Your Benefit Summary

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



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:

www.ProvidenceHealthPlan.com/contactus