



Vision Plus featuring Otis & Piper and ProTec Safety 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 wellness Every 12 months 	\$10
Prescription Glasses		
Frame	<ul style="list-style-type: none"> 20% savings on the amount over your allowance Every 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 lenses Polycarbonate lenses for dependent children Every 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
ProTec Eyewear^{®3}	<ul style="list-style-type: none"> Available only to employees only (no coverage for dependents) Prescription safety lenses and frame from ProTec Eyewear collection Every 12 months 	Covered in full; copay does not apply
Extra Savings	<p>Glasses and Sunglasses</p> <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. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a 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 	

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

Employee Only Safety Glasses 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.

Frame	Up to \$25
Single Vision Lenses	Up to \$35
Lined Bifocal Lenses	Up to \$45
Lined Trifocal Lenses	Up to \$65

³ ProTec Eyewear lenses and frames are engineered to meet American National Standards Institute's (ANSI) general and impact-rated protector levels for maximum safety. Lenses are polycarbonate, at least 2mm thick, and are marked by the manufacturer as a safety lens, with plastic or glass lenses as an option (also meet ANSI requirements). Plano Lenses are excluded. Frames have a "Z87.2" or a "Z87.2+" stamp on the front and temples with the manufacturer's logo and are constructed so that, if impacted from the front, the lens will not come out through the back of the frame. Detachable top and side shields are also included on the frame.

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