

Vision PPO Schedule of Benefits (Effective January 01, 2019)
 Suburban Hospital Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Contact Lenses	Medically necessary	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
	Elective	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
Materials	Single vision	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
	Bifocal	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
	Trifocal	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
	Lenticular	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
	Frames	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)	\$25 co-pay, then 50% of billed charges for all materials combined; deductible waived (limit one pair of glasses, prescription sunglasses, or one set of permanent contacts or one-year supply, ordered at one time, or disposable contact lenses per plan year)
Vision Exam	Vision Exam	80% of billed charges; deductible waived (limit one exam per plan year)	80% of billed charges; deductible waived (limit one exam per plan year)