

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	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	
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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	
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider
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	\$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
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.				

¹EasyOptions is not covered at Walmart, Sam's Club, or Costco.

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.