



Voluntary vision for all other members, council and voluntary fire and rescue, employee and voluntary fire and rescue, fraternal order of police, fraternal order of police and voluntary fire and rescue		
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	
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation) \$130 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary contacts²	\$25 copay Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	1 per 12 months Instead of lens and frames benefit
Lens enhancements¹	\$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
Additional savings¹	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. Coverage administered by VSP.

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Limitations	<p>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.</p> <p>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.</p>
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VSP is not a member of the Principal Financial Group.