



# Voluntary Vision Benefit Summary

Effective Date: 12/01/2019

This chart provides you a brief summary of the key benefits of the vision coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your vision coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility		
Job Class	ALL MEMBER HIRED 6/1/11 OR AFTER	
Benefits Payable		
Providers	Any provider can be used for your vision care	
Covered Charges	Scheduled Benefit Amount*	Frequency
Exams	\$50	One exam every 12 months
Frames	\$100	One set every 24 months
Lenses <i>Includes progressive lenses</i>	\$50 for single vision \$75 for bifocal \$100 for trifocal \$150 for lenticular	Two lenses (one pair) every 12 months
Contact Lenses <i>Includes disposable lenses</i>	\$150	Contact lenses are in lieu of frames and lenses. (The contact lens benefit is equal to the Frames plus Single Vision Lens benefit. Therefore, the full benefit allowance may not be available every 12 months.)
Limitations & Exclusions		
Late Entrant Waiting Period	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to plan guidelines.	
Non-Medically Necessary Services	The coverage does not pay for visual analysis or vision aids that are not medically necessary.	
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.	

\*No deductible or coinsurance applies with this vision benefit.

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Vision Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for vision coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee), and children. Additional eligibility requirements may apply.

### How Do I Submit A Claim?

No claim form is needed. Send the provider's itemized statement\* and a photocopy of the front and back of your vision ID card to Principal Life Insurance Company, PO Box 10357, Des Moines, IA 50306-0357. For further assistance, call the Principal Financial Group at (800) 247-4695.

\*The itemized statement shows what services and treatments were provided. A receipt showing the amount paid or bill showing the amount due is not sufficient.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of vision coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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