

Leidos Benefits Summary Plan Description

Vision Plan

Participants may elect coverage for themselves and their families under the **Vision Service Plan (VSP)** (www.vsp.com). This plan is designed to provide a variety of eye care services.

More information available:

- **Eligibility**
- **Paying for Care**
- **Plan Design**
- **What VSP 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 Program	<ul style="list-style-type: none">• Must be an active, regular full-time employee working at least 30 hours per week; or• Must be a part-time employee, regularly scheduled to work at least 12 hours per week but less than 30 hours per week;

Dependents

Participants may also enroll their eligible dependents in some Leidos benefit programs. Dependents that are eligible to be enrolled in these programs are:

- The participant's legal spouse or registered domestic partner (See "Registered Domestic Partners");

- Each child of the participant or registered 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 notify the HR Employee Services, in writing, within 31 days of any change in dependent eligibility.

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

No one can receive "double coverage" under Leidos' benefit programs. Therefore, participants may not cover a spouse, registered domestic partner or dependent child if that spouse, registered 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 registered domestic partner are both Leidos employees, each can choose individual coverage or one can cover the other as a dependent — but not both.

If the participant has children, only the participant or spouse or registered domestic partner can choose coverage for dependent children.

Registered Domestic Partners

The participant may enroll his or her registered domestic partner and the registered 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 registered domestic partnership is a committed same-sex or opposite-sex relationship, in which registered 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 registered domestic partner and have not signed a registered 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.

A *Declaration of Domestic Partnership* must be completed, notarized and submitted with any other required documents in order to enroll a registered domestic partner. The Declaration must be presented to insurers upon request. Contact HR Employee Services for additional information on enrolling in registered domestic partner coverage. The *Declaration of Domestic Partnership* form can be found on Prism.

Registered domestic partner coverage is different from spouse coverage. For instance:

- Participant contributions for registered domestic partner coverage and their eligible children must be paid on an after-tax basis;
- The value of benefits provided to a registered 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, Budco. Throughout the year, Budco 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 (i.e., 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 Budco 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 Budco at 866-488-2001, or HR Employee Services at 855-553-4367, option 3 or via email at ASKHR@Leidos.com.

Paying for Care

The entire cost of the vision plan is paid by participants, who are responsible for the insurance premiums and applicable copayments for examinations and eyewear. Premiums are paid via bi-weekly pretax payroll deductions. The plan generally pays for prescription glasses, contact lenses and laser eye surgery, up to the applicable allowance. Prices are already discounted through VSP (www.vsp.com) 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, he or she is subject to the applicable copayment as shown in the table below.

When a participant receives services from a non-VSP provider, he or she 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 further information about what is covered and what is not covered by the plan, participants should contact VSP by calling 1-800-877-7195, or by visiting the VSP web site (www.vsp.com).

Plan Design

The vision plan through **VSP** (www.vsp.com) 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 (www.vsp.com) 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 additional pairs of prescription glasses (lenses and frame) and sunglasses. Services must be received within 12 months of a participant's last covered eye exam and provided by the same VSP doctor who conducted the 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 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 Web site at VSP (www.vsp.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

A participant receives the best value from the VSP benefit when he or she visits a VSP network doctor. If a participant obtains plan benefits from a non-VSP provider, he or she 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. Participants can visit VSP's web site (www.vsp.com) to learn more about the laser surgery program.

What VSP Covers

Benefits generally covered through [VSP \(www.vsp.com\)](http://www.vsp.com) include:

- Vision examination, including the test necessary to ensure visual wellness and to detect potential eye-related medical problems;
- 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)

Summary of Benefits

BENEFIT	FREQUENCY	VSP NETWORK DOCTOR	NON-VSP PROVIDER
Vision Exam	Once every calendar year	\$20 copay then plan pays 100% for exam services	\$20 copay then plan pays up to \$45 for exam services
Lenses	Once every calendar year	Plan pays 100% for single vision, lined bifocal, lined trifocal lenses and standard progressive lenses. Lens options that enhance appearance, durability and function of glasses are available with an average of 20% - 25% discount	After \$20 copay, plan reimburses up to: \$30 for single vision \$50 for lined bifocal or standard progressive lenses \$65 for lined trifocal
Frames	Once every calendar year	Plan covers frames up to \$150; participants may upgrade frames by paying the difference in cost; 20% discount on any out-of-pocket costs	After \$20 copay, plan reimburses up to \$70
Contacts (in lieu of lenses and frames)	Once every calendar year	Plan pays up to \$150 allowance; 15% discount on contact lens exam. Contact lens fitting and evaluation covered in full after a copay not to exceed \$60	Plan reimburses up to \$105*
Medically necessary contact lenses (in lieu of lenses and a frame)	Once every calendar year	Plan pays 100% if contact lenses are required for certain medical conditions that prevent a participant from wearing eyeglasses; Medically necessary contact lenses must be approved by VSP	Reimbursed up to \$210
Laser Vision Correction		Plan pays \$100 per eye up to a \$200 lifetime maximum, plus plan provides discounts averaging 15% on charges not to exceed: Custom LASIK: \$2,300 per eye LASIK: \$1,800 per eye PRK: \$1,500 per eye	Plan reimburses \$100 per eye up to a \$200 maximum; no discounts available

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 pair of glasses in lieu of bifocals;
- Replacement of lenses and frames 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;
- Services/eyewear not indicated as covered plan benefits.

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 the date of services and an itemized list of services received;
- 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.).

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

Vision Service Plan (VSP)

Attention: Claims Services

P.O. Box 385018 Birmingham, AL

35238-5018

Participants should contact VSP with any questions about coverage at 1-800-877-7195.

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.

Participants should refer to the VSP web site (www.vsp.com) for additional information.