

## 2025 Vision Options

Note: Changes for 2025 are shown in **bold**.

	Vision Base		Vision Plus	
	Network	Non-Network	Network	Non-Network
Well Vision Exam	100% covered; One per calendar year	Reimbursed up to \$45 One per calendar year	100% covered; One per calendar year	Reimbursed up to \$45 One per calendar year
<b>Lenses</b>				
Single Vision	100% covered	Reimbursed up to \$30	\$20 materials copay	Reimbursed up to \$30
Lined Bifocal	100% covered	Reimbursed up to \$50	\$20 materials copay	Reimbursed up to \$50
Lined Trifocal	100% covered	Reimbursed up to \$65	\$20 materials copay	Reimbursed up to \$65
Progressive	30% average savings	Reimbursed up to \$50	\$40 copay	Reimbursed up to \$50
Impact-resistant Lenses for Children	100% covered	Not covered	100% covered	Not covered
Impact-resistant Lenses for Adults	30% average savings	Not covered	30% average savings	Not covered
Contact Lenses	\$130 allowance for contacts/ contact lens exam (fitting and evaluation); 15% discount thereafter.	Reimbursement up to \$105	\$200 allowance for contacts/ contact lens exam (fitting and evaluation); 15% discount thereafter.	Reimbursement up to \$105
Annual Limit	One pair of prescription eyeglass lenses and frames or contact lenses – not both. Additional discounts may apply.			
<b>Frames</b>				
Frames for Children	\$130 allowance, 20% discount thereafter. One per calendar year.	Reimbursed up to \$100. One per calendar year.	\$20 materials copay, \$200 allowance, 20% discount thereafter. One per calendar year.	Reimbursed up to \$100. One per calendar year.
Frames for Adults	\$130 allowance, 20% discount thereafter. One every other calendar year.	Reimbursed up to \$100. One every other calendar year.	\$20 materials copay, \$200 allowance, 20% discount thereafter. One per calendar year.	Reimbursed up to \$100. One per calendar year.
<b>Lens Options</b>				
Photochromic	30% average savings	Not covered	\$30 copay	Not covered
Anti-Reflective coating	30% average savings	Not covered	\$40 copay	Not covered
Scratch resistant coating	30% average savings	Not covered	30% average savings	Not covered
Tints	30% average savings	Not covered	30% average savings	Not covered
<b>Other Services – Available through VSP Only</b>				
Laser Surgery	Average 15% off the regular price or 5% off the promotional price. Discounts only available from VSP contracted facilities.			
Sunglasses	20% off from any network provider within 12 months of your exam			
Hearing Aids	TruHearing provides an average discount of 25% on hearing aids. VSP enrolled members and dependents have free access to this discount program. Sign up at <a href="http://vsp.truhearing.com">vsp.truhearing.com</a> or call 877-396-7194.			

### 2025 Monthly Employee Cost

Coverage Tier	Vision Base	Vision Plus
You Only	\$7.66	\$16.69
You + Spouse/Child	\$13.92	\$30.42
You + Children/Family	\$21.29	\$46.59

These comparisons provide an overview of certain terms and conditions of the health and welfare benefits and are for information purposes only. Benefits and eligibility for coverage are determined under the specific provisions of the official plan documents and any underlying insurance contracts. If there is any discrepancy or conflict between these highlights and the terms of the official plan documents and any underlying insurance contracts, as applicable, the official plan documents and insurance contracts, as applicable, will control. ConocoPhillips reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying insurance contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans, programs or any underlying insurance contracts.