

Vision \$400 Plan

Bend Chamber of Commerce

Important information about your plan

- Vision care services do not apply to out-of-pocket maximums.
- You do not need to meet any medical health plan deductibles, regardless of your medical plan type, before accessing your vision care benefit.
- 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.
- Benefits are not administered through VSP.
- Providers can confirm eligibility by calling Providence Health Plan Customer Service. Portland Metro Area: 503-574-7500 All other areas: 800-878-4445

Benefits

Your Providence Health Plan vision benefit provides coverage as follows:

- Adults: up to \$400 per calendar year (including exam, prescription lenses, contact lenses and frames)
- Pediatric vision services (covered in full):
 - Pediatric vision exam
 - Frames (Limited to one pair per calendar year)
 - Lenses (Including single vision, lined bifocal, lined trifocal, lenticular lenses, as well as polycarbonate, scratch and UV resistant)
 - Contacts (Instead of glasses. Includes contact lens exam and annual supply of contact lenses)

Using your vision plan benefit

- 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, aneseikonic lenses, or Plano (non-prescription lenses) glasses
- Sunglasses
- All materials not listed as covered benefits
- Services and supplies received outside of the United States
- Deluxe frames for pediatrics

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



