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

SOURCE	CSEA EBF COBRA PLATINUM 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. $125 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 Reimbursement paid on indemnity fee schedule when using a non-provider.
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
Eyeglass Frames Lenses	Fashion, Designer and Premier Frame Line Non-Plan Frame Allowance $125 Premium Progressive covered in full at a provider office.	Fashion, Designer and Premier Frame Line Non-Plan Frame Allowance $125 Premium Progressive covered in full at provider office.
Monthly Premium	Contact the COBRA /Retiree Unit for rates. The COBRA mailing will also include rates information.	$12.65 Individual $25.30 Member + one dependent $34.32 Family Rates through 6/30/27