Johns Hopkins Bayview Medical Center (Effective January 01, 2018)
Non-Union and Union Employees and Eligible Dependents

Services & Supplies (In Alphabetical Order)		JH Routine Vision Care Network	Out of Network Provider
Contact Lenses	Medically necessary	Up to $175	Up to $165
	Elective	Up to $105	Up to $95
Materials	Single vision	Up to $55	Up to $50
	Bifocal	Up to $92	Up to $80
	Trifocal	Up to $117	Up to $110
	Lenticular	Up to $176	Up to $160
	Frames	Up to $90	Up to $70
Vision Exam	Vision Exam	100% of contracted benefit (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)

Revised: 1/11/2020