

Vision EPO Plan Schedule of Benefits (Effective January 01, 2019)
 JHH/JHHSC Non-Union and Union Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		JH Routine Vision Care Network
Contact Lenses	Medically necessary	Up to \$175
	Elective	Up to \$105
Materials	Single vision	Up to \$55
	Bifocal	Up to \$92
	Trifocal	Up to \$117
	Lenticular	Up to \$176
	Frames	Up to \$90
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)