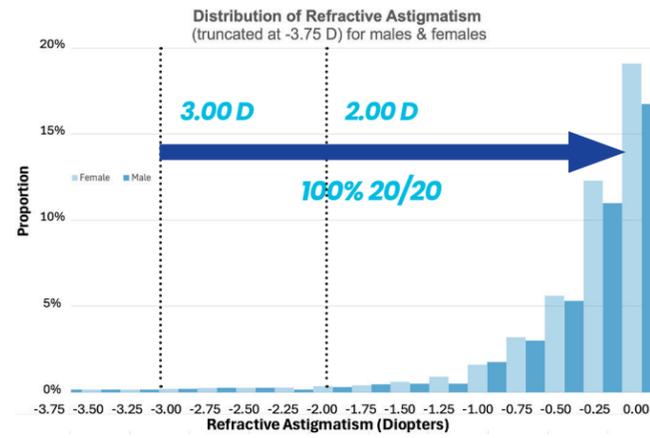


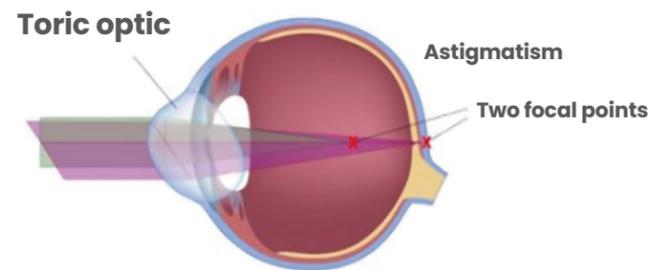
NaturalVue® Enhanced Multifocal Clinically Proven to Correct Astigmatism up to 3.00 D¹

Updated Findings Now Confirm 100% Astigmatism Correction Through 3.00 D.***

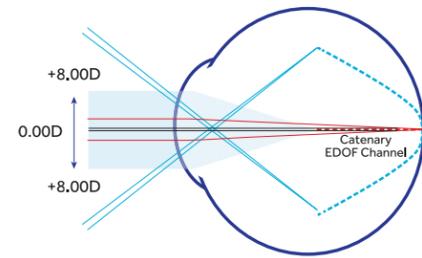
- ✓ Clinically validated for Astigmatism Correction – **Now demonstrated at 100% through 3.00 D**
- ✓ **100% achieved 20/20 or better** binocular vision
- ✓ Maintained **stereopsis and adapted to all pupil sizes**
- ✓ Suitable for **astigmatic children and presbyopes**



Traditional Toric Optic



Extended Depth of Focus Functionality



A Different Approach to Astigmatic Correction

Unlike traditional toric lenses that only provide two focal points to correct specific astigmatic error with a specific axis, NaturalVue Enhanced Multifocal corrects an extensive range of astigmatism by enabling both meridians to focus simultaneously using its Universal ADD and Axis powers. This clinical trial validated the astigmatism correction indication of the NaturalVue Multifocal lens.

Visit global.vtvision.com/protect-study/ for more details.

References:

1. Tuan, KM (Ashley). New Evidence Uncovered: 2-Year RCT Findings in Myopia Management, Astigmatism, and Vision Outcomes with NaturalVue, presented at American Academy of Optometry; October 10, 2025; Boston, MA, USA. Clinical study 'Evaluation of Visual Acuity with Multifocal Catenary Curve-Based Contact Lens Design in Different Degrees of Astigmatism', executed by Carracedo, G.; University Complutense of Madrid, Spain. 2. Connelly M, Neville K. Developmental Changes of Normal Pupil Size and Reactivity in Children. J Ped Ophthal Strab, May 2015. DOI:10.3928/01913913-20150317-11 3. Silbert et al. Pupil size and anisocoria in children measured by the plusoptix photo screener. JAAPOS 2013;17:609-611.

†This information reflects the 2-Year data set (of a 3-year study). After 24 months (year 3), the study protocol states that the control group will cross over to treatment. The PROTECT study is ongoing, and the data will continue to be reviewed and analyzed with additional details to be shared as available.

*Adjusted data, equalized for key variables such as age, sex, and pupil size. Data reflects Planned Subgroup ages 8-12 and power range of -0.75 to -4.00.

** Validated Patient-Reported Outcome PREP2 Survey (Pediatric Refractive Error Profile 2)

*** When following the NaturalVue fitting guide

This information may describe uses for this product, i.e., Myopia Progression Control, which have not been approved by the FDA for use in the United States. It is intended for educational purposes only. NaturalVue® Multifocal is part of an ongoing randomized clinical trial (RCT) studying its effectiveness for myopia progression control.

© 2025 Visioneering Technologies, Inc.
VTI-RCT-FS1 r9



PROTECT RCT DATA UPDATE:
Year 2 Summary of Results
(of 3-Year clinical trial,
October, 2025)†

Protect AND Correct:
Manage myopia AND reduce
compromised vision.

Results from the PROTECT RCT continue to show that NaturalVue® Multifocal 1 Day contact lenses reduce vision challenges in children while helping to manage myopia.

At the 2-Year mark of this 3-Year trial, findings continue to confirm earlier results: clear vision, healthy accommodation, continuous treatment, and high compliance—all leading to effective outcomes. NaturalVue lenses let kids be kids, while addressing the risks of myopia progression.

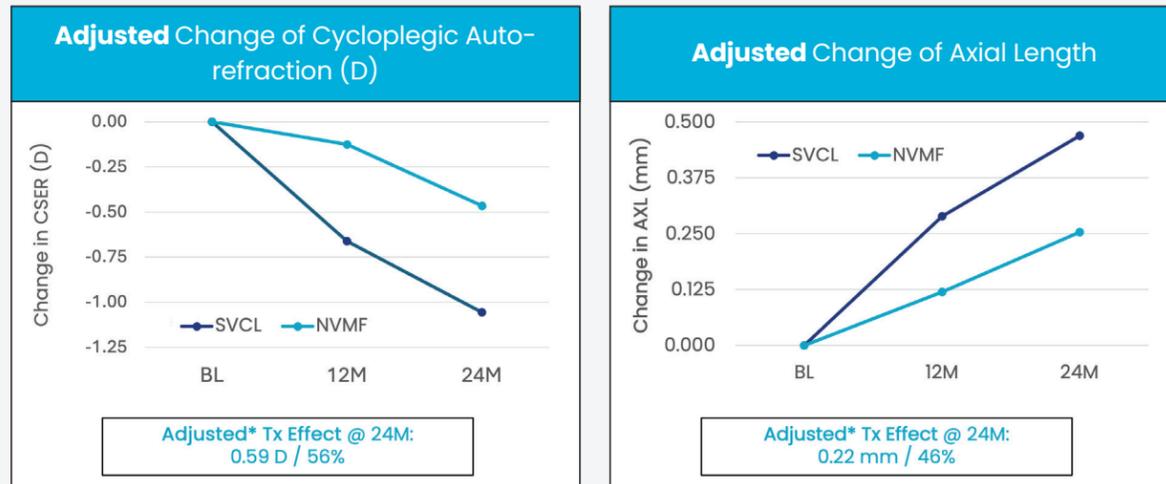




Year 2 Results of 3-Year Clinical Study: Continued Positive Results¹

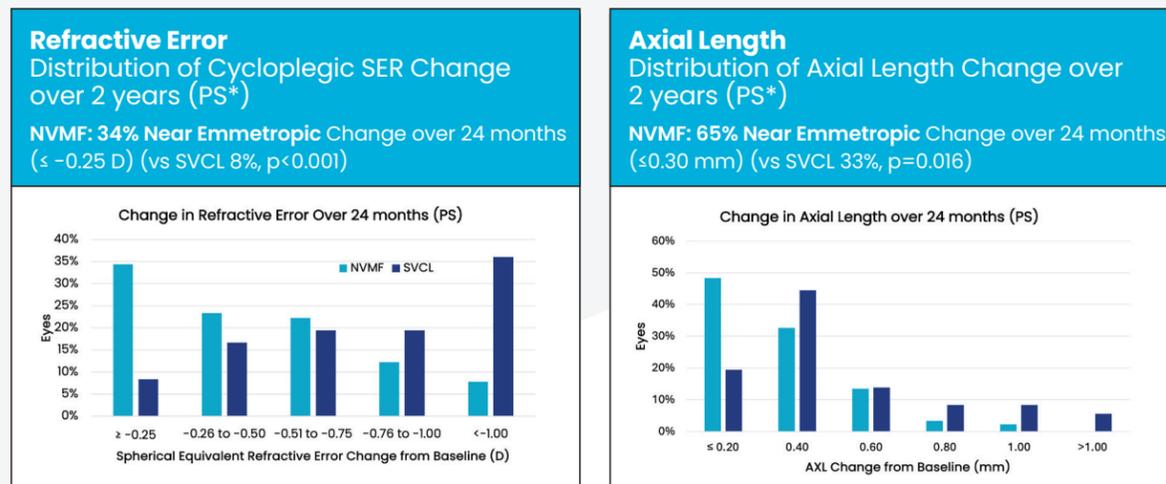
Myopia Management Results

Progression Minimization Continues over 2 Years



*Adjusted data, equalized for key variables such as age, sex, and pupil size. Data reflects Planned Subgroup ages 8-12 and power range of -0.75 to -4.00.

Nearly 2/3 of Patients Had Only Near Emmetropic Change in Axial Length



34% of patients had no clinically significant myopic change (< 0.25 D)

65% of patients wearing NaturalVue[®] had axial growth similar to age-matched emmetropic children

*Adjusted data, equalized for key variables such as age, sex, and pupil size. Data reflects Planned Subgroup ages 8-12 and power range of -0.75 to -4.00.

Visual Performance

Clear Vision and Comfort = Happy Kids

Uncompromised vision and comfort

- 20/20 distance and near VA maintained, comparable to spectacles
- Low-contrast VA equivalent to single-vision contact lenses
- Children reported high satisfaction**—matching single vision lenses, with no trade-offs in vision or comfort
- Preserved stereoacuity

Astigmatic compatibility

- Now proven to clinically correct 100% astigmatism up to 3.00 D

Normalized accommodative accuracy

- Children achieved relief from accommodative stress and improved performance for near tasks

High Compliance & Safety

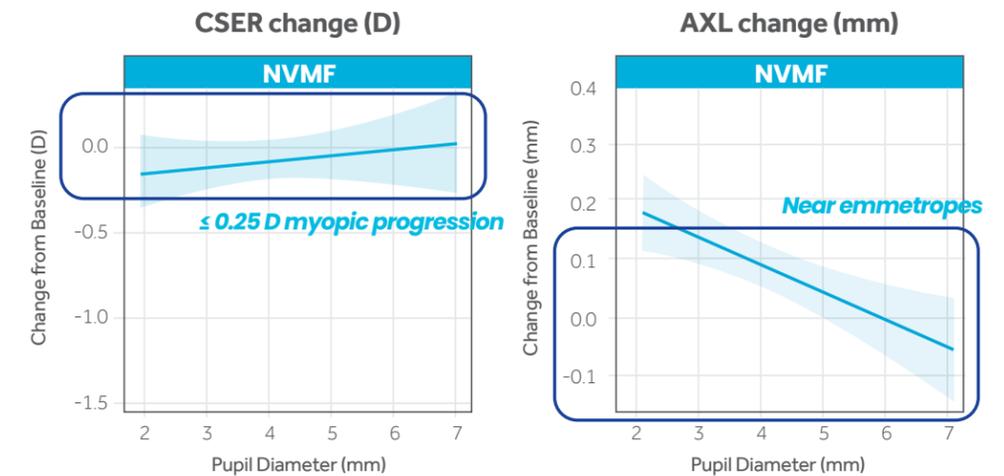
- Children achieved comfortable wearing time of 11-12 hours per day
- No serious device-related adverse events occurred

** Validated Patient-Reported Outcome PREP2 Survey (Pediatric Refractive Error Profile 2)

Continuous treatment across all pupil sizes^{2,3}

Proven efficacy through year 2 across pupil sizes (2-7 mm), ideal for children active outdoors or on digital devices.

- Larger pupils enhance treatment effects, strengthening myopia management
- Nearly 2/3 of children achieved near-emmetropic change



Significant co-variate (p<0.01) with the change of Cycloplegic Spherical Equivalent autorefraction (CSER) and Treatment, with 95% CI

Significant co-variate (p<0.01) with change of Axial Length (AXL) and Treatment, with 95% CI

Note: The average indoor pupil size is 5.5 to 6.0 mm^{2,3}