CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE VISION PROGRAMS
2026-2027

SOURCE	CSEA EBF COBRA SILVER VISION PLAN 800-323-2732	CSEA EBF RETIREE VISION PLAN 800-323-2732
Plan Type	Paid in full eye examinations and eye glasses. Formulary Contact Lenses covered. $75 towards non-plan contacts. Participating providers accept program in full while staying within designated Plan. DAVIS PROVIDER NETWORK Reimbursement paid on indemnity fee schedule when using a non-provider.	Paid in full eye examinations and eye glasses. Formulary Contact Lenses covered. $125 towards non-plan contacts. Participating providers accept program in full while staying within designated Plan. DAVIS PROVIDER NETWORK When using a non-provider, retiree reimbursed on indemnity fee schedule.
Frequency	Exam and Glasses OR contacts once in a calendar year	Exam and Glasses OR contacts once in a calendar year
Co-pays	NONE	NONE
Frames Lenses	Fashion and Designer Frame Line Non-Plan Frame allowance $75 Standard Progressive lens covered at provider office in full	Fashion, Designer and Premier Frame line Non-Plan Frame allowance $75 Premium Progressive covered in full at provider office.
Monthly Premium	Contact the COBRA /Retiree Unit for rates. The COBRA mailing will include rates information.	$12.65 Individual $25.30 Member + one dependent $34.32 Family Rates through 6/30/27