

Crescent Vision Plan

Holmes Community College offers its employees quality Vision benefits through Crescent Dental Plans, with premiums collected through payroll deduction. Employees who work 30+ hours each week are eligible for coverage and can enroll in the Crescent Vision Plan even if not enrolled in the Crescent Dental Plan. For a list of Eyemed providers, go to www.eyemed.com and choose the Access network. For assistance, please call Eyemed's Customer Service at 1-866-723-0513.

Crescent Vision Plan with Eyemed Access Network

<p><u>Vision Care Services</u> Exam with Dilation (as necessary): Contact Lens fit and Follow-up: (Contact lens fit and two follow- up visits are available once a comprehensive eye exam has been completed) Standard Premium*</p>	<p><u>In Network</u> \$10 Copay</p> <p>\$0 Copay \$0 Copay, 10% off retail Then apply \$55 allowance</p>	<p><u>Out of Network</u> \$35 allowance</p> <p>\$40 allowance \$40 allowance</p>
<p><u>Frames:</u> Any available frame at provider location</p>	<p><u>In Network</u> \$100 frame allowance. 20% off balance over Allowance</p>	<p><u>Out of Network</u> \$45 allowance</p>
<p><u>Standard Plastic Lenses:</u> Single Bifocal Trifocal</p>	<p><u>In Network</u> \$10 Copay \$10 Copay \$10 Copay</p>	<p><u>Out of Network</u> \$25 \$40 \$55</p>
<p><u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti- Reflective Coating Standard Progressive (Add-on to Bifocal) Other add-ons and services</p>	<p><u>In Network</u> \$15 \$15 \$15 \$40 \$45 \$75 20% off retail</p>	<p><u>Out of Network</u> Discount available only at Network providers and retailers.</p>
<p><u>Contact Lenses: (Material Only)</u> Medically Necessary</p>	<p>Conventional and Disposable: <u>In Network</u> \$0 Copay \$80 allowance 15% off balance over Allowance (conventional only) Paid in Full</p>	<p><u>Out of Network</u> \$64 allowance \$200 allowance</p>
<p><u>Frequency:</u> Examination Frame Lenses or Contact Lenses</p>	<p>12 months** 24 months 12 months**</p>	
<p><u>Rates Effective 9/1/2020 – 8/31/2021</u> Employee Only Employee plus 1 Employee plus 2 Employee plus Family</p>	<p><u>Premium</u> \$5.74 \$10.82 \$12.78 \$17.01</p>	

*Premium Contact Lens Fitting- all lens designs, materials, and specialty fittings other than Standard (ex. Toric, multifocal, etc.).

**Once in a 12 month period defined by last date of service. (Contact Lenses in Lieu of Eye Glass lenses). This is merely a summary of benefits. Limitations and exclusions apply.

