

**Summary Plan
Description
for
Employees of URS
Federal Services**

Effective January 1, 2014

Vision Section

Date Revised: January 2014

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The information in this SPD applies to the following eligible employees of URS Federal Services,:

- Non-represented employees
- Represented employees who are eligible for the URS Federal Services non-represented employee benefit programs

Separate SPDs apply to URS Corporate employees and to employees of URS Infrastructure & Environment, Energy & Construction and Oil & Gas.

Please note that eligibility for and enrollment in the benefits described in this SPD section may differ by contract, collective bargaining agreement or based on your employee class. Additionally, the benefits for which you are eligible, including the cost of the benefits, the amount of coverage and the terms of the coverage may differ by contract or collective bargaining agreement or based on your employee class. Separate booklets may be available in such situations.

Vision Plan Highlights

Your Vision Plan Coverage Choices

URS Federal Services offers the following vision plans:

- **Vision Service Plan (VSP)**
- **GeoBlue Vision Plan** for expatriates

For detailed coverage information for the GeoBlue Vision Benefit plan, refer to your plan booklets, available from the health plan.

The URS Federal Services benefit programs are administered and governed at all times by the official plan documents. If any conflict in information should arise or any point is not covered in this document, the terms of the official plan documents will govern in all cases.

Eligibility and Enrollment

Eligibility

See *Who Is Eligible for URS Federal Services Benefits* in the **Introduction** section.

URS Federal Services offers all eligible employees the option to elect vision coverage through Vision Service Plan (VSP). Expatriate and third country national URS Federal Services employees have the option of electing VSP or GeoBlue vision benefits. Only employees enrolled in medical benefits through GeoBlue are eligible for Vision coverage through this plan. “Expatriate” means an employee who is working outside his or her country of citizenship. “Third country national” means an employee who is not a U.S. citizen, works outside of his or her country of citizenship and works outside of his or her country of domicile.

Enrolling in a Vision Plan

To enroll in either of the vision plans, visit the Employee Self Service website at <https://portal.adp.com> or contact the Benefit Service Center at (800) 550-0726 within 31 days of your first day of work or eligibility, or within 31 days of a Qualified Status Change, as described in the ***Introduction*** section.

Enrollment Periods

If you do not enroll within 31 days of your first day of work or eligibility, you must wait until the next annual open enrollment period to enroll for coverage, unless you have a qualified status change or special enrollment event that would allow you to enroll mid-year. For details, see *When Changes in Your Life Affect Your Benefits* in the ***Introduction*** section.

Cost of Coverage

You pay the full cost of your vision coverage. Premiums will be deducted from your pay on a pre-tax basis, or after-tax for Third Country National employees.

Coverage Levels

You may elect vision coverage for:

- yourself only;
- yourself plus your spouse or domestic partner
- yourself plus your child (or children); or
- yourself plus your spouse or domestic partner and your child (or children).

You may not enroll dependents in the vision benefit unless you are enrolled in the vision benefit; however, you may select different levels of coverage for different plans. For example, if you are married, you may choose to cover your spouse under a URS Federal Services vision plan, but not under a dental plan.

Note: If you cover a dependent who does not meet the plan's eligibility criteria, you may be held liable for all benefit claim payments in excess of any premiums you paid on behalf of your dependent. Ineligible dependents may include ex-spouses, former domestic partner or children who are over the plan's age limit. If you knowingly enroll an ineligible dependent or you do not timely cancel coverage for an ineligible dependent, you and your covered dependents may be involuntarily disenrolled from the plan.

The Vision Service Plan At A Glance

Feature/Service	VSP Network Services VSP Pays	Non-Network Services VSP Pays
Vision Exams (one exam every calendar year)	100% after you pay a \$10 exam copayment	Up to \$45 after you pay a \$10 exam copayment
Standard Lenses (single vision, lined bifocal, lined trifocal, or lenticular (biconvex) once every calendar year)	100% after a \$10 materials copayment	The following limits apply after you pay a \$10 materials copayment Expenses for one pair of eyeglass lenses once every calendar year: \$45 for single vision lenses \$65 for lined bifocal lenses \$85 for lined trifocal lenses \$125 for lenticular lenses
Eyeglass Frames (once every other calendar year)	Up to \$150 retail allowance after you pay a \$10 materials copayment	Up to \$47 after you pay \$10 materials copayment
Contact Lenses (in lieu of lenses and frames) once every calendar year	Medically necessary: Covered in full after you pay a \$10 materials copayment, Elective: Up to \$120 with no additional copayment.	Medically necessary: \$210 after you pay a \$10 materials copayment Elective: Up to \$105

Note: You pay only one \$10 materials copay whether you purchase frames, lenses or both. The materials copay also applies to medically necessary contact lenses.

GeoBlue Vision Care Plan

The GeoBlue Vision Care plan for expatriates covers 100% for exams, lenses, frames, and contacts up to an annual allowance of \$250.

Note: If you want coverage in the GeoBlue vision plan, you must enroll in the GeoBlue medical plan. The coverage tiers (employee only, employee/spouse, employee/child(ren) and family) must be the same for both plans.

How the Vision Service Plan Works

As a Vision Service Plan (VSP) participant, you may go to any licensed eye doctor. However, you receive a higher benefit level when you use a participating VSP provider.

When You Use a VSP Provider

To locate a VSP provider, call VSP at (800) 877-7195 to request a member listing or to use VSP's interactive voice response system. You can also locate a VSP provider by accessing VSP's website at www.vsp.com.

When you want to obtain vision care services, call a VSP provider to make an appointment. **Make sure you identify yourself as a VSP member.**

When you have an examination and/or receive materials from a VSP member provider, you will have no out-of-pocket expense other than your copayment, unless you select optional items that VSP does not fully cover. Optional items include, but are not limited to, oversize lenses (61mm or larger), tinted or photochromic lenses, coated lenses, no-line multifocal lenses, or a frame which exceeds the retail allowance. These items can increase your out-of-pocket expenses significantly. You may want to ask your provider to estimate your out-of-pocket expenses before services are rendered or materials ordered. For copayment amounts, see *The Vision Service Plan At-A Glance* (page 5).

For non-covered expenses, VSP providers offer the following discounts to VSP members:

- 35-40% savings on lens enhancements such as scratch resistant and anti-reflective coatings and progressives,
- 30% discount on additional glasses and sunglasses, including lens enhancements the same VSP provider on the same day as your vision exam, or
- 20% discount from any VSP provider within 12 months of your last vision exam, and a 15% discount on a contact lens exam (fitting and evaluation).

When You Use a Non-VSP Provider

Services and materials obtained from a non-member provider will be reimbursed up to the amounts shown in *The Vision Service Plan At-A Glance* (page 5). If you have an exam and/or receive materials from a non-member provider, you are responsible for paying the provider in full and submitting a claim, including itemized receipts, to VSP for reimbursement. Your reimbursement request must be submitted within 12 months of the date of service. For more information, call VSP or visit www.vsp.com.

Covered Services - What Is Covered Under the Vision Service Plan

VSP benefits include:

- an eye examination once every calendar year;
- spectacle lenses or contact lenses once every calendar year; and
- frames once every other calendar year.

Medically Necessary Contact Lenses

VSP covers medically necessary contact lenses when specific criteria are met and verified by a Member or Non-Member doctor for eye conditions that would prohibit the use of glasses.

Spectacle Lenses or Elective Contact Lenses

VSP covers either spectacle lenses or elective contact lenses every calendar year. The benefit for contact lenses is in place of spectacle lenses and frames. The plan pays up to \$120 towards elective contact lenses purchased in the VSP network and pays up to \$105 toward elective contact lenses purchased outside of the VSP network.

Laser VisionCare Program

The Laser VisionCare program provides discounts on laser vision correction. Discounts average 15% off the regular price or 5% off the promotional price and are only available from contracted facilities.

Exclusions and Limitations – What is Not Covered Under the VSP Vision Service Plan

Options – This plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following, or other similar materials, you will be responsible for an additional charge:

- Anti-reflective coating
- Color coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Photochromic lenses, tinted lenses except Pink#1 and Pink#2
- Progressive multifocal lenses
- UV (ultraviolet) protected lenses
- Oversize lenses
- Polycarbonate lenses

Not Covered – there is no benefit for professional services or materials connected with the below services however, discounts may be available through your VSP provider for some of the following:

- Orthoptics or vision training and any associated supplemental testing; plano lenses (less than a +/- .50 diopter power); or two pair of glasses in lieu of bifocals
- Replacement of lenses that are lost or broken, except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Cost of frames above the retail allowance; or
- Corrective vision treatment of an Experimental Nature.