- The patient's relationship to the participant (such as "self," "spouse," "child," etc.)

### To submit a claim online:

- Log in to your VSP account
- Click on "View Your Benefits" then "My Benefits"
- Scroll down and click "Submit an Out-of-Network Claim"
- Complete the fields and follow the prompts
- Upload your receipts
- Click Submit

### To submit a claim by mail:

- Contact VSP Member Services at 800-877-7195 to request a VSP Member Reimbursement Form.
- Complete the form and mail to:  
**Vision Service Plan (VSP)**  
Attention: Claims Services  
PO Box 495918  
Cincinnati, OH 45249-5918

Claims for reimbursement must be submitted within 365 days of the date of service. Participants should keep a copy of the information for their records and send the originals to VSP.

## Continuing Vision Insurance After Plan Coverage Ends

A federal law called the Consolidated Omnibus Budget Reconciliation Act (COBRA) enables a participant and his or her covered dependents to continue vision insurance if their coverage ends due to a reduction of work hours or termination of employment (other than for gross misconduct). Federal law also enables a participant's dependents to continue vision insurance if their coverage stops due to the participant's death or entitlement to Medicare; divorce; legal separation; dissolution of registered domestic partnership; or when the child no longer qualifies as an eligible dependent. The participant must elect coverage according to the rules of the Leidos health care plans. Continuation is subject to federal law, regulations, and interpretations.

For more information about participants' rights under COBRA, the participant should refer to **"Continuing Health Care Coverage Through COBRA"** in the Plan Information section.