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 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.
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

<table>
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<tr>
<th>Doctor Network</th>
<th>VSP Choice</th>
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**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
- 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

- 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

<table>
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<tr>
<th>Doctor Network</th>
<th>VSP Choice</th>
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</table>

**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-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

- 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 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

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 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

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

PGC-OR 0118 LG VSPPREM O-P

Oregon - Large Group

VIS-094C
Vision Premium O-P