

**Crouse Hospital
Union
Vision Plan Overview**

In – Network Benefits	Davis Vision / Hospital	Davis Vision / SEBF
Benefit period	12 Months	24 Months
Dependent Coverage	To Age 19	To Age 26
Student Coverage	To Age 25	NA
Eye Exam	No Co-pay	\$15 Co-pay
Glasses/Contact Lenses	\$15 Co-pay from provider selection	\$25 Co-pay from provider selection
Out-of-Network Benefits	Provides a \$30 allowance for eye exam, \$30 allowance for frames, \$25 allowance for contact lenses.	\$120 allowance for a 24 month period

*There are specific dollar allowances for Non Plan frames or contact lenses. See plan summaries for more detail. Summaries are available in Human Resources.

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