

# Your Benefit Summary



Washington – Large Group

**Vision Care \$400**

## Benefits

Your Providence Health Plan vision benefit provides coverage as follows:

- **Adults:** up to \$400 per two calendar-year period
- **Children under 18:** up to \$400 per calendar year

**You do not need to meet any medical health plan deductibles, regardless of your medical plan type, before accessing your vision care benefit.**

**The \$400 coverage can be applied to the following services:**

- Vision examinations
- Prescription lenses
- Prescription contact lenses
- Frames

## Using your vision plan benefits

- For the service to be a covered benefit, you must receive all of your vision services and supplies care from a licensed eye care provider. Vision examinations must be provided by an ophthalmologist or an optometrist.
- Please submit your itemized receipts suitable for insurance billing purposes to us for reimbursement. Submit claims to:

**Providence Health Plan  
Attn: Claims Dept.  
P.O. Box 3125  
Portland, OR 97208-3125**

## Exclusions

- Orthoptic or vision training
- Subnormal vision aids, aniseikonic lenses, or Plano (non-prescription lenses) glasses
- Sunglasses
- All materials not listed as covered benefits
- Services and supplies received outside of the United States

<b>Customer Service:</b>	• Portland Metro Area: 503-574-7500	• All Other Areas: 800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 888-244-6642
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