

\*Duration of initial supply may vary depending on lens type, wearing habits and prescribing doctor's instruction regarding replacement schedule.

## OCCUPATIONAL BENEFIT

**Members/employees whose job duties require 50% or more of their work hours either on a computer or driving a vehicle will be examined and a determination made which may warrant a different prescription and an additional pair of glasses. Drivers will be entitled to an additional pair of glasses or prescription sunglasses, even if the prescription is the same as their first pair of glasses.**

**This benefit is not available for spouses or dependents.** The panel provider determines if an additional pair of glasses is required. If you are eligible for an occupational benefit, you will receive your regular corrective wear and the occupational glasses at a panel provider **at the same time. If you choose a non-panel provider, you will not receive the occupational vision benefit.**

## Using This Benefit

When in need of Vision Care services, call the Employee Benefit Fund (toll free) 1-800-EBF-CSEA to determine if you are eligible for benefits. Make an appointment with a participating provider who will then obtain an authorization for services from the Fund. A list of over 500 participating providers will be provided to you on request or visit our website at [www.cseaebf.com](http://www.cseaebf.com).

## Using A Participating Provider

You must first contact the Fund to verify eligibility. More than 500 providers are located throughout the State.

The CSEA EBF lens selection includes: plastic, polycarbonate or glass, bifocals, trifocals, cataract lenses, fashion tints, scratch guard and prescription sunglasses. The Frame Collection contains approximately 250 frames — multiple styles including designer styles and wire frames. For selections not included in the CSEA EBF Frame Collection, the member is responsible for costs above the Benefit Fund allowance.

## Using A Non-Participating Provider

When you choose to receive services from someone who does not participate on the CSEA EBF Panel, an indemnity payment will be made directly to you for expenses not to exceed:

Exam .....	.\$16
Frame .....	.\$11
Standard Lenses .....	.\$14
Bifocals .....	.\$23
Trifocals .....	.\$32
Contact Lenses .....	.\$125

Contact the Fund for a claim form or visit our website at [www.cseaebf.com](http://www.cseaebf.com). All portions of the benefit (exam plus corrective wear) must be billed simultaneously and performed on the same day. The parts of the benefit cannot be split between panel provider and indemnity.

## CSEA EMPLOYEE BENEFIT FUND

Danny Donohue, Chairman

P.O. Box 489

Latham, NY 12110-0489

**1-800-EBF-CSEA • 518-782-1500**

(Telephone Device For The Deaf)

**TDD # 1-800-532-3833**

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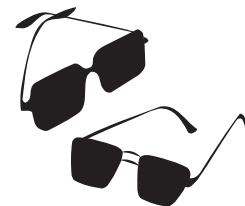
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# GOLD 12

## VISION PLAN

## PLAN SUMMARY



## GENERAL INFORMATION

### Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment card which enrolls you in the Plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment card by calling the Fund at **1-800-EBF-CSEA** or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee.

### Who Is Eligible

You are eligible for coverage under Fund Plans:

#### Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

#### Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

**NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.**

### Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible the same time you do.
- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

### Dependents Include:

- Your spouse, provided he or she is not legally separated from you.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship to you.
- Any child or ward described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

**NOTE: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.**

### C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

### Employee Transfers

**Important Note:** Employees who were covered for vision coverage through the Fund under another employer must wait 12 months from their last service date before using the vision benefit under a new employer.

### Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Director of the Fund.
- Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund.
- Nor is it meant for services clearly not covered by the Plans or for exemptions to or waivers of required waiting periods.

### GOLD-12 VISION PLAN

The Gold-12 Vision Care Plan offers quality eye care services at no cost to members within the designated plan from one of the Plan's panel providers.

### Benefit Provisions

Eligible members (and dependents, if covered) are entitled to an eye examination and one pair of glasses (lenses and frames) or contact lenses once in a 12 month period.

Dilation will be included at a **Provider's Office** whenever **professionally indicated** without any additional cost to the member.

You will be allowed \$125 toward non-plan contact lenses.

PLAN contact lenses consist of Soft, Standard Daily Wear, Planned Replacement or Disposable.

A Contact Lens Formulary is used which allows for an initial supply\* of many of the most popular and commonly prescribed brands of soft contact lenses. If specialty (non-plan) contact lenses such as Toric, Multifocal or Rigid Gas Permeable lenses are required, the allowance will be applied **toward** the total cost of the contact lenses.