VISION - Principal VSP

Benefits & Services	You Pay In-Network[1]
Eye Exam - covered every 12 months	$10 Copay
Materials	$25 Copay
Frames - covered every 12 months[2]	$250 allowance[2]; subject to materials copay and then 20% off the remaining balance
Lenses - covered every 12 months - Single, Bifocal, Trifocal, Lenticular	Covered; subject to materials copay
Contacts - covered every 12 months in lieu of glasses	$250 allowance
Contact Lens Fitting & Evaluation	Up to $60

- Extra $20 toward featured frame selections
- Mail-in rebates for contacts
- Discounts on a second pair glasses, sunglasses, and LASIK

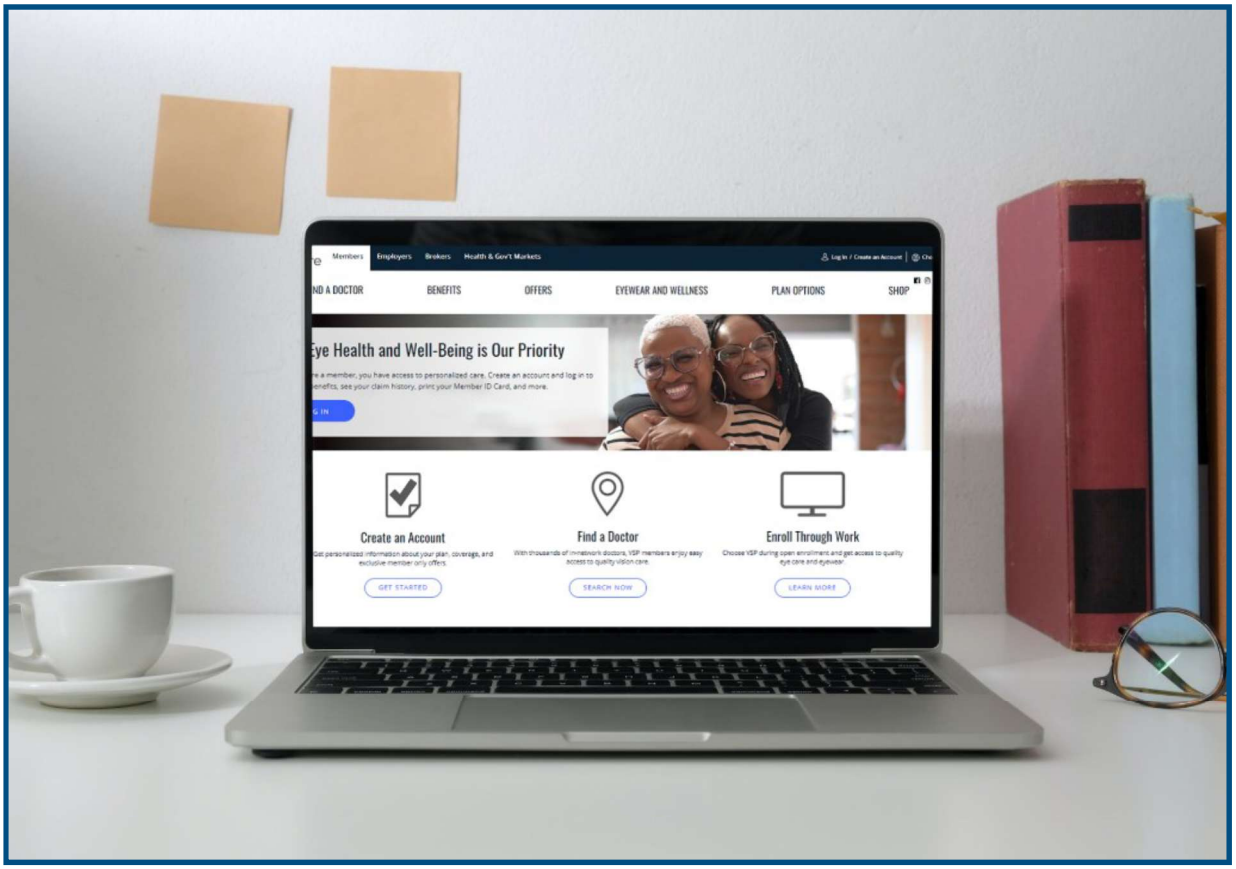
[1]Reimbursements for services rendered Out-of-Network: up to $45 for Exams, up to $70 for Frames, up to $30 for Single Vision Lenses, up to $50 for Bifocal Lenses, up to $65 for Trifocal Lenses, up to $105 for Elective Contacts, and up to $210 for Medically Necessary Contacts.

[2]Up to $135 allowance is given for a wide selection of frames from Costco, Walmart and Sam's Club.

VISION - Principal VSP

LOCATE A PARTICIPATING PROVIDER

- Call 1-800-877-7195, or
- Visit vsp.com and **log in** as a registered member
- If you're not a registered member, click **find a doctor**
- Enter your search criteria



Costs Per Pay (26 Pays)	Vision Plan
Employee Only	$4.08
Employee & Spouse	$7.55
Employee & Child(ren)	$8.50
Employee & Family	$12.86