

Vision Plus featuring Otis & Piper Eyewear 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.

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	Copay
WellVision Exam	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$10
Prescription Glasses		
Frame	<ul style="list-style-type: none">20% savings on the amount over your allowanceEvery 24 months	Included in prescription Glasses \$130 allowance; copay does not apply
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent childrenEvery 12 months	Included in prescription Glasses \$50 for Progressive Lenses
Contacts (instead of glasses)	<ul style="list-style-type: none">Contact lens exam (fitting and evaluation)Every 12 months	\$130 allowance; copay does not apply
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none">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 <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none">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
Contacts	Up to \$105

Child Coverage – up to 19 years old

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Covered in full Every 12 months 	\$0
Prescription Glasses		
Frame	<ul style="list-style-type: none"> Otis & Piper Frames Covered in full Every 12 months 	\$0
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate, scratch, and UV Covered in full Every 12 months 	\$0
Contacts (instead of glasses)	<ul style="list-style-type: none"> Contact lens exam and an annual supply of contact lenses Covered in full Every 12 months Minimum of three-month supply of contacts for the following modalities: <ul style="list-style-type: none"> Standard (one pair annually) Monthly (six-month supply) Bi-weekly (three-month supply) Dailies (three-month supply) 	\$0
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> 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
Frame	Up to \$70
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$70
Contacts	Up to \$105