

Vision Plan Schedule of Benefits (Effective January 01, 2020)  
 Bayview Medical Center 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 | \$10 co-pay, then up to \$170   | \$10 co-pay, then up to \$170   |
|   | Elective            | \$10 co-pay, then up to \$100   | \$10 co-pay, then up to \$100   |
| Materials                                   | Single vision       | \$10 co-pay (one co-pay for all materials combined), then up to \$75  | \$10 co-pay (one co-pay for all materials combined), then up to \$70  |
|   | Bifocal             | \$10 co-pay (one co-pay for all materials combined), then up to \$95  | \$10 co-pay (one co-pay for all materials combined), then up to \$80  |
|   | Trifocal            | \$10 co-pay (one co-pay for all materials combined), then up to \$120   | \$10 co-pay (one co-pay for all materials combined), then up to \$110   |
|   | Lenticular          | \$10 co-pay (one co-pay for all materials combined), then up to \$175   | \$10 co-pay (one co-pay for all materials combined), then up to \$160   |
|   | Frames              | \$10 co-pay (one co-pay for all materials combined), then up to \$120   | \$10 co-pay (one co-pay for all materials combined), then up to \$120   |
| Vision Exam                                 | Vision Exam         | \$10 co-pay, then 100% (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) |