



Voluntary vision for all members electing the high dental plan, all members electing the low dental plan		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	1 pair per 12 months
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	\$130 allowance for a wide selection of frames; 20% off amount over allowance ¹	1 set per 24 months
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
Necessary contacts ²	\$130 allowance for elective contacts	Instead of lens and frames benefit
	\$25 copay	1 per 12 months
	Covered in full for members who have specific conditions.	Instead of lens and frames benefit
Lens enhancements	Most popular options are covered after a copay, saving members an average of 20-25%. Members should see their doctor for special pricing on additional lens enhancements.	
Additional savings ¹	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	



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Non-network providers		
Covered charges	Benefit ³	Frequency
Vision exams	Up to \$45	1 per 12 months
Single vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 24 months
Elective contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary contacts ²	Up to \$210	1 per 12 months Instead of lens and frame benefits

¹ Based on applicable laws; benefit may vary by doctor location.

² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

³ The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.

*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a \$70 allowance is given for a wide selection of frames from Costco. Please talk to your provider or contact VSP customer care for further details.

Highlights	
Participation	20% or 5 lives, whichever is greater
Eligibility	<p>Employee: Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Annual enrollment period	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll.
Future enrollees	Late entrants (those enrolling more than 31 days after becoming eligible) are subject to an individual benefit waiting period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.



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Limitations

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.

No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.

VSP is not a member of the Principal Financial Group.