

Vision Premium 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 ProvidenceHealthPlan.com/findaprovider/ 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:

PHP ID# (10 numeric digits): XXXXXXXX-XX

PHP Group# (6 numeric digits): XXXXXX

VSP ID# (PHP ID# without dash and PHP Group#): XXXXXXXXXXXXXXXXX

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. 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.

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.

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.

Vision Premium Benefit Summary

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"> Covered under medical benefit | See Medical Benefit Summary |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> 20% savings on the amount over your allowance Every 12 months | Included in prescription Glasses \$130 allowance; copay does not apply |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular lenses 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 |
| 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 | 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 | Copay |
|-------------------------------|---|-----------------------------|
| WellVision Exam | <ul style="list-style-type: none"> Covered under medical benefit | See Medical Benefit Summary |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> Otis & Piper Frames are Covered in full The equivalent value of \$150 can also be applied to other frame collections Every 12 months | \$0 |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular 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 | \$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 | 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 |