

Principal Vision (VSP) Plan

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.

Vision (VSP) Plan
Member Service 800.986.3343
www.vsp.com



DESCRIPTION	In-Network	Non-Network
Examination (Every 12 months) Materials (Lenses, Frames, or Contacts)	\$10 copay \$25 copay	Up to \$45 copay Up to \$70
Lenses (Every 12 months) Single Vision Bifocal Vision Trifocal Vision	\$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65
Contact Lenses (Every 12 months) In lieu of Frames & Lenses	Up to \$150	Up to \$105
Medically Necessary Cosmetic/Convenience	Covered in full after \$25 copay	Up to \$110
Frames (Every 12 months)	Up to \$150 then 20% off balance	Up to \$70



ADDITIONAL SAVINGS

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 www.vsp.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

NOTE: This document is a summary only. Benefits may contain limitations and exclusions. If a discrepancy exists between this document and the plan documents, the plan documents will govern.