

Vision Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
 Broadway Services Inc. Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		Routine Vision Care Network	Out of Network Provider
Contact Lenses	Medically necessary	Up to \$165	Up to \$165
	Elective	Up to \$95	Up to \$95
Materials	Single vision	Up to \$37.50	Up to \$35
	Bifocal	Up to \$46	Up to \$40
	Trifocal	Up to \$58.50	Up to \$55
	Lenticular	Up to \$88	Up to \$80
	Frames	Up to \$35	Up to \$35
Vision Exam	Vision Exam	\$15 co-pay (one routine exam or contact lens fitting fee every 12 months; contact lens fitting fee may be provided in lieu of eye exam, but not in the same benefit year)	Up to \$35 (one routine exam or contact lens fitting fee every 12 months; contact lens fitting fee may be provided in lieu of eye exam, but not in the same benefit year)