VISION CARE BENEFITS - RETIREES

Princeton University offers a “retiree pay all” vision plan to eligible retirees. The vision plan is administered by Vision Service Plan (VSP). You have the choice of selecting the vision plan or waiving this benefit. **Once enrolled, you may not terminate your vision coverage mid-year.**

VSP’s Signature Plan, covers diagnosis, treatment and monitoring of non-surgical medical eye conditions; exams and specialized tests to identify medical conditions and vision loss; ocular photography to determine the progress of abrasions, growths or glaucoma; and, follow-up care is provided, including any necessary referrals and consultations with the member’s primary care physician. The plan also covers all tints, polycarbonate lenses and scratch coatings and offers savings on laser vision correction surgery.

The below chart is intended to provide an overview of plan benefits only. **Please see reverse for rates.**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
<th>Copay</th>
<th>Coverage from a VSP Preferred Provider</th>
<th>Coverage from a VSP Affiliate Provider (Costco or Eye Care Centers of America)</th>
<th>Out of Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Vision Exam</td>
<td>Once every calendar year</td>
<td>$10</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Up to $43 allowance</td>
</tr>
<tr>
<td>Lenses*</td>
<td>Once every calendar year</td>
<td>$20</td>
<td>Single vision, lined bifocal, lined trifocal or lenticular prescription lenses are covered in full</td>
<td>Single vision, lined bifocal, lined trifocal or lenticular prescription lenses are covered in full</td>
<td>Single vision up to $40 allowance</td>
</tr>
<tr>
<td>Frame**</td>
<td>Once every calendar year</td>
<td>Covered up to $155 retail allowance</td>
<td>Covered up to $85 retail allowance at Costco</td>
<td>Up to $47 allowance</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses***</td>
<td>Within 12 months of your last eye exam</td>
<td>Covered up to $140 allowance</td>
<td>Covered up to $140 allowance</td>
<td>Covered up to $140 allowance</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE: You cannot be reimbursed for glasses and contacts in the same calendar year.

*Lens options which can enhance the appearance, durability and function of your glasses may be available to you at VSP’s member preferred pricing. Ask your preferred or affiliate provider for details.

**If you choose a frame valued at more than your allowance, you will save 20% on your out-of-pocket costs for frames if you use a VSP preferred provider. If you use a VSP affiliate provider offers and discounts vary. The Costco frame allowance of $85 is equivalent to the frame allowance at preferred providers.

***Your allowance applies to the cost of your contact lens exam and your contact lenses. You will receive a 15% savings off the cost of your contact lens exam from a VSP preferred provider. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. You may receive a 20% savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP preferred provider within 12 months of your last eye exam. If you use a VSP affiliate provider offers and discounts vary.
There is no benefit for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (non-prescription).
- Two pair of glasses in lieu of bifocals.
- Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Any eye examination, or any corrective eye wear, required by an employer as a condition of employment.
- Protective eyewear.

How to use your VSP Vision Benefits:

- Locate a VSP Provider by either utilizing the VSP web site (www.vsp.com) and select the “Signature” network or by calling 800-877-7195.

ID Card:

VSP will not mail you an ID card, since an ID card is not required for you to receive services or care. When you call a VSP provider to schedule an appointment, the participating provider will contact VSP for plan provisions. If you prefer to have an ID card, you do have the option to print an ID card at www.vsp.com, under the “my benefits” section. The ID card will provide a summary of your benefits and includes information to help you manage your vision benefits.

How do I get reimbursed if I use a provider not in the VSP network?:

Mail an itemized receipt to: VSP, PO Box 997105, Sacramento, CA 95899-7105

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**2013 RETIREE VISION PLAN MONTHLY RATES**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree Only</th>
<th>Retiree &amp; 1 Child*</th>
<th>Retiree &amp; Spouse</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Services Plan</td>
<td>$10.52</td>
<td>$19.28*</td>
<td>$19.28</td>
<td>$24.71</td>
</tr>
</tbody>
</table>

*If you are enrolling more than one child, you must elect Retiree and Family