

# Your Benefit Summary

## Vision \$300 Plan



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### 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

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### Using your vision plan 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. 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**

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### 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

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### Contact us

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



Portland Metro Area: **503-574-7500**  
All other areas: **1-800-878-4445**  
TTY: **503-574-8702** or **1-888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:  
[www.providence.org/php/contactus](http://www.providence.org/php/contactus)