

Vision Schedule of Benefits (Effective July 01, 2019 - June 30, 2020)  
 Johns Hopkins Student Health Program - Members Under Age 20 Only



Services & Supplies (In Alphabetical Order)		Johns Hopkins Routine Vision Care Network Providers	Out Of Network Providers
Contact Lenses	Medically necessary	Up to \$600	Up to \$225
	Elective	Up to \$150, plus 15% discount on charges above \$150	Up to \$75
Materials	Single vision	100% of allowed amount	Up to \$25
	Bifocal	100% of allowed amount (\$0 copay - ultraviolet protective coating, standard progressive lenses, plastic photosensitive lenses) (\$20 copay - blended segment lenses, photochromatic glass lenses) (\$30 copay- intermediate vision lenses, polycarbonate lenses) (\$35 copay - standard anti reflective coating) (\$48 copay - premium anti reflective coating)(\$55 copay - hi-index lenses) (\$60 copay - ultra anti reflective coating) (\$70 copay select progressive lenses)(\$75 copay- polarized lenses) (\$90 copay- premium progressive lenses) (\$195 copay- ultra progressive lenses)	Up to \$35
	Trifocal	100% of allowed amount (\$0 copay - ultraviolet protective coating, standard progressive lenses, plastic photosensitive lenses) (\$20 copay - blended segment lenses, photochromatic glass lenses) (\$30 copay- intermediate vision lenses, polycarbonate lenses) (\$35 copay - standard anti reflective coating) (\$48 copay - premium anti reflective coating)(\$55 copay - hi-index lenses) (\$60 copay - ultra anti reflective coating) (\$70 copay select progressive lenses)(\$75 copay- polarized lenses) (\$90 copay- premium progressive lenses) (\$195 copay- ultra progressive lenses)	Up to \$45
	Lenticular	100% of allowed amount (\$0 copay - ultraviolet protective coating, standard progressive lenses, plastic photosensitive lenses) (\$20 copay - blended segment lenses, photochromatic glass lenses) (\$30 copay- intermediate vision lenses, polycarbonate lenses) (\$35 copay - standard anti reflective coating) (\$48 copay - premium anti reflective coating)(\$55 copay - hi-index lenses) (\$60 copay - ultra anti reflective coating) (\$70 copay select progressive lenses)(\$75 copay- polarized lenses) (\$90 copay- premium progressive lenses) (\$195 copay- ultra progressive lenses)	Up to \$45
	Frames	Up to \$150, plus 20% discount on charges above \$150	Up to \$30
Vision Exam	Vision Exam	100% of allowed amount (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 \$30 (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)