

# Vision

You can choose to enroll in the voluntary vision plan with Principal through VSP. Visit [www.vsp.com](http://www.vsp.com), select Choice Network to locate a VSP provider. Or call 800-877-7195.

Principal Life Insurance Company 1130911-10001		
Benefits Based on Occurrence of Every 12 Months	In-Network Benefits	Out-of-Network Benefits (Based on Set Fee Scheule)
<b>Copay</b>		
Routine Exams (Once every 12 months)	\$10 copay	Up to \$45
<b>Vision Materials</b>		
Materials Copay	\$25 copay	N/A
Lenses	Benefit varies by type of lens. Covered	Depends on type – Ranges from \$30 – Approximately \$100. Every 12 months.
Contacts Covered in lieu of frames. Medically necessary contacts may be covered	Elective contacts covered \$130 covered up to every 12 months	Elective contacts up to \$105 ever 12 months.
Frames	Covered at \$130 covered up to every 24	Up to \$71 one set every 24 months.

Employee Contributions (Bi Weekly 26 per year)	
Employee	\$2.94
Employee & Spouse	\$5.55
Employee & Child(ren)	\$6.56
Family	\$8.73