2024 Vision Coverage Summary Plan Description

BIMBO Bakeries USA

BIMBO QSR

Vision Coverage

The Vision Plan offered by Bimbo Bakeries USA (BBU) and Bimbo QSR (the "Company") provides routine eye care and eyewear for you and your family. You can choose between two Vision Plan options, both through the Vision Service Plan (VSP). Each option helps cover the cost of eye exams, eyeglass frames, lenses and contact lenses. Both plan options offer comprehensive coverage and you may choose to receive care from any eye care provider. ID cards are not needed to receive Vision Plan benefits. At the time of service, your provider will find your name on the VSP eligibility list.

You and your dependents must choose the same Vision Plan option. The dependents you choose to cover under the Vision Plan can be different from the dependents you cover under the other benefit plans. Please refer to the Administrative Summary Plan Description (SPD) for information on eligibility, enrollment, cost of coverage, and claim filing and appeals for the Vision Plan.

Choosing Providers

Both options offer you a network of quality providers from which to choose. You are free to use any provider you like, either an in-network provider or an out-of-network provider.

If You Use an In-Network Provider

You pay the copay, any amounts above Vision Plan allowances and the cost of any optional materials or services. You receive higher coverage than you would if you visited an out-of-network provider. In general, you pay a copay for eye exams and lenses, and the Vision Plan covers the rest. For frames and contact lenses, the Vision Plan pays benefits up to a certain amount. You do not need to file a claim form.

If You Use an Out-of-Network Provider

You will pay the provider directly at the time of service and then submit a claim form and your receipts to VSP. The Vision Plan will then reimburse you up to the allowable amount for each covered service. Be aware that out-of-network benefits do not guarantee full payment.

This SPD outlines provisions of the Company Vision Plan as of January 1, 2024. The Company reserves the right to change, amend, suspend or terminate any or all of the benefits under this Vision Plan, in whole or in part, at any time and for any reason at its sole discretion.

Note that by adopting and maintaining these benefits, the Company has not entered into an employment contract with any associate. Nothing in the legal plan documents or in the SPDs gives any associate the right to be employed by the Company or to interfere with the Company's right to discharge any associate at any time.

How the VSP Option 1 Vision Plan Works

Here is a look at how some commonly used services are covered by VSP Option 1. For more information on coverage and services not listed here, contact VSP's Member Services Department at **1-800-877-7195** or visit VSP's website at **vsp.com**.

Summary of Benefits (In-Network Coverage)

Benefit	Description	Copay	Frequency
Well Vision Exam	• Focuses on your eyes and overall wellness	$20	Every calendar year
Prescription Glasses			
• Lenses	• Single-vision, lined bifocal, lined trifocal and lenticular lenses	$20	Every calendar year
• Frames	• $180 retail frame allowance or $230 featured frame allowance (20% off amount over your allowance) • $100 allowance for frames purchased at Walmart® and Costco®	Included in prescription glasses copay for lenses	Every calendar year
• Lens Options	• Tinted/light-reactive lenses • Polycarbonate lenses • Standard progressive lenses • Discounts off all other lens options	$0 $0 $0	Every calendar year
Contacts - Elective (instead of glasses)	• $150 allowance for contacts; copay does not apply	Up to $60 for exam	Every calendar year
Contacts - Medically Necessary	• Covered in full after copay	$20	Every calendar year
Essential Medical Eye Care	• Services related to type 1 diabetes; ask your VSP provider for details	$20	As needed
Extra Savings and Discounts			
• Glasses and Sunglasses	• Get an extra $50 to spend on featured frame brands. Go to **vsp.com/specialoffers** for details. • Get 20% off additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.		
• Retinal Screening	• No more than a $39 copay on retinal screening as an enhancement to your Well Vision Exam		
• Laser Vision Correction	• An average of 15% off the regular price or 5% off the promotional price; discounts available only from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider		

Out-of-Network Coverage

Benefit	Reimbursement
Exam	Up to $45
Frame	Up to $70
Single-Vision Lenses	Up to $45
Lined Bifocal Lenses	Up to $65
Lined Trifocal Lenses	Up to $85
Lenticular Lenses	Up to $125
Contacts - Elective	Up to $105
Contacts - Medically Necessary	Up to $210

How the VSP Option 2 Vision Plan Works

Here is a look at how some commonly used services are covered by VSP Option 2. For more information on coverage and services not listed here, contact VSP's Member Services Department at **1-800-877-7195** or visit VSP's website at **vsp.com**.

Summary of Benefits (In-Network Coverage)

Benefit	Description	Copay	Frequency
Well Vision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses			
• Lenses	• Single-vision, lined bifocal, lined trifocal and lenticular lenses	$20	Every calendar year
• Frames	• $150 retail frame allowance or $170 features frame allowance (20% off amount over your allowance) • $80 allowance for frames purchased at Walmart® and Costco®	Included in prescription glasses copay for lenses	Every calendar year
• Lens Options	• Scratch resistant coating • Polycarbonate lenses • Standard progressive lenses • Discounts off all other lens options	$0 $0 $0	Every calendar year
Contacts – Elective (instead of glasses)	• $150 allowance for contacts; copay does not apply	Up to $60 for exam	Every calendar year
Contacts – Medically Necessary	• Covered in full after copay	$20	Every calendar year
Kids Care Plan	• Two comprehensive eye exams • An additional pair of lenses if necessary, with minimum prescription change	$10 per exam	Every calendar year
Essential Medical Eye Care	• Services related to type 1 diabetes; ask your VSP provider for details	$20	As needed
Extra Savings and Discounts			
• Glasses and Sunglasses	• Get an extra $20 to spend on featured frame brands. Go to **vsp.com/specialoffers** for details. • Get 20% off additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.		
• Retinal Screening	• No more than $39 copay on retinal screening as an enhancement to your Well Vision Exam.		
• Laser Vision Correction	• An average of 15% off the regular price or 5% off the promotional price; discounts available only from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider		

Out-of-Network Coverage

Benefit	Reimbursement
Exam	Up to $45
Frame	Up to $70
Single-Vision Lenses	Up to $45
Lined Bifocal Lenses	Up to $65
Lined Trifocal Lenses	Up to $85
Lenticular Lenses	Up to $125
Contacts – Elective	Up to $150
Contacts – Medically Necessary	Up to $210

Administrative SPD
The Vision Plan benefits described in this SPD are offered under the Bimbo Bakeries USA Health & Welfare Plan. Additional information, including administrative and legal information about the Vision Plan, is described separately in the Administrative SPD. This SPD and the Administrative SPD should be read together.