SUMMARY PLAN DESCRIPTION

# PLATINUM VISION CARE PLAN



CSEA
NEW YORK
Employee Benefit Fund

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# 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. If you have not already done so, you can obtain an enrollment form by calling the CSEA EBF at **1-800-323-2732** or by visiting **www.cseaebf.com** to use the "enroll online" option. You can also download an enrollment form from the website for later submission. 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.

Return the completed enrollment form and any additional information required by the Fund.

**Submit All Enrollment Forms To:**
**CSEA EMPLOYEE BENEFIT FUND**
**P.O. Box 516**
**Latham, NY 12110-0516**

# Who Is Eligible?

**Full-Time Employees**
- If you are a full-time employee in a CSEA represented bargaining unit that's negotiated with your employer for Fund coverage.

**Part-Time or Seasonal Employees**
- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

**Domestic Partner**
- Coverage may be offered by the employer. Please contact your employer for additional information.

**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 at 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/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 the finalization of divorce.

### 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.

### CSEA Employee Benefit Fund 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.

**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.

**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 plans or for exemptions to or waivers of required waiting periods.

## Platinum Vision Care Plan

(EFFECTIVE 1/1/2021)

The Platinum Vision Care 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.

## Options

**Using a Participating Provider**
Use a participating provider for 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 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.
- Digital retinal imaging is not covered.

## 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 & 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

Please note that other lens options may be covered under your Platinum Vision Care Plan if additional riders were negotiated. These riders may include:

- Anti-reflective coating
- Ultra Violet coating
- High index lenses
- Polarized lenses
- Plastic Photosensitive Lenses

**Contact Lenses**

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

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:**

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

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. They are not available as a separate service outside of your eligibility date.

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 |

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. Claims for non-participating providers must be submitted within one year from the date of service.

**Submit All Vision Correspondence To:**
**CSEA EMPLOYEE BENEFIT FUND**
**P.O. Box 516**
**Latham, NY 12110-0516**

# YOUR UNION. YOUR BENEFITS.

## Annual Benefit

**NO COPAYS OR DEDUCTIBLES FOR COVERED SERVICES!**



**Routine Eye Exam & Dilation**
(once per calendar year)

Dependents Covered Until the Age of 26 regardless of student or marital status.







**National Provider Network**
(13,000+ participating providers)

**Frames & Lenses**
Coverage includes frames, as well as glass, plastic, polycarbonate, scratch proofing, and standard progressive lenses.*

**Plus, access to premium progressive lenses and our Premier Frame Collection!**

**Substantial discounts for premium lens upgrades*

CSEA
NEW YORK
Employee Benefit Fund

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

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

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