YOUR CUSTOM VISION QUOTE

LSC Communications LLC

Vision benefits as you've never seen before

Get the most out of your vision insurance plan with these EyeMed highlights:

- *Ability to use the frame and contact lens allowances in the same benefit year-worth up to an extra $170.00*[1]
- *Separate contact lens fit & follow-up coverage leaving the entire allowance for materials*

Plus, with us, you always get–

NETWORK

Reinventing choice and convenience

- *America's largest vision network*[2.]
- *In-network options for buying glasses and contacts online at glasses.com, lenscrafters.com, contactsdirect.com, targetoptical.com, oakley.com and rayban.com – with benefits applied directly in the shopping cart.*
- *The right mix of independent eye doctors and national and regional retail providers – so members can go where they want, when they want.*

BENEFITS

Redefining flexibility and value

- *The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online.*
- *Complimentary HealthyEyes wellness program keeps the focus on eye health with online tools, articles and videos. As part of HealthyEyes, the eyeRewards program rewards members for taking care of their vision health with savings, prizes and wellness tips.*
- *Members enjoy exclusive savings on LASIK, including up to $1000 off at preferred providers or 5% off the in-store promotional price.* [2]

EASY

Reimagining simple and transparent

- *Cost transparency with our Know Before You Go cost estimator.*
- *Digital Tools like online scheduling* [3], *a mobile app and personalized text alerts.*
- *Welcome kits, ID cards and open enrollment support to ensure employees understand their benefits.*

We can't wait to work with you-
Contact at msmith9@eyemed.com with questions

1 *This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for more information*
2 *Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute*
3 *At select locations*

LSC Communications LLC

BENEFITS

- *Base*
- *Exam & Materials*
- *Custom network*
- *Fully Insured*
- *Employee Paid*

MONTHLY RATES

Subscriber	*$5.61*
Subscriber + Spouse	*$10.25*
Subscriber + Child(ren)	*$9.98*
Subscriber + Family	*$13.80*

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES once every calendar year, twice every calendar year kids <19		
Exam	*$10 copay*	*Up to $35*
Retinal Imaging	*$0 copay*	*Up to $20*
FRAME once every calendar year		
Frame	*$0 copay; 20% off balance over $130 allowance*	*Up to $65*
STANDARD PLASTIC LENSES *in lieu of contacts* **once every calendar year**		
Single Vision	*$20 copay*	*Up to $25*
Bifocal	*$20 copay*	*Up to $40*
Trifocal/Lenticular	*$20 copay*	*Up to $55/$80*
Progressive – Standard	*$85 copay*	*Up to $40*
Progressive – Premium Tier I, II, or III	*$105, $115, $130 copay*	*Up to $40*
Progressive – Premium Tier IV	*$85 copay, 20% off retail price less $120 allowance*	*Up to $40*
LENS OPTIONS		
Polycarbonate – Standard < 19 years of age	*$0 copay*	*Up to $5*
Scratch Coating – Standard Plastic	*$0 copay*	*Up to $5*
CONTACT LENSES *in lieu of lenses* **once every calendar year**		
Contacts – Conventional	*$0 copay; 15% off balance over $150 allowance*	*Up to $150*
Contacts – Disposable	*$0 copay; 100% of balance over $150 allowance*	*Up to $150*
Contacts – Medically Necessary	*$0 copay; paid-in-full*	*Up to $210*

All plans are based on a 45 month contract and 45 month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier.

LSC Communications LLC

BENEFITS

- *Base*
- *Exam & Materials*
- *Custom network*
- *Fully Insured*
- *Employee Paid*

MONTHLY RATES

Subscriber	*$5.61*
Subscriber + Spouse	*$10.25*
Subscriber + Child(ren)	*$9.98*
Subscriber + Family	*$13.80*

Plan Details

Quote for group sitused in the State of IL and will be valid until the 04/01/2026 implementation date. Date Quoted 04/21/2026. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company® of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Exclusions/Limitations

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training,subnormal vision aids and associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If LSC Communications LLC has chosen this benefit design, attach this document to the group application and sign here

A Owens — 4.1.26

SIGNATURE **DATE**

LSC Communications LLC

We're committed to keeping money in our members' pockets

That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST
CONTACT LENS FIT AND FOLLOW-UP	
Fit and Follow-Up – Standard	*Up to $40*
Fit and Follow-Up – Premium	*10% off retail price*
LENS OPTIONS	
Anti Reflective Coating – Standard	*$45*
Anti Reflective Coating - Prem Tier 1	*$57*
Anti Reflective Coating - Prem Tier 2	*$68*
Anti Reflective Coating - Prem Tier 3	*20% off retail price*
Photochromic – Non-Glass	*$75*
Polycarbonate – Standard	*$40*
Tint – Solid or Gradient	*$15*
UV Treatment	*$15*
All Other Lens Options	*20% off retail price*

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at eyemed.com/member[4]

40%OFF

additional pairs of glasses

20%OFF

any item not covered by the plan, including non-prescription sunglasses

15%OFF

retail price or 5% off promotional price for Lasik or PRK from US Laser Network

UP TO 66%OFF

hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

LSC Communications LLC

BENEFITS

- *Buyup*
- *Exam & Materials*
- *Custom network*
- *Fully Insured*
- *Employee Paid*

MONTHLY RATES

Subscriber	*$16.81*
Subscriber + Spouse	*$30.69*
Subscriber + Child(ren)	*$29.89*
Subscriber + Family	*$41.34*

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES once every calendar year, twice every calendar year kids <19		
Exam	*$0 copay*	*Up to $35*
Retinal Imaging	*$0 copay*	*Up to $20*
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-Up – Standard	*$0 copay; contact lens fit and two follow-up visits*	*Up to $40*
Fit and Follow-Up – Premium	*$0 copay; 10% off retail price, then apply $40 allowance*	*Up to $40*
FRAME once every calendar year		
Frame	*$0 copay; 20% off balance over $170 allowance*	*Up to $85*
STANDARD PLASTIC LENSES *in lieu of contacts* **once every calendar year**		
Single Vision	*$10 copay*	*Up to $25*
Bifocal	*$10 copay*	*Up to $40*
Trifocal/Lenticular	*$10 copay*	*Up to $55/$80*
Progressive – Standard	*$10 copay*	*Up to $55*
Progressive – Premium Tier I, II, or III	*$30, $40, $55 copay*	*Up to $55*
Progressive – Premium Tier IV	*$10 copay, 20% off retail price less $120 allowance*	*Up to $55*
LENS OPTIONS		
Polycarbonate – Standard	*$0 copay*	*Up to $5*
Scratch Coating – Standard Plastic	*$0 copay*	*Up to $5*
Tint - Solid or Gradient	*$0 copay*	*Up to $5*
UV Treatment	*$0 copay*	*Up to $5*
Anti Reflective Coating - Standard	*$0 copay*	*Up to $5*
Anti Reflective Coating - Prem Tier 1	*$12 copay*	*Up to $5*
Anti Reflective Coating - Prem Tier 2	*$23 copay*	*Up to $5*
CONTACT LENSES *in lieu of lenses* **once every calendar year**		
Contacts – Conventional	*$0 copay; 15% off balance over $170 allowance*	*Up to $150*
Contacts – Disposable	*$0 copay; 100% of balance over $170 allowance*	*Up to $150*
Contacts – Medically Necessary	*$0 copay; paid-in-full*	*Up to $210*

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MEMBER SAVINGS

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LENS OPTIONS	
Anti Reflective Coating - Prem Tier 3	*20% off retail price*
Photochromic – Non-Glass	*$75*
All Other Lens Options	*20% off retail price*

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