Principal®

Policyholder: HATCH STAMPING COMPANY

Vision Benefit Summary

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 MEMBERS

Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	**Benefit**	**Frequency**
Exams	$10 copay	One exam every 12 months
Prescription Glasses	$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18 Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.***	Two lenses (one pair) every 12 months
Frames*	$150 allowance for a wide selection of frames; 20% off amount over allowance***	One set every 24 months
Elective Contacts	Up to $60 copay for your elective contact lens exam (fitting and evaluation) $150 allowance for elective contacts	Once every 12 months Contacts are instead of frames and lenses
Necessary Contacts**	$25 copay Covered in full for members who have specific conditions	Once every 12 months Contacts are instead of frames and lenses

Additional Savings ***	
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

How Do I Find a VSP Provider?

Use the Provider Directory on www.vsp.com to locate nearby VSP providers or to see if your current eye care professional participates in the VSP network. To speak to a representative by phone, please call 800-877-7195.