

# Leidos QTC Health Services Benefits Summary Plan Description



## Vision Plan

Leidos QTC Health Services offers one vision plan through Vision Service Plan (VSP). Participants may elect coverage for themselves and their families under this plan. The VSP plan is designed to provide a variety of eye care services.

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## Eligibility

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

Type of Coverage	Eligibility Requirements
Vision Program	<ul style="list-style-type: none"><li>• Must be an active, regular full-time employee working at least 32 hours per week; or</li><li>• Must be a part-time employee, regularly scheduled to work at least 20 hours per week but less than 32 hours per week;</li></ul>

## Dependents

Participants may enroll their eligible dependents in the Leidos QTC Health Services 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 update enrollment in UKG within 31 days of any change in dependent eligibility. For questions on enrollment, please contact the HR Benefits Team via email at [Benefits@qtcn.com](mailto:Benefits@qtcn.com).

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

Double coverage is not permitted under Leidos QTC Health Services' 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 QTC Health Services employee and has elected his or her own coverage.

If a participant and his or her spouse or domestic partner are both Leidos QTC Health Services 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 QTC Health Services coverage, a domestic partnership is a committed same-sex or opposite-sex relationship, in which domestic partners:

- Both partners are (a) 18 years of age or older and (b) of the same sex or different sex;
- The partners share (a) an intimate and committed relationship of mutual caring and (b) the same common residence;
- The partners are (a) not currently married, and (b) not so closely related by blood that legal marriage or registered domestic partnership would otherwise be prohibited;
- Both partners were mentally competent to consent to a contract when their domestic partnership began; and
- The domestic partnership is deemed created on the date when both partners meet the above requirements.

Proof of registration with a state or local domestic partner registry must be provided. Alternatively, a [Declaration of Domestic Partnership](#) form can be completed and submitted along with required proof of joint ownership in order to enroll a domestic partner. Contact HR Benefits at [Benefits@qtcn.com](mailto:Benefits@qtcn.com) for additional information on enrolling a domestic partner.

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

- 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 QTC Health Services 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 QTC Health Services provides to the partner.

# 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://www.vsp.com>.

## Plan Design

The vision plan 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 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 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://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

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://www.vsp.com> to learn more about the laser surgery program.

## What the VSP Plan Covers

Benefits generally covered under the 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 lieu of prescription glasses;
- Discounts and allowances on lenses and frames, contact lens exam and laser eye surgery;
- Type 2 diabetes follow-up services
- Contact lens exams (evaluation and fitting); materials are in lieu of all other lens and frame

# 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 (including color, mirror, and scratch coating)
- 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

# Overview of Benefits

	VSP Provider	Non-VSP Provider
Examination - Every 12 months		
Routine Well Vision Exam	\$10 copay per visit	Up to \$45
Contact Lens Exam (fitting and evaluation)	Up to \$60 copay	Up to \$105
Essential Medical Eye Care	\$20 per exam Retinal imaging for member with diabetes covered in full	N/A
Lenses - Every 12 months		
Single Vision Lenses	\$25 copay; included in prescription glasses	Plan reimburses up to \$30
Lined Bifocal Lenses		Plan reimburses up to \$50
Lined Trifocal Lenses		Plan reimburses up to \$65
Lenticular Lenses		Plan reimburses up to \$100
Frames - Every 24 months		
Wide selection of frames	\$150 allowance + 20% savings on amount over allowance	Plan reimburses up to \$70
Featured frame brands	\$170 allowance + 20% savings on amount over allowance	Plan reimburses up to \$70
Walmart / Sam's Club / Costco	\$80 allowance	Plan reimburses up to \$70
Contact Lenses (in lieu of glasses) - Every 12 months		
Elective contact lenses	\$130 allowance	Plan reimbursement up to \$105
Medically Necessary Contact Lenses	Covered	Up to \$210

	VSP Provider	Non-VSP Provider
<b>Covered Lens Enhancements</b>		
<b>Standard Progressive Lenses</b>	Covered	Up to \$50
<b>Premium Progressive Lenses</b>	\$95 - \$105	
<b>Custom Progressive Lenses</b>	\$150 - \$175	
<b>Polycarbonate for children</b>	Covered	N/A
<b>Non-Covered Lens Enhancements</b>		
<b>Other Add-Ons &amp; Services</b>	Average savings of 30%	N/A
<b>Supplemental Essential Eye Care Plan</b>		
<b>Retinal Screening for members with diabetes</b>	\$0 per screening	N/A
<b>Medical Eye Care Treatment</b>	\$20 copay	N/A
<p>Essential Medical Eye Care (EMEC) 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.</p> <p>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 Vision Correction</b>		
Average 15% off the regular price. Discounts are only available from contracted facilities.		
<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. Routine Retinal Screening, no more than a \$39 copay as an enhancement to a well vision exam. Routine Retinal Screening is not available at Walmart®, Sam's Club®, or Costco®.		

## 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: **30054373**;
- 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 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 (for other than 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 QTC Health Services 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.