

Vision Plan Schedule of Benefits (Effective January 01, 2019)
 Bayview 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)