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

SOURCE	CSEA EBF NYS COBRA 800-323-2732 CSEA NEW YORK Employee Benefit Fund	CSEA EBF RETIREE VISION PLAN 800-323-2732 CSEA NEW YORK Employee Benefit Fund
Plan Type	**Paid in full eye examinations and eye glasses. Contact Lenses covered - $25 towards non-plan contact lenses.** **Participating providers** accept program in full while staying within designated Plan. **DAVIS PROVIDER NETWORK** **Reimbursement based on indemnity schedule when using a non-provider.**	**Paid in full eye examinations and glasses. Contact Lenses covered.** **$125 allowance toward non-plan contacts.** **Participating providers** accept program in full while staying within designated Plan. **DAVIS PROVIDER NETWORK** **Reimbursement based on indemnity schedule when using a non-provider.**
Frequency	**Exam and Glasses OR contacts once every other calendar year**	**Exam and Glasses OR contacts once in a calendar year**
Co-pays	**NONE**	**NONE**
Frames	**Fashion, Designer, Premier**	**Fashion, Designer and Premier**
Monthly Premium	**$114.58 per month** **Package: dental/vision/RX Co-pay Rates through**	**$12.65 Individual** **$25.30 Member +1** **$34.32 Family** **Rates through 6/30/27**