

Group vision

Benefit summary for all members

Effective date: 01/01/2025

## 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.

VSP choice network	
<b>Exams</b>	Every 12 months, one exam is covered in full after \$10 copay
<b>Prescription glasses</b> Lenses - 1 pair covered every 12 months	\$25 copay <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Lined bifocal lenses</li> <li>• Lined trifocal lenses</li> <li>• Lenticular lenses</li> <li>• Polycarbonate lenses for dependent children under age 18</li> </ul>
Frames - covered up to \$250 every 12 months; 20% off amount over allowance <sup>1</sup>	
<b>Lens enhancements</b>	Standard progressive lenses covered once every 12 months with a \$0 copay <sup>1</sup> <p>Most other popular lens enhancements are covered after a copay, saving our members an average of 30%<sup>1</sup></p>
<b>Elective contacts</b>	Covered up to \$250 every 12 months. Contact lenses can be chosen instead of glasses.
<b>Contact fitting and evaluation</b>	Up to \$60 copay
<b>Necessary contacts</b>	Covered in full after \$25 copay every 12 months <p>Contact lenses can be chosen instead of glasses.</p>

<sup>1</sup>This can vary based on state laws and provider location. Savings may not apply at participating retail chains.

## **Who can buy coverage?**

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - 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.

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 \$135 which is equivalent to a \$250 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.

## Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

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

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

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

### **BOOKLET-CERTIFICATE NOTICE CONFIDENTIAL COMMUNICATIONS REQUEST**

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a "Confidential Communications Request" form. This form, along with directions on how to complete and return it to us, can be found on our website at: <https://www.principal.com/help/help-individuals/find-form> under "Restrict access to Private Health Information".

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

GH 198 CCR CA



[principal.com](http://principal.com)



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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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only. For help, call us at the number listed on your ID card or 1-800-247-4695. For more help call the CA Dept. of Insurance at 1-800-927-4357.

**Servicios de idiomas sin costo.** Solicite un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-247-4695. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-247-4695. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم Arabic 1-800-927-4357

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-247-4695 համարով: Լրացրելով օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-247-4695 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-247-4695 . Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

**मुफ्त भाषा सेवा.** आपको दुभाषिया की सेवा मिल सकती है। दुभाषिए आपको दस्तावेज़ पढ़वा कर सुना सकते हैं और कुछ आपको आपकी भाषा में दस्तावेज़ भेज देते हैं। लिखित अनुवाद सिर्फ़ स्पेनिश में उपलब्ध हैं। सहायता के लिए, अपने आई कार्ड पर दिए गए नंबर या 1-800-247-4695 पर कॉल करें। अधिक सहायता के लिए, 1-800-927-4357 पर CA डिपार्टमेंट ऑफ़ इंश्योरेंस से बात करें। Hindi

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-247-4695 までお問い合わせください。異なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាកម្មភាសាតែតថ្វី ។ អ្នករាជទឹងលាងអ្នកបកដោយភាសា និងអារម្មណភាសាដូនអ្នកជាបាសាខ្មែរ ។ សម្រាប់ជីវិយ សូមទូរសព្ទមកយើងខ្លួនបានដោយមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក បូលេខ 1-800-247-4695 ។ សម្រាប់ជីវិយបន្ថែមទៀត សូមទូរសព្ទទៅទៅក្រសួងពាណិជ្ជការនៃរដ្ឋបាល តាមលេខ 1-800-927-4357 Khmer

ບໍ່ມີຄົນບໍ່ນັກນົດໆ ນັບພາວີ ທ່ານລະນີນາລັບພາວີໃຫ້ໆ. ນັບສາມາດເຮັດວຽກສານແດ່ໆ ອົມາຈີ ນັ້ນແລ້ງ  
ແລະ ບາງວີ ວິໄມໆ ນັສໍ່ ເງິຫ້ໆ ທ່ານໄດ້ລັບໆ ນັບພາວີຂະໜາດໆ ນັ້ນ.  
ການແບ່ນພາວີ ເປັນນາລັບ ການ ການຮັບນີ້ ນີ້ລະມີແຕ່ ພາວີແລ້ວ ດະບາຍແກ້ໆ ນີ້ນີ້ນີ້.  
ນີ້ນີ້ ບຄວາມຊີ້ວິໄລເຫຼື່ອ, ໂທທາງວກເຄີ່ມານີ້ນີ້ ໂທທາງວກເຄີ່ມານີ້ນີ້ ໃນ ID ຂະໜາທີ່ 1-800-247-  
4695. ນີ້ນີ້ ບໍ່ມີຄວາມຊີ້ວິໄລເຫຼື່ອແມ່ນໃຫ້ໆ ໂທທາງວກເຄີ່ມານີ້ນີ້ ຂະໜັບປະກັນໄຟທີ່ ເປັນ 1-800-927-  
4357. ໂທ

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-247-4695 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Tengx nzie weih faan waac bun muangx se maiv zuqc feix zinh nyaanh.** Meih haih lorx longc mienh liouh tengx faan waac. Meih corc haih zipv benx sou-nzangc liouh dorch mingh doqc mangc aengx caux maaih deix yaac duqv faan benx meih nyei fingz waac. Dungh fiev benx sou-nzangc faan daaih nyei waac se kungx zoux benx janx Spanish nduqc fingz waac hnangv oc. Liouh lorx mienh tengx nzie naaiv diuc jauv-louc nor, douc waac daaih lorx taux yie mbuo gan gu'ndiev norm finx-gorn dungh fiev hietv meih nyei ID fangx-daan wuov a'fai 1-800-247-4695. Aengx zoiz qiemx longc tengx jaa camv faaux nyei jauv-louc nor douc waac lorx taux CA gunv goux beu weih sou-gorn domh gorn zangc yiem njiel naaiv 1-800-927-4357. Mien

خدمات جانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره ۰۴۶۹۵-۲۴۷-۸۰۰-۱ تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره ۰۸۰۰-۹۲۷-۴۳۵۷ تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਭਾਸ਼ਾਈ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੜਾਬਾਂ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜਾਬਾਂ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-247-4695 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੈਰੇਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помочь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-247-4695 . Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-247-4695. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Безплатні послуги з перекладу.** Ви можете скористатися послугами усного перекладача. Вам прочитають, а в деяких випадках і надішлють документи вашою мовою. Письмовий переклад наявний лише для іспанської мови. За довідкою телефонуйте за номером, вказаним на вашій ідентифікаційній картці, або 1-800-247-4695. За додатковою інформацією телефонуйте до Департаменту страхування в Каліфорнії за номером 1-800-927-4357. Ukrainian

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-247-4695 . Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.



California  
Nondiscrimination  
Notice

Principal Life Insurance Company  
Des Moines, IA 50392-0002



Discrimination is against the law. Principal Life Insurance Company (Principal Life) follows State and Federal civil rights laws. Principal Life does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation in connection with the group dental and vision care insurance benefits provided to customers.

**No Cost Language Services**

Principal Life provides access to no cost language services for people whose primary language is not English. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only.

**Relay Services for the hearing impaired**

Principal Life is approved to assist customers using any Federal Communications Commission (FCC) approved relay service provider. Relay services include Video Relay Service (VRS) which allows the hearing impaired to place and receive calls with a professional American Sign Language (ASL) interpreter via a videophone and a high-speed internet connection. VRS and videophone calls are free to the hearing impaired.

A list of FCC approved relay service providers can be accessed at: <https://www.fcc.gov/general/internet-based-trs-providers>.

If you need these services, contact Principal Life between 7:30 am and 6:00 pm (CST) by calling the number on your ID card or 1-800-247-4695.

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**HOW TO FILE A GRIEVANCE**

If you believe that Principal Life has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Principal Life's Office of the General Counsel. You can file a grievance by phone, in writing, or electronically at:

**Principal Life Insurance Company  
Office of the General Counsel  
711 High Street  
Des Moines, IA 50392-0300  
Phone: 515-247-6498  
E-mail: [CSDClaims@exchange.principal.com](mailto:CSDClaims@exchange.principal.com)**

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## CALIFORNIA DEPARTMENT OF INSURANCE

You can also file a civil rights complaint with the California Department of Insurance by phone, in writing, or electronically:

- By phone: Call **1-800-927-4357**. If you cannot speak or hear well, please call **TDD 1-800-482-4833**.
- In writing: Fill out a complaint form or send a letter to:  
**California Department of Insurance**  
**Consumer Services and Market Conduct Branch**  
**Consumer Services Division**  
**300 South Spring Street, South Tower**  
**Los Angeles, CA 90013**

Complaint forms are available at:  
<http://www.insurance.ca.gov/01-consumers/101-help/>

Electronically: Visit the Getting Help page at <http://www.insurance.ca.gov/01-consumers/101-help/>

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## OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services 200**  
**Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>