

# *Retiree Vision*

## Summary Plan Description



**(800) 323-2732**



## *Letter from the Chairman*

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Dear Retiree,

As Chairman 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,

A handwritten signature in black ink that reads "Danny Donohue". The signature is written in a cursive style with a large initial "D" and a long horizontal stroke at the end.

Danny Donohue, Chairman

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# *General Information*

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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. The payments will be due monthly. Return the completed enrollment form and any additional information required by the Fund.

**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.

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.**

## 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. If the employer you retired from allowed coverage for Domestic Partners, you are eligible to keep your Domestic Partner eligible provided you have opted for 2 Person or Family level coverage.
- » Unmarried children, under the age of 19, including legally adopted children and stepchildren who permanently reside with you.
- » Legal wards, under the age of 19, who permanently reside with you pursuant to a court order awarding legal guardianship to you, and are supported by you and your spouse.
- » 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 Degree (e.g., B.A. or B.S.), Masters Degree (e.g., M.A. or M.S.) or Associate Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The EBF requires that **current proof of student status be provided annually by completion of a Student Status form available from the CSEA EBF.**

## 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*

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

## *Retiree Vision Plan*

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The Retiree Vision Plan offers quality optical services at no cost to members within the designated plan from one of the plan's providers. This includes a routine eye exam and eyeglasses OR contact lenses.

### **USING THIS BENEFIT**

When in need of vision care services, call the Fund at **(800) 323-2732** to determine if you are eligible for benefits. Make an appointment with a panel provider who will then obtain an authorization for services from the Fund.

#### **Using a Participating Provider**

A national network of 10,000 Davis providers participate with the Plan. For a listing, please visit **www.cseabf.com** or call **(800) 323-2732**.

### **BENEFIT PROVISIONS**

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

Participants may use the vision benefit the month in which their initial enrollment becomes effective.

Dilation will be included at a **participating provider** whenever **medically necessary** without any additional cost to the member.

#### **Eyeglasses**

The plan prescription lens selection includes plastic, polycarbonate or glass lenses. Single vision, bifocals, trifocals, progressive-addition lenses, cataract lenses, fashion tints, scratch coating and prescription sunglasses. Other options may be available at an additional charge under the fixed co-pay schedule.

If you go to a participating vision provider and select a frame from the plan collection, you will have no out-of-pocket expense for the cost of your frame. The frame collection offers a large selection in multiple styles and is updated periodically. If you choose a frame that is outside of the plan collection, you will receive a \$30 allowance towards the cost of the frame and must pay the difference in cost directly to the provider.

### **Contact Lenses**

- » Plan contact lenses consist of soft planned replacement or disposables. You will be allowed \$125 toward non-plan contact lenses.
- » 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 non-plan contact lenses are required, the allowance will be applied toward the total cost of the contact lenses.

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

## **VISION DISCOUNT FIXED CO-PAYS**

### **Major Plan Features**

- » Program offers fixed co-pays for lenses and coatings at any participating provider office.
- » Members/eligible dependents who wish to purchase lenses and coatings not currently covered by the vision program will be 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
- » \$12.00 - Ultraviolet (UV) Coating
- » \$65.00 - Plastic Photosensitive Lenses
- » \$55.00 - High Index Lenses
- » \$75.00 - Polarized Lenses
- » \$50.00 - Ultra Progressive Lenses



## How to Use This Benefit

- » Use any panel provider. For a list of providers, please visit our website at [www.cseaebf.com](http://www.cseaebf.com) or contact us by calling **(800) 323-2732**.
- » Members who choose lenses and/or coatings not covered in their existing Retiree Vision Plan will pay the fixed co-pay in the schedule listed.

## Limitations & Exclusions

- » Member must be covered by CSEA EBF under an existing vision program to be eligible for fixed co-pay(s). This discount is available only at the time of the eligible date of service. It is not available as a separate service outside of your eligibility date.
- » All portions of the benefit (exam plus corrective eyewear selection) must be performed on the same day. Benefits cannot be split between 2 participating providers OR between a participating and non-participating provider.
- » Any service that is claimed after a period that exceeds one year from the calendar year in which vision services were rendered.
- » **Please note:** 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 doctor who does not participate on the panel, 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

## Exclusions & Limitations

- » All portions of the service (exam plus corrective wear) must be performed simultaneously.
- » Any service that is claimed after a period that exceeds one year from the calendar year in which vision services were rendered.

Substantial out-of-pocket expenses can be avoided by using panel providers. Contact the EBF for a claim form or visit our website at **[www.cseaebf.com](http://www.cseaebf.com)**. Click on the Download Forms button.

Submit ALL Vision Claim Forms To:  
**CSEA EMPLOYEE BENEFIT FUND**  
**P.O. Box 516 | Latham, NY 12110-0489**

# Notes

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## **CSEA EMPLOYEE BENEFIT FUND**

Danny Donohue, Chairman  
One Lear Jet Lane, Suite 1  
Latham, NY 12110-2395

**1-800-323-2732**  
**[www.cseaebf.com](http://www.cseaebf.com)**

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