

# Vision Insurance

Princeton Hydro offers one vision plan through VSP. It is a PPO plan and offers both in-network and out-of-network coverage. Please refer to the benefit summary, found at [www.princetonhydrobenefits.com/vision](http://www.princetonhydrobenefits.com/vision) for further detail.

## VSP

1-800-877-7195

[www.vsp.com](http://www.vsp.com)

**Plan Year: January 1 – December 1, 2026**

## VISION PLAN

IN-NETWORK	
EYE EXAM	Every 12 months \$25 copay
LENSES	Every 12 months
Single Vision, Bifocal Lenses, Trifocal Lenses, Lenticular Lenses, Necessary Contacts	\$25 copay
FRAMES	Every 24 months \$130 allowance
CONTACT LENSES (in lieu of glasses)	Every 12 months
Exam fee	Up to \$60
Materials fee	\$130 allowance
OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage at <a href="http://www.princetonhydrobenefits.com/legal">www.princetonhydrobenefits.com/legal</a>	

COST FOR VISION COVERAGE ( <b>26 PAYS</b> )	VISION PLAN
Employee Only	\$0.00
Employee + Spouse	\$2.99
Employee + Child(ren)	\$3.58
Employee + Family	\$6.58
COST FOR VISION COVERAGE ( <b>52 PAYS</b> )	VISION PLAN
Employee Only	\$0.00
Employee + Spouse	\$1.50
Employee + Child(ren)	\$1.79
Employee + Family	\$3.29