

Leidos Benefits Summary Plan Description

Vision Plans

Leidos offers two vision plans options to choose from – VSP Basic and VSP Plus. 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.

- **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">• 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 enroll their eligible dependents in the Leidos Vision plans. Eligible dependents include:

- 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 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.

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.

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 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 (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 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 Services at 855-553-4367, option 3 or via email at 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 (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 plans 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 website at 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 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;
- 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, 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
Examination – One (1) per calendar year				
Routine Well Vision Exam	\$20 Copay for exam and glasses	Plan reimburses up to \$45	\$20 Copay for exam and glasses	Plan reimburses up to \$45
Contact Lens Exam (fitting and evaluation)	Up to \$60 Copay	N/A	Up to \$60 Copay	N/A
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	\$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
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	Plan reimburses up to \$210	Included	Plan reimburses up to \$210



	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
VSP EasyOptions – 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 20-25% discount off of regular price	N/A	Average of 20-25% discount off of regular price	N/A

	VSP Basic		VSP Plus	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
Diabetic Eyecare Plus Program				
Retinal screening for members with diabetes	\$0 Copay	N/A	\$0 Copay	N/A
Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration	\$20 Copay per exam	N/A	\$20 Copay per exam	N/A
Laser VisionCare Preferred Program – per lifetime				
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

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

P.O. Box 385018

Birmingham, AL 35238-5018

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 VSP.

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 website \(www.vsp.com\)](http://www.vsp.com) for additional information.