

# Policyholder: Composite Lining Services



## Group voluntary vision Benefit summary for all members

Effective date: 01/01/2022

### What's available to me?

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.

VSP choice network	
<b>Exams</b>	Every 12 months, one exam is covered in full after \$10 copay
<b>Prescription glasses</b> Lenses - 1 pair covered every 12 months  Frames - covered up to \$150 every 24 months; 20% off amount over allowance <sup>1</sup>	\$25 copay <ul style="list-style-type: none"><li>• Single lenses</li><li>• Lined bifocal lenses</li><li>• Lined trifocal lenses</li><li>• Lenticular lenses</li><li>• Polycarbonate lenses for dependent children under age 18</li></ul>
<b>Lens enhancements</b>	Standard progressive lenses covered once every 12 months with a \$0 copay <sup>1</sup>  Most other popular lens enhancements are covered after a copay, saving our members an average of 30% <sup>1</sup>
<b>Elective contacts</b>	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
<b>Contact fitting and evaluation</b>	Up to \$60 copay
<b>Necessary contacts</b>	Covered in full after \$25 copay every 12 months  Contact lenses can be chosen instead of glasses.

<sup>1</sup>This can vary based on state laws and provider location Savings may not apply at participating retail chains.

### Who can buy coverage?

- You can buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

### What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

### Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

### Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

### How do I find a VSP doctor?

- Visit [vsp.com](http://vsp.com) to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

### Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

### Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from [vsp.com](http://vsp.com) after logging in as a member using your member ID. Or call 800-877-7195.

### Are there any additional savings with VSP?

- 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.

These savings can vary based on state laws and provider location.

### What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

### What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

**Texas Department of Insurance Notice**  
**Preferred Provider Benefit Plan**

You have the right to an adequate network of preferred providers (also known as "network providers"). If you believe that the VSP network is inadequate, you may file a complaint with the Texas Department of Insurance.

You have the right, in most cases, to obtain estimates in advance:

- from out-of-network providers of what they will charge for their services; and
- from VSP of what it will pay for the services.

You may obtain a current directory of VSP preferred providers at the following website: <https://www.vsp.com/> or by calling 1-800- 877-7195 for assistance in finding available preferred providers.

If you are treated by a provider that is not a preferred provider, you may be billed for anything not paid by VSP.

If the VSP directory information is materially inaccurate and you rely on it, you may be entitled to have an out-of-network claim paid at the in-network level of reimbursement and your out-of-network expenses counted toward your in-network copayment and maximum payment limit.

GH 198 TX (VSP)



[principal.com](https://www.principal.com)

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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