



Regence



Pierce County
WASHINGTON

Regence PPO \$500 Vision Plan Benefit Summary: January 1, 2019

Keep your eyes healthy with Regence Vision Plan, administered by Vision Service Plan (VSP).

Using your benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find any eye care provider who's right for you.** With open access to see any eye care provider, you can see the one who's right for you. Choose a VSP doctor, a participating retail chain, or any out-of-network provider (lower reimbursement rates). To find a VSP doctor, visit vsp.com or call 800.844.3041
- At your appointment, tell them you have VSP and show them your member ID card

That's it! There are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefits, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family.

Plan information

VSP Doctor Network: VSP Choice

VSP Coverage Effective Date:

01/01/2019 - 12/31/2019

Your vision plan is issued by Regence BlueShield and insured by Pierce County. All routine vision care and hardware is administered by VSP. This means that Pierce County, not Regence BlueShield, pays for your covered vision services and supplies.

Submit claims for out-of-network providers to:
VSP OA Claims; PO Box 385018, Birmingham, AL 35238-5018

Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Benefit	Description
VISION EXAMINATION	
VSP Doctor Plan pays 100% of the Allowed Amount	Out-of-Network* \$45 maximum allowance for Out-of-Network <i>*For Claimants under the age of 19, the Plan pays 100% of the Allowed Amount and You pay balance of billed charges</i>
Routine Examination®	<ul style="list-style-type: none"> • Focuses on your eye health and overall wellness • One examination every calendar year
PRESCRIPTION GLASSES OR CONTACT LENSES	
VSP Provider The Plan pays 100% of the Allowed Amount	Out-of-Network The Plan pays 100% of the Allowed Amount and You pay balance of billed charges.
Frame & Lenses	<ul style="list-style-type: none"> • \$250 per claimant for frames, lenses or contact lenses
Contact Lenses	<ul style="list-style-type: none"> • Contact lenses are instead of all other frame and lens benefits. When You receive contact lenses, You will not be eligible for any frames and/or lenses again until the next Calendar Year.
Extra Savings and Discounts	<ul style="list-style-type: none"> • You are entitled to receive a 20 percent discount toward the purchase of non-covered materials from any VSP Doctor when a complete pair of glasses is dispensed. • You are also entitled to receive a 15 percent discount off contact lens examination services from any VSP Doctor. Professional judgment will be applied when evaluating prescriptions written by an Out-of-Network Provider. • VSP Doctors may request an additional exam at a discount. • Discounts are applied to the VSP Doctor's usual and customary fees for such services and are unlimited for 12 months on or following the date of the patient's last eye examination.
THESE ADDITIONAL VALUABLE SERVICES ARE A COMPLEMENT TO YOUR VISION BENEFIT AND IS NOT INSURANCE.	
LIMITATIONS	
If you plan to see a provider other than a VSP doctor, visit vsp.com for details.	
<ul style="list-style-type: none"> - Discounts do not apply to vision care benefits obtained from Out-of-Network Providers. - 20 percent discount applies only when a complete pair of glasses is dispensed. - Discounts do not apply to sundry items, for example, contact lens solutions, cases, cleaning products or repairs of spectacle lenses or frames. 	
VSP guarantees coverage from VSP doctors only	