Vision Schedule of Benefits (Effective January 01, 2020 - December 31, 2020)
Johns Hopkins University Employees and Eligible Dependents

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Contact Lenses	Medically necessary	Not Covered	Not Covered
	Elective	Not Covered	Not Covered
Materials	Single vision	Not Covered	Not Covered
	Bifocal	Not Covered	Not Covered
	Trifocal	Not Covered	Not Covered
	Lenticular	Not Covered	Not Covered
	Frames	Not Covered	Not Covered
Vision Exam	Vision Exam	100% of allowed amount; deductible waived (one exam every two years; excludes contact lens fitting fee)	Not Covered