This Coverage Information Section of the Summary Plan Description ("SPD") for Sprint Vision Care Plan has been created using simple terms and in an easy-to-understand format.

This Section will use the terms “we”, “our” or “us” to refer to Sprint or its wholly-owned US subsidiary and to “you” or “your” to refer to our employees (and their Eligible Dependents as applicable) eligible to participate in the Vision Care Plan as described below.

Sprint intends to continue the Vision Care Plan. However, Sprint reserves the right to change or discontinue any or all benefits under this plan, at any time.

In case of any conflict between the SPD or information from Davis Vision and the Sprint Welfare Benefit Plan for Employees, the Sprint Welfare Benefit Plan for Employees governs. In case of any conflict between the Vision Care Plan SPD and information from Surency, the Vision Care Plan SPD governs.

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On the job or at home — good vision helps us perform at our best. Yet, while good vision is important, it is something most of us take for granted. Often, it is because we do not take the time to properly have our eyes examined. So, to encourage you and your family to see the benefits of healthy eye care, Sprint provides a Vision Care Plan offering.

Davis Vision administers the vision program, offering the freedom to choose providers from both independent private practitioners and retail chains. The retail chains included in the Davis Vision network are: Visionworks, Walmart, Sams Club, JCPenney Optical and Costco.

You and your family can save on vision exams, eyeglasses, contact lenses and laser eye surgery when you receive services from Davis Vision using providers in the Davis Vision network. You may use any provider, but higher benefits are paid if you use eye care professionals in the Davis Vision network.

A Look At Vision Care Coverage

Here is a look at the vision care coverage. Please be sure to read through this entire summary booklet for coverage details and important information.

<table>
<thead>
<tr>
<th>Plan Provides</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Eye Examination Inclusive of Dilation (when professionally indicated)</td>
<td>Per Calendar Year</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>Per Calendar Year</td>
</tr>
<tr>
<td>Frames</td>
<td>Per Calendar Year</td>
</tr>
<tr>
<td>Contact Lens Evaluation, Fitting and Follow-Up Care (in lieu of eyeglasses)</td>
<td>Per Calendar Year</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of eyeglasses)</td>
<td>Per Calendar Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Co-payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination-</td>
<td>$15</td>
</tr>
<tr>
<td>Lenses-</td>
<td></td>
</tr>
<tr>
<td>Spectacle Lenses (Single Vision)</td>
<td>$25</td>
</tr>
<tr>
<td>Spectacle Lenses (Multifocal)</td>
<td>$50</td>
</tr>
<tr>
<td>• Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any prescription)</td>
<td>$0</td>
</tr>
<tr>
<td>• Tinting of Plastic Lenses (Solid/Gradient)</td>
<td>$0</td>
</tr>
<tr>
<td>• Scratch-Resistant Coating</td>
<td>$0</td>
</tr>
<tr>
<td>• Polycarbonate Lenses (Children*/Adults)</td>
<td>$0/$30</td>
</tr>
<tr>
<td>• Ultraviolet Coating</td>
<td>$0</td>
</tr>
</tbody>
</table>
### Vision Care Benefits

- **Anti-Reflective (AR) Coating**  
  (Standard/Premium/Ultra)  
  $35/$48/$60

- **Progressive Lenses**  
  (Standard/Premium/Ultra)  
  $0/$90/$140

- **High Index Lenses**  
  $55

- **Polarized Lenses**  
  $75

- **Plastic Photochromic Lenses**  
  $65

- **Scratch Protection Plan**  
  (Single Vision/Multifocal Lenses)  
  $20/$40

  - **Contact Lenses—Exclusive Collection**  
    (in lieu of eyeglasses)
    - Disposable  
      (4 boxes/multi-packs)  
      $0

  - **Contact Lenses—Non-Exclusive Collection**  
    (in lieu of eyeglasses)
    - Materials  
      Plan pays up to $140  
      (Plus a 15% discount on any overage)

  - **Evaluation, Fitting and Follow-up Care**  
    (Standard Lens Types)  
    Up to $60

  - **Evaluation, Fitting and Follow-up Care**  
    (Specialty Lens Types)  
    15% Discount***

- **Visually Required Contact Lenses**  
  (with prior approval)  
  $0

### Frames (Retail)

- **Frames—Non-Exclusive Collection; Not purchased at Visionworks******  
  Plan pays up to $140  
  (Plus a 20% discount on any overage)

- **Frames—Purchased at Visionworks******  
  $0

- **Frames—Exclusive Collection**  
  (Fashion Level, Designer Level or Premier Level)  
  $0

### Out Of Network Benefits

#### Services (Per Calendar Year)  
<table>
<thead>
<tr>
<th>Services</th>
<th>Plan Reimburses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination-</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Single Vision Lenses-</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Trifocal Lenses-</td>
<td>Up to $85</td>
</tr>
<tr>
<td>Elective Contact Lenses-</td>
<td>Up to $105</td>
</tr>
<tr>
<td>Frame-</td>
<td>Up to $47</td>
</tr>
</tbody>
</table>
Bifocal/Progressive Lenses - Up to $65
Lenticular Lenses - Up to $85
Visually Required Contact Lenses - Up to $185
Tinting of Plastic Lenses (solid/Gradient) - Up to $5

*Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

**Exclusive Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

***Additional discounts not applicable at Walmart, Sam’s Club or Costco locations.

****Enhanced frame allowance is available at all Visionworks locations nationwide.

Davis Vision has arranged for members to receive PRK, LASIK and Custom LASIK at a discounted fee, which could add up to hundreds of dollars in savings. See the “Laser Eye Surgery” section for more information.

Davis Vision members have freedom of choice in selecting frames. Your benefits provide coverage in full for frames purchased at Visionworks or frames that are part of Davis Vision’s Exclusive Collection, available at most participating independent provider offices. You also have the option to choose a frame at other network or retail providers that is covered or one that exceeds the plan allowance. If you choose a frame valued at more than the plan’s allowance, the difference you will pay is based on Davis Vision’s low, discounted member pricing.

Eligibility & Enrollment

For rules on who is eligible to be covered, enrollment, and effective dates of coverage, see the separate Eligibility & Enrollment Section SPD incorporated herein by reference on the Benefits Overview page of iConnect under the Summary Plan Descriptions (SPD) column.

How Vision Care Works

The Davis Vision network of eye care providers, featuring Visionworks and independent private practitioners and retail chains, works like other health care networks — when you use network providers for your vision care services, you receive higher benefits. If you choose out-of-network providers, limited benefits are paid.
Vision Care Benefits

When you receive services, simply inform the provider that you have coverage with Davis Vision and provide the personal information that is required (including your identification number and employer’s name — Sprint). The Davis Vision provider will confirm your membership and you will receive benefits. If you are not eligible for benefits at that time, the provider will communicate that to you.

You also may verify benefit availability for you and your covered dependents prior to making your appointment by visiting the Davis Vision website at www.davisvision.com/sprint.

Finding Providers

Finding a network provider, either an independent private practitioner or a retail chain, is the first step towards maximizing your Davis Vision benefits.

| Two options to find a provider: | Call Davis Vision’s toll-free Member Services Support Line at: 1-800-383-0104 | Visit the Davis Vision website at www.davisvision.com/sprint |

What Is Covered

A nationwide network of vision care providers, both independent private practitioners and retail chains — provides your Sprint vision care coverage. Davis Vision covers most vision care expenses and pays higher benefits if you use network providers. Here is how Davis Vision covers vision care services and supplies.

Eye Exams

Davis Vision covers routine eye exams once per calendar year. When performed by a network provider, Davis Vision fully covers the cost of the eye exam after you pay a $15 co-payment.

If you use an out-of-network provider, Davis Vision reimburses up to $45 towards your eye exam.

Lenses And Frames

Davis Vision provides benefits for lenses and frames once per calendar year, after you pay a $25 co-payment toward the cost of single vision lenses or a $50 co-payment toward the cost of bifocal, trifocal and standard progressive lenses. When you use a Davis Vision network provider, lenses (single vision, lined bifocal, lined trifocal, lenticular, and lens coating such as scratch resistant, ultraviolet, and polycarbonate lenses for children under the age of 19) are covered in full. A $30 co-payment towards polycarbonate lenses for individuals over the age of 19 applies. Frames are covered at 100% (Visionworks or Exclusive Collection frames) or up to the retail frame allowance of...
Vision Care Benefits

$140 (other independent and Retail providers; Non-Exclusive Collection).

If you use an out-of-network provider, materials are covered up to the following limits:

<table>
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</tbody>
</table>

Optional features that are not medically necessary but are sometimes chosen for cosmetic reasons (such as progressive lenses, anti-reflective coating, blended lenses, oversized lenses 61 mm or larger or special lens tints) are discounted for Davis Vision members when using a network provider. See “Special Services And Supplies” for details.

Contact Lenses

Benefits are provided for both elective and medically necessary contact lenses.

If you prefer contact lenses in lieu of eyeglasses, Davis Vision members have the ability to receive Exclusive Collection contact lenses at no cost for up to a six month’s supply. In addition, when you select Exclusive Collection contact lenses, you also receive your contact lens evaluation, fitting and follow-up care at no cost.

For non-Exclusive Collection contact lenses, the Plan pays up to $140 for your supply. When using a Davis Vision network provider, if you elect to order contact lenses that are not part of the Exclusive Collection, instead of eyeglasses, you will have an allowance of up to $140 once per calendar year for the contact lenses. A Standard contact lens Fit and Follow-up exam will be covered after you pay your copay up to $60. You will receive 15% off retail prices if receiving a Specialty contact lens Fit and Follow-up exam. When using an out-of-network provider, the allowance when purchasing contact lenses (in lieu of eyeglasses) is up to $105 once per calendar year after you pay a $15 co-payment for a comprehensive routine eye exam.

A contact lens eye exam or fit and follow-up exam is a special exam to ensure the proper fit of your contacts and evaluating your vision with the contacts.
Vision Care Benefits

Medically necessary contact lenses may be covered in full (with an in network provider) when submitted and pre-approved by Davis Vision (up to $185 with an out-of-network provider) when needed due to:

- Cataract surgery;
- Extreme visual acuity problems that cannot be corrected with glasses;
- Anisometropia — different refractive power in each eye; and
- Keratoconus — protrusion of the cornea.

Dollar allowances are for two lenses — if you need only one lens, the allowance is one-half the amount listed. In addition, if you order contact lenses one year, you can order eyeglass lenses and frames at any time during the next calendar year.

Laser Eye Surgery

Davis Vision, in conjunction with QualSight, has arranged for members to receive LASIK and Custom LASIK at a discounted fee, which could add up to hundreds of dollars in savings. Follow these steps to learn the facts and find out if it’s right for you:

1. Call the Davis Vision dedicated toll-free number 855-502-2020 or visit Davis Vision home page and click on the “LASIK Services” icon
2. A QualSight Care Manager explains the program and answers preliminary questions
3. An Initial phone screening is conducted to ensure you are a good candidate
4. Select a surgeon from a list of credentialed ophthalmologists in your region
5. The Care Manager schedules a preoperative appointment with the location/practice of your choice
6. Complete the preoperative appointment with the physician and schedules surgery along with follow-up visits directly with the selected practice

Benefits to Members

- Designated LASIK program for all LASIK questions including member prescreening and educational resource support from QualSight Care Managers
- Retreatment Plans – One year Assurance Plan included and a Lifetime Assurance Plan available
Vision Care Benefits

- Each member has an assigned Care Manager with direct contact information for any future question or assistance with rescheduling appointments.
- Automated HIPAA compliant appointment confirmation emails detailing procedure pricing, appointment details and surgeon biography.
- 40% to 50% savings off the overall national average price for Traditional LASIK with significant savings on procedures such as Custom Bladeless (all laser) LASIK:
- Convenient access to credentialed and experienced LASIK Surgeons with more than 900 locations offering contracted pricing at all locations.

Low Vision Benefit

Members who require low-vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Davis Vision:

LOW VISION EVALUATION: One comprehensive evaluation, sometimes called a functional vision assessment, every five years with a maximum charge of $300.

LOW-VISION AID: Maximum allowance of $600 with a lifetime maximum of $1,200 for items such as highpower spectacles, magnifiers, and telescopes.

FOLLOW-UP CARE: Four visits in a five-year period, with a maximum charge of $100 each visit.

Exclusions and limitations of Benefits Patient Options

This Plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses, and the Covered Person will pay the additional costs for the options:

- Optional cosmetic processes.
- Premium progressive lenses.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Blended lenses.
Vision Care Benefits

- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Progressive multifocal lenses.
- Certain limitations on low vision care.
- A frame that costs more than the Plan allowance.
- Contact lenses (except as noted elsewhere herein).

Not Covered
Under the low vision benefit, there is no benefit for professional services or materials connected with:

- 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 and frames furnished under this 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 materials above Plan Benefit allowances;
- Services and/or materials not indicated on this Schedule as covered Plan Benefits.

Coordinating With Medical Coverage
If you have an accidental injury or illness that affects your eyesight, coverage may be provided by your medical provider. Submit the claim to Davis Vision for consideration, after your medical provider has processed the claim.

Coverage Under An HMO
If you are enrolled in a Health Maintenance Organization (HMO), your coverage may include basic vision care benefits separate from the coverage provided under the Vision Care option of the Sprint Plan. Vision expenses not covered by the HMO may be submitted if you are a plan participant.
Vision Care Benefits

What Is Not Covered

The Plan includes certain exclusions and limitations that may result in the denial of a claim or a loss or reduction of a benefit. Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

a. Any Covered Expense not shown in the Schedule of Benefits or any expenses shown as “Not Covered” in the Schedule of Benefits.

b. Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.

c. Services or Materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to “Corneal Refractive Therapy” ("CRT"), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.

d. Materials which do not provide vision correction, except as provided herein.

e. Charges for the replacement of lost or stolen lenses or frames within the applicable benefit Frequency period in the Schedule of Benefits.

f. Sickness or injury covered by a workers' compensation act or other similar legislation.

g. Incurred as a direct or indirect result or war (declared or undeclared).

h. Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.

i. Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.

j. Any medical treatment rendered outside the United States or Canada.

k. Services rendered by practitioners who do not meet the definition of Provider.

l. Expenses covered by any other Plan.

m. Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association.

Tax Considerations...
If you have significant non-reimbursed vision care expenses during a calendar year, those expenses may be tax deductible — consult your tax advisor if this applies to you.

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n. Any expenses covered by any union welfare plan or governmental program or a plan required by law.

o. Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.

p. For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.

q. Laser vision correction for which prior approval was not obtained from us or our authorized representative.

r. Refraction-only claims.

Special Services And Supplies

Sprint’s Vision Care Plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following extras, you will be responsible for the cost of these options:

- Blended lenses;
- Premium Progressive lenses;
- Anti-reflective coating;
- Oversized lenses;
- Tinted lenses — except pink #1 or pink #2;
- Progressive multifocal lenses;
- Laminating of lens or lenses; and
- A frame that costs more than the coverage allowance.

Note: member providers provide discounts for these special services and supplies.

Filing Vision Care Claims

As long as you use a Davis Vision network provider, there are no claims to file — the provider does it for you.

If Your Provider Is Not A Member Of The Network

If you use an out-of-network provider, you must pay for the services and submit an itemized receipt with a claim form to Davis Vision.

Out-of-network claims must be submitted within six months from the date the expenses are incurred in order to be considered for reimbursement.
The following steps are the most efficient way for members to access their out-of-network Benefit:

2. Submit the completed claim on the Davis Vision Out of Network claim form, attaching the itemized receipt from the provider.
3. Mail claims for services received from out-of-network providers to:
   
   Vision Care Processing Unit  
   P.O. Box 1525  
   Latham, New York, 12110

All benefits will be paid in United States currency to the Covered Person, based on the Davis Vision out-of-network benefit levels.

**Disputing Your Coverage or Claim Determination**

If you or your dependent(s) are denied participation in, or eligibility to participate in, a welfare plan, or if you disagree with a claim determination, you have the right to file an appeal to request reconsideration. See the *Legal Information Section* for important information on how to appeal and the applicable timeframes associated with the appeals process.

**Helpful Numbers**

<table>
<thead>
<tr>
<th>Customer Service Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Davis Vision:</strong></td>
</tr>
<tr>
<td>Lasik:</td>
</tr>
<tr>
<td>1-800-383-0104</td>
</tr>
<tr>
<td>1-855-502-2020</td>
</tr>
<tr>
<td><a href="http://www.lasik.qualsight.com">www.lasik.qualsight.com</a></td>
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</table>

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<thead>
<tr>
<th>To find providers online...</th>
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</thead>
<tbody>
<tr>
<td>Davis Vision website:</td>
</tr>
<tr>
<td><a href="http://www.davisvision.com/sprint">www.davisvision.com/sprint</a></td>
</tr>
</tbody>
</table>

**As Your Needs Change**

In certain situations, you may change your enrollment in your Sprint Vision Care Plan – see the Life Events Section that is also part of a Summary Plan Description for the Plans, incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.
Vision Care Benefits

When Coverage Ends

For information on when your coverage under the Vision Care Plan ends, see the separate Eligibility & Enrollment Section of the SPD incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.

Other Important Information

For other important information about the Vision Care Plan’s Plan Sponsor and Administrator, participating employers, Plan identification, service of legal process, ERISA rights, including claims and appeals procedures, and other legally-required notices regarding the Vision Care Plan, see the separate Legal Information section of the SPD incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.