



Policyholder: Williamson County

Vision Care Coverage

Effective Date: **01/01/2018**

Vision care coverage helps you pay for eye exams and prescribed vision aids.

Eligible Employees: All full-time employees and their dependents.

Qualifying for Benefits

Your benefit covers a routine eye exam every 12 months, and **one** of the following:

- A set of frames each 12 months and two lenses (one pair) each 12 months, **or**
- Two contact lenses (one pair). The maximum payment for a pair of contact lenses will be equal to the maximum payment for single vision lenses plus frames. For example: Single vision lenses (\$50) plus frames (\$125) would equal a contact lens benefit total of (\$175) for the first 12 months. The contact lens benefit total for the next 12 months, or second year, would equal (\$50). This is because the frame benefit of (\$125) is only payable once in any period of 12 consecutive months.

Your Benefits at a Glance

We pay up to the following benefit maximums. Your benefit maximum will equal either A+B or A+C, depending on your choice of glasses or contacts. You don't have coinsurance or a deductible to satisfy for Vision Care Coverage.

Exams (A)	Frames and Lenses (B)	Contact Lenses (C)
Exams: \$75 One exam each 12 months	Frames: \$125 One set each 12 months Lenses: \$50 for single vision \$75 for bifocal \$100 for trifocal \$100 for lenticular Two lenses (one pair) each 12 months	Contact Lenses: \$ 175 The maximum payment for two contact lenses (one pair) will be equal to the maximum payment for single vision lenses plus frames. Please see the example above under "Qualifying for benefits."

Dependent Coverage

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent.

Limitations and Exclusions

Vision Care covered charges do not include charges for:

- A visual analysis or vision aids that are not medically necessary
- A visual analysis performed by someone other than a physician or optometrist
- Vision aids not prescribed by a physician or optometrist
- A visual analysis or vision aids provided by a person in your immediate family
- Sunglasses (prescribed or not)
- Duplication or replacement of a vision aid that is broken, lost or stolen
- More than one complete visual analysis in any period of 12 consecutive months
- More than two lenses (one pair) in any period of 12 consecutive months or one set of frames in any period of 12 consecutive months
- Contacts are in lieu of frames and lenses
- A visual analysis or vision aids that would be provided at no charge in the absence of coverage
- A visual analysis or vision aids paid for or furnished by the United States government or one of its agencies (except Medicaid)
- A visual analysis or vision aids provided as a result of a sickness or injury that is covered by a workers' compensation act or similar law
- A visual analysis or vision aids provided as the result of a sickness or injury due to voluntary participation in criminal activities
- A visual analysis or vision aids covered under medical expense coverage issued under the Individual Purchase Rights described in the policy
- Treatment or services provided outside the United States, unless you are

1. Traveling, provided you are not securing vision care diagnosis or treatment and you will return within six months
2. On a business assignment, provided you will return within six months
3. A full-time student, meaning you are either attending an accredited school in a foreign country or participating in an academic program in a foreign country for a credit from your school in the U.S.

Group Voluntary Vision Coverage:

Employee	\$10.10
Employee + 1 Dependent	\$18.92
Employee + 2 or more Dependents	\$28.87



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

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