

Created for Principal®

The VSP Choice Plan is a full-service plan that offers choice, flexibility, and value through a VSP Network Provider.



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals from VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at Lasik**Plus**, NVISION Eye Centers, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS.](https://www.vsp.com/offers)

BENEFITS THROUGH A VSP NETWORK PROVIDER

Exam Services

- Comprehensive WellVision Exam® covered in full*
- Routine retinal screening covered after a no more than \$39 copay

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 30%

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

Frame

- Frames covered in full* up to the retail allowance. Walmart, Sam's Club and Costco Optical allowance is equivalent to the frame allowance at VSP doctor locations and participating retail chains.
- Members who select a Featured Frame Brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike, and more, will receive an extra \$20 toward their frame allowance.
Featured Frame Brands subject to change.
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market

VSP Choice Plan[®]

Additional Pairs of Glasses

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

Elective Contact Lenses

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$60**.
- Prescription contact lens materials are covered in full up to the plan allowance (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

Low Vision

- Pre-approved low vision supplemental testing covered every two years
- 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years

VSP Laser VisionCareSM Program

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member.

VSP Laser VisionCareSM Preferred Program

- Additional laser vision surgery coverage starting at \$250 per eye up to full coverage toward laser vision correction services (PRK, Custom PRK, LASIK, Custom LASIK² and Bladeless LASIK)

Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco[®] Optical. Costco[®] Optical allowance of \$ is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than $\pm .50$ diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Principal Life Insurance Company[®], 711 High Street, Des Moines, IA 50392

Self-funded vision from Principal[®] is administered by VSP Vision Care (VSP). This is an overview of the benefits of self-funded vision, but there are limitations and exclusions. For additional details, contact your Principal representative. VSP is not a member of the Principal Financial Group[®].

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