

## Vision Premium 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](http://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 <http://phppd.providence.org/> 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® under your medical benefit – 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. <sup>1</sup>Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements. <sup>2</sup>Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

### Important information about your plan

- You do not need to meet any medical health plan deductibles, regardless of your medical plan type, before accessing your vision care benefit.
- Your copays do not apply to your plan's medical out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for further details.

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<sup>1</sup> Brands/Promotion subject to change

<sup>2</sup> 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
<b>WellVision Exam</b>	<ul style="list-style-type: none"><li>Covered under medical benefit</li></ul>	See Medical Benefit Summary
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"><li>20% savings on the amount over your allowance</li><li>Every 12 months</li></ul>	Included in prescription Glasses \$130 allowance; copay does not apply
<b>Lenses</b>	<ul style="list-style-type: none"><li>Single vision, lined bifocal, lined trifocal, or lenticular lenses</li><li>Polycarbonate lenses for dependent children</li><li>Every 12 months</li></ul>	Included in prescription Glasses \$50 for Progressive Lenses
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"><li>Contact lens and exam (fitting and evaluation)</li><li>Every 12 months</li></ul>	\$130 allowance; copay does not apply
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul> <b>Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>	

## 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](http://vsp.com) for plan details.

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

Exam	See Medical Benefit Summary
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	Member Cost
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Covered under medical benefit</li> </ul>	See Medical Benefit Summary
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>Otis &amp; Piper Frames, Covered in full</li> <li>20% savings on other frame brands</li> <li>Every 12 months</li> </ul>	\$0
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, or lenticular lenses</li> <li>Polycarbonate, scratch, and UV</li> <li>Covered in full</li> <li>Every 12 months</li> </ul>	\$0
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>Contact lens exam and an annual supply of contact lenses</li> <li>Covered in full</li> <li>Every 12 months</li> <li>Minimum of three-month supply of contacts for the following modalities: <ul style="list-style-type: none"> <li>Standard (one pair annually)</li> <li>Monthly (six-month supply)</li> <li>Bi-weekly (three-month supply)</li> <li>Dailies (three-month supply)</li> </ul> </li> </ul>	\$0
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	

Child Coverage with Out-of-Network Providers	
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<b>This plan covers up to the amount below. Any remaining balance is member responsibility.</b>	
Exam	See Medical Benefit Summary
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