

Your Benefit Summary

Vision \$200 Plan



Benefits

Your Providence Health Plan vision benefit provides coverage as follows:

- **Adults:** up to \$200 per two calendar year period
- **Children under 18:** up to \$200 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 \$200 coverage can be applied to the following services:

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

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

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

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