

# 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#: 100112222-02 Group #: 100710  
John's VSP ID would be 10011222202100710.

**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

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 ..... Fully Covered
- 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 ..... Fully Covered

**Lens Enhancements**

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

Frame ..... every 12 months

- Otis & Piper frames are covered in full. The equivalent value of that benefit can also be applied to other frame collections.

-OR-

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

- Contact lens exam and an annual supply of contact lenses ..... Fully Covered

**Your Coverage with Out-of-Network Providers**

Visit [vsp.com](http://vsp.com) for details. If you plan to see a non-VSP provider, this plan covers up to the amounts below. Any remaining balance is the member's responsibility.

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

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

Visit [vsp.com](http://vsp.com) for details. If your child plans to see a non-VSP provider, this plan covers up to the amounts below. Any remaining balance is the member's responsibility.

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

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