



**What's available to me?**

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

|  |   |
|--|---|
| <b>Exams</b>   | Every 12 months, one exam is covered in full after \$10 copay   |
| <b>Prescription glasses</b><br>Lenses - 1 pair covered every 12 months<br><br>Frames - covered up to \$150 every 24 months | \$25 copay<br><br><ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Lined bifocal lenses</li> <li>• Lined trifocal lenses</li> <li>• Lenticular lenses</li> </ul> |
| <b>Lens enhancements</b>   | Most popular lens enhancements are covered after a copay, saving our members an average of 20-25% <sup>1</sup>  |
| <b>Elective contacts</b>   | Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.   |
| <b>Necessary contacts</b>  | Covered in full after \$25 copay every 12 months  |
| <b>Contact fitting and evaluation</b>  | \$60 copay  |

<sup>1</sup>This can vary based on provider location

**Who can buy coverage?**

- You can buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity)

Additional eligibility requirements may apply.

**What's the difference between elective and necessary contacts?**

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

### Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

### Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

### How do I find a VSP doctor?

- Visit [vsp.com](http://vsp.com) to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

### Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

### Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from [vsp.com](http://vsp.com) after logging in as a member using your member ID. Or call 800-877-7195.

### What benefits do I receive if my doctor is outside VSP's network?

| Covered charges       | Benefit     | Frequency                                 |
|-----------------------|-------------|---|
| Exams                 | Up to \$45  | Once every 12 months                      |
| Single lenses         | Up to \$30  | One pair every 12 months                  |
| Lined bifocal lenses  | Up to \$50  | One pair every 12 months                  |
| Lined trifocal lenses | Up to \$65  | One pair every 12 months                  |
| Lenticular lenses     | Up to \$100 | One pair every 12 months                  |
| Frames                | Up to \$70  | One set every 24 months                   |
| Elective contacts     | Up to \$105 | Contacts are instead of frames and lenses |
| Necessary contacts    | Up to \$210 | Contacts are instead of frames and lenses |

## What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



[principal.com](https://www.principal.com)

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392  
This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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