

Vision Basic 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 outof-network provider. Visit **vsp.com** or call **800.877.7195**.
- At your appointment, all you need is your ID number.
 This number is composed of 17-digits including your full 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.

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.

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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

Benefit	Description	Сорау		
WellVision Exam	 Focuses on your eyes and overall wellness Every 12 months 	\$10		
Prescription Glasses				
Frame	 20% savings on the amount over your allowance Every 24 months	Included in prescription Glasses \$130 allowance; copay does not apply		
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 24 months 	Included in prescription Glasses \$50 for Progressive Lenses		
Contacts (instead of glasses)	 Contact lens exam (fitting and evaluation) Every 24 months 	\$130 allowance; copay does not apply		
Extra Savings	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vison Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from 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		
Frame	Up to \$70		
Single Vision Lenses	Up to \$30		
Lined Bifocal Lenses	Up to \$50		
Lined Trifocal Lenses	Up to \$70		

PGC-OR 0119 LG VSPBASIC Oregon – Large Group

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

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Contacts

All other company name and brands are trademarks or registered trademarks of their respective owners.

VIS-091D Vision Basic

Up to \$105

Child Coverage – up to 19 years old

Benefit	Description	Сорау		
WellVision Exam	Focuses on your eyes and overall wellness	\$0		
	Covered in full			
	Every 12 months			
Prescription Glasses				
Frame	 Otis & Piper Frames are Covered in full 	\$0		
	• The equivalent value of \$150 can also be applied to other frame collections			
	Every 12 months			
Lenses	Single vision, lined bifocal, and lined trifocal lenses			
	 Polycarbonate, scratch, and UV 	έΩ		
	Covered in full	\$0		
	Every 12 months			
Contacts	 Contact lens exam and an annual supply of contact lenses 			
(instead of glasses)	Covered in full	\$0		
	Every 12 months			
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.				
Up to \$45				
Up to \$70				
Up to \$30				
Up to \$50				
Up to \$70				
Up to \$105				

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