

washington - large + small group

vision care \$300

benefits

Your Providence Health Plan vision benefit provides coverage as follows:

- **Adults:** up to \$300 per two calendar year period
- **Children under 18:** up to \$300 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 \$300 coverage can be applied to the following services:

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

The benefit period begins at the time the benefit is initially used.

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 the United States

customer service:	• Portland Metro Area: 503-574-7500	• All Other Areas: 1-800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 1-888-244-6642
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