Retiree
VISION BENEFITS

SUMMARY PLAN DESCRIPTION

(800) 323-2732 | WWW.CSEAEBF.COM



CSEA
NEW YORK
Employee Benefit Fund

Letter from the Chairperson

Dear Retiree,

As Chairperson of the CSEA Employee Benefit Fund, I respect your commitment to both public service and to this Union. Retirees are an ***invaluable*** resource and have helped to make our Union what it is today.

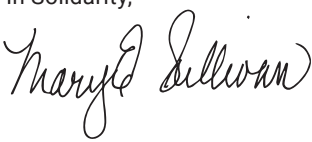
I am pleased to send you this booklet containing important information on the CSEA EBF Retiree Vision Plan.

Please take some time to review this booklet to become familiar with the benefits to maximize your payments and minimize your out of pocket expenses.

Our goal is to encourage you to maintain your health and well-being by providing benefits that are carefully designed with you and your family in mind.

I wish you success and good health in your retirement.

In Solidarity,



Mary E. Sullivan, Chairperson

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ENROLLMENT:

Coverage under the Plan offered by the CSEA EBF is not automatic. You must first enroll yourself and your dependents in the Fund. There is one enrollment form which enrolls you in the CSEA EBF Retiree Vision Plan. This must be filled out even if you have previously had vision benefits with the Fund. If you have not received an enrollment form in the mail from the Fund, please contact the Retiree Department at **(800) 323-2732**.

Access to the EBF Retiree Vision Program is contingent upon a signed employer Retiree Vision Memorandum of Agreement with the Fund.

Enrollment in the plan does not vest any right in the covered retiree except the right to receive benefits under the plan only so long as payments have been received by the Fund. Payments will be due on the 1st of each month. All payments must be paid through the Recurring Payment Program. Payment by check is not accepted.

If a monthly payment is not made, benefits will be suspended until payment is received. If there has been non-payment of the premium for 60 days, coverage will be terminated and there will be no reinstatement in the plan.

WHO IS ELIGIBLE?

Retiree Vision Plan Eligibility

You are eligible for the CSEA EBF Retiree Vision Plan if you meet all of the following criteria:

- You were previously covered by a CSEA EBF Vision Plan on or after June 1, 2016.
- Your previous employer has signed a Retiree Vision Memorandum of Agreement with the Fund.
- You retire directly from employment with your employer on or after June 1, 2016.
- You elect the Retiree Vision Plan within 90 days of your last day of active coverage with the Fund.

A minimum of 12 months participation is required for all enrollees and dependents unless a qualifying event

occurs. Termination of coverage in the CSEA EBF Retiree Vision Plan results in non-eligibility for future coverage. Premiums will be reevaluated annually.

You are **not** eligible for the CSEA EBF Retiree Vision Plan if:

- You are covered under another CSEA EBF Vision Plan as a member or a dependent.
- **Survivor Benefits** – To be eligible for the CSEA EBF Retiree Vision Plan, you must have been an active CSEA **employee** who was previously covered for a CSEA EBF Vision Plan at the time of **your** retirement. **Your** employer must have signed the CSEA EBF's Retiree Vision Memorandum of Agreement. If you are a spouse who was covered by the Fund when **you** were employed, ask about continuing coverage. If you do not meet the above criteria, coverage terminates upon the death of the member. Please contact the Fund at **(800) 323-2732** for additional information.

NOTE: A Retiree cannot obtain coverage for himself/herself or dependents if covered under another CSEA EBF Vision Plan as a dependent. Dependents (spouse and children) cannot be covered under the Retiree Vision Plan if covered under another CSEA EBF Vision Plan.

RETURNING TO WORK

Retirees who return to active work status in a benefits eligible position that provides CSEA EBF Plan coverage must notify EBF. Retiree Plan benefits will be terminated and billing stopped until employment in the position terminates. The retiree may be reinstated in the retiree Plan the *day after* employer paid benefits terminate.

IMPORTANT: The Retiree must notify the EBF when employment has terminated.

DEPENDENTS

If you opt for 2 person coverage or family coverage, your dependents become eligible at the same time you do. If you elect individual coverage, your dependents can be added at a later date. Eligible dependents must remain on the plan for 12 months

unless a qualifying event occurs making them ineligible. Dependents who are removed are ineligible for reinstatement. Prompt notification to the Fund of dependent changes will ensure dependents receive the appropriate coverage and avoid charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse. This includes a person of the same sex to whom the covered employee was married in a jurisdiction permitting same sex marriages. A spouse can be removed upon entry into a legal separation. If you become divorced, you **must remove** your ex-spouse upon finalization of divorce.
- Domestic Partner. Eligibility for domestic partner coverage may be available. Please contact the Member Services Department at the EBF for instructions on enrolling a domestic partner.

Children (EFFECTIVE 7/1/2020)

- Your children, stepchildren and legally adopted children, under the age of 26 whether residing with you or not and regardless of marital status and/or student status.
- Your legal ward under the age of 26 who permanently resides with you pursuant to a court order awarding legal guardianship/ custody 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 26.

APPEAL PROCEDURE

- If you feel that you did not receive full benefits, you may appeal to the Fund.
- Send a letter to the Fund 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 plan or for exemptions to or waivers of required waiting periods.

CSEA EBF Website

- Find the most up to date information on vision benefits by visiting **www.cseaebf.com**
- Save valuable time by printing vision plan information, provider listings and EBF forms.

Retiree Vision Plan

The Retiree Vision Plan offers quality services at no cost to the members within the designated plan when using a participating provider. This includes:

- Routine eye exam. This includes dilation if professionally Indicated.
- Eyeglasses **OR** contact lenses.
- You are allowed one full service (exam and eye wear) each calendar year.

USING THIS BENEFIT

- Call the CSEA EBF at 1-800-323-2732 to verify your eligibility.
- Make an appointment with a participating provider and advise that you have the CSEA EBF vision plan.
- The provider will obtain authorization for services from the CSEA EBF.

There are over 1,500 providers in New York State and over 13,000 nationwide. Visit **www.cseaebf.com** or call **1-800-323-2732** for a listing.

Using a Participating Provider

Use a participating provider to have your exam and select your eyewear on the same day or use your exam benefit and return to the same provider later in the calendar year to select your eyewear.

-**OR**-

Use a participating provider for your exam and select a different participating provider to get your eyewear during the calendar year. *

Using a Non-Participating Provider

Have your exam and select your eyewear at one non-participating provider on the same day.

-**OR**-

Have your exam at one time and select your eyewear later in the calendar year using the same non-participating provider or a different one. *

Using a Participating & Non-Participating Provider

Use a non-participating provider for your exam or eyewear and use a participating provider for the other portion of the benefit during the calendar year. *

**** Please Note the Following:***

- Services must take place in the same calendar year. You are not able to "save up" unused services.
- You must be eligible with CSEA EBF at the time of your exam and at the time you select eyewear.
- If you use your exam benefit and wait to select your eyewear, the doctor may require a new eye exam which will not be covered.
- If you use the eyeglass portion without an exam, you are not eligible for new eyewear again in the same calendar year even if there is a change in prescription.
- Non-participating eye doctors cannot bill the Plan directly. You must submit a Vision Care Reimbursement Form found on the Download Forms section of **www.cseaebf.com**.
- Non-participating provider expenses are reimbursed based on the indemnity payment schedule found in this book.

BENEFIT PROVISIONS

Eyeglasses

If you choose to get eyeglasses, there are select lenses and frames covered under the plan.

Frames

- The frame collection includes a large selection in multiple styles and is updated periodically.
- If you opt for a frame that is not part of the collection, you will be given a $75 allowance from the plan and you must pay the difference to the provider.

Covered Lenses

- Standard single vision, bifocals and trifocals
- Photo gray lenses (Glass)
- Blended invisible bifocals and trifocals
- Standard progressive-addition lenses
- Premium progressive-addition lenses
- Prescription sunglasses

** Scratch proofing is covered on plan lenses.*

Contact Lenses

- Plan contacts consist of soft planned replacement or disposable lenses.
- You are allowed $125 toward non-plan contacts.

For plan contacts, a contact lens formulary is used which allows for an initial supply of the most popular and commonly prescribed brands of soft contact lenses.

For non-plan contacts, the $125 allowance will be applied toward the total cost of the contact lenses. Please note that the duration of the initial supply may vary depending on the lens type, wearing habits and prescribing doctor's instructions regarding replacement schedule.

VISION DISCOUNT FIXED CO-PAYS

At the time of the eligible service through a participating provider, members and eligible dependents who wish to purchase lenses and coatings not currently covered under the plan are entitled to a set co-pay, resulting in substantial out-of- pocket savings.

Fixed Co-Pays Include:

- $35.00 - Standard Anti-Reflective Coating
- $48.00 - Premium Anti-Reflective Coating
- $55.00 - Ultra Anti-Reflective Coating
- $85.00 - Ultimate Anti-Reflective Coating
- $12.00 - Ultraviolet (UV) Coating
- $65.00 - Plastic Photosensitive Lenses
- $55.00 - High Index Lenses
- $75.00 - Polarized Lenses
- $50.00 - Ultra Progressive Addition Lenses
- $175.00 - Ultimate Progressive Addition Lenses

Members and dependents must be eligible under

an existing vision plan with CSEA EBF to be eligible for fixed co-pay(s). This discount is available only at the time of the patient's eligible date of service. Fixed co-pays are not available as a separate service outside of your eligible date of service.

Fixed co-pays are only available when using a participating provider. Fixed co-pays are not refundable. Payment for items not covered under the Plan are the responsibility of the patient.

USING A NON-PARTICIPATING PROVIDER

When you choose to receive services from a provider who does not participate with CSEA EBF, an indemnity payment will be made directly to you for expenses not to exceed:

Exam	$ 16.00
Frame	$ 11.00
Standard Lenses	$ 14.00
Bifocals	$ 23.00
Trifocals	$ 32.00
Photochromic Lenses (Glass)	$ 12.00
Contact Lenses	$125.00
Cataract Lenses	$ 25.00
Cataract Bifocals	$ 35.00
Cataract Contacts	$ 33.00

Substantial out-of-pocket expenses can be avoided by using a CSEA EBF vision care participating provider. If you use a non-participating provider, you can contact the CSEA EBF at **1-800-323-2732** for a claim form or visit our website at **www.cseaebf.com** to download a form. Services must be claimed by the end of the calendar year following the calendar year in which the services were performed.

Submit ALL Vision Claim Forms to:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 516 | Latham, NY 12110-0516

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CSEA
NEW YORK
Employee Benefit Fund

Mary E. Sullivan, Chairperson
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395

(800) 323-2732 | **WWW.CSEAEBF.COM**

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