

# Providence Health Plan partners with VSP® to provide vision coverage for you and your family.



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

## You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—you can choose a VSP doctor or any out-of-network provider. For your child, look for a VSP doctor who carries frames from our exclusive Otis and Piper™ Eyewear Collection.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

## Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you and your family.** To find a VSP doctor, visit [www.ProvidenceHealthPlan.com/providerdirectory](http://www.ProvidenceHealthPlan.com/providerdirectory).
- **Review your benefit information.** Once your benefit is effective, visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, all you need is your ID number.** This number is 17-digits composed of your Providence Health Plan member ID + group number. These numbers are available on your Providence member ID card.

**Example:** Member John Smith  
ID#: 10012222-02 Group #: 100710  
John's VSP ID would be 1001222202100710.

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP doctor.

See why we're  
consumers' #1  
choice in vision care.

Contact us.  
[vsp.com](http://vsp.com) | 800.877.7195



# Vision Premium Benefit Summary featuring Otis & Piper Eyewear

Providence Health Plan and VSP provide you with the highest quality vision coverage for you and your family.

## Adult Coverage

Doctor Network ..... VSP Choice

**WellVision Exam** focuses on your eye health and overall wellness  
 \$10 copay ..... every 12 months

### Prescription Glasses

Lenses ..... every 12 months

- Single vision, lined bifocal, lined trifocal, or lenticular lenses

Lens Enhancements

- Progressive lenses ..... Fully Covered after \$50 copay

Frame ..... every 12 months

- \$130 allowance for a wide selection of frames
- 20% savings on the amount over your allowance

–OR–

**Contact Lenses (Instead of Glasses)**...every 12 months

- \$130 allowance for contacts and contact lens exam (fitting and evaluation)
- 15% savings on a contact lens exam (fitting and evaluation)

## Child Coverage-up to 19 years old

Doctor Network..... VSP Choice

**WellVision Exam** focuses on your child's eye health and overall wellness  
 Fully Covered.....every 12 months

### Prescription Glasses

Lenses.....every 12 months

- Single vision, lined bifocal, lined trifocal, or lenticular lenses

Lens Enhancements

- Polycarbonate, scratch-resistant coating and UV protection..... Fully Covered
- Average savings of 20-25% on other lens enhancements

Frame.....every 12 months

- Our exclusive Otis & Piper Eyewear Collection is fully covered
- 20% savings on other frame brands

–OR–

**Contact Lenses (Instead of Glasses)**..every 12 months

- Fully covered contact lens exam and minimum three-month supply of contacts for the following modalities:
  - Standard (one pair annually)
  - Monthly (six-month supply)
  - Bi-weekly (three-month supply)
  - Dailies (three-month supply)

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam.....	\$45
Single Vision Lenses .....	\$30
Lined Bifocal Lenses.....	\$50
Lined Trifocal Lenses.....	\$70
Frame.....	\$70
Contacts.....	\$105

At your appointment, all you need is your ID number. This number is 17-digits composed of your Providence Health Plan member ID + group number. These numbers are available on your Providence member ID card.

Each member is set-up separately, so dependents will have a separate, unique VSP ID number.

## Your Child's Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if your child plans to see a provider other than a VSP doctor.

Exam.....	\$45
Single Vision Lenses .....	\$30
Lined Bifocal Lenses.....	\$50
Lined Trifocal Lenses.....	\$70
Frame.....	\$70
Contacts.....	\$105

Example: Member John Smith  
 ID#: 100112222-02 Group #: 100710  
 John's VSP ID would be 10011222202100710

PGC-OR 0117 LG VSPPREM O-P  
 Oregon – Large Group

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.  
 Based on applicable laws, benefits may vary by location.

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VIS-094B  
 Vision Premium O+P

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).