

Vision Exam Benefit Summary

Get Access to the best in eye care and eyewear with Providence Health Plan and VSP® Vision Care

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make—choose a VSP network doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195**.
- 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 is 10011222202100710

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

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. ¹Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements. ²Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

PGC-OR 0119 LG VSPEXAM Oregon – Large Group VIS-096D Vision Exam

¹ Brands/Promotion subject to change

² Savings based on network doctor's retail price and vary by plan and purchase selection: average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask VSP network doctor for details.

Vision Exam Benefit Summary

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

Plan Information

VSP Provider Network: VSP Choice

Adult Coverage

| Addit Coverage | | |
|--------------------|---|---|
| Benefit | Description | Copay |
| WellVision Exam | Focuses on your eyes and overall wellnessEvery 12 months | \$10 |
| Extra Savings | Glasses and Sunglasses Extra \$20 to spend on brands. Go to vsp.com for details. 20% savings on additi sunglasses, including enhancements, from provider within 12 molast WellVision Exam. Retinal Screening No more than a \$39 routine retinal scree enhancement to a W. Laser Vison Correction Average 15% off the 5% off the promotio | onal glasses and lens any VSP onths of your copay on ning as an /ellVision Exam |
| | discounts only availa contracted facilities | • |

Adult Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

This plan covers up to the amount below. Any remaining balance is member responsibility.

| Exam | Up to \$45 |
|--------|------------|
| EXAIII | UD 10 343 |

Child Coverage - up to 19 years old

| Benefit | Description | Copay | | |
|--------------------|---|--------------------------------------|--|--|
| WellVision Exam | Focuses on your eyes and overall wellnessEvery 12 months | \$0 | | |
| Extra Savings | Glasses and Sunglasses | | | |
| | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. | | | |
| | Laser Vison Correction | | | |
| | _ | Average 15% off the regular price or | | |
| | • | 5% off the promotional price; | | |
| | discounts only available from | | | |
| | contracted facilities | | | |

Child Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

This plan covers up to the amount below. Any remaining balance is member responsibility.

Exam Up to \$45

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Once your benefit is effective, visit vsp.com for details