CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE VISION PROGRAMS
JANUARY 2019

SOURCE	CSEA EBF NYS COBRA 800-323-2732 COBRA DEPARTMENT	CSEA EBF RETIREE VISION PLAN 800-323-2732 RETIREE DEPARTMENT	* PEARL INSURANCE DESIGNER VISION PLAN 877-847-2732
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 When using a non-provider, retiree is reimbursed on indemnity fee schedule.	Paid in full eye examinations and eye glasses#. Contact Lenses covered. $125 allowance toward non-plan contacts. #Participating providers accept program in full while staying within designated Plan. DAVIS PROVIDER NETWORK When using a non-provider, retiree is reimbursed on indemnity fee schedule.	Paid in full eye examinations and eye glasses or contacts after applicable co-pays . Refer to Pearl website for contact lens benefit. www.cseainsurance.com DAVIS PROVIDER NETWORK *You must be an active dues paying retiree member to access this program
Frequency	Exam and Glasses OR contacts once every 24 months	Exam and Glasses OR contacts once every 12 months	Exam and glasses or contacts once every 12 months
Co-pays	NONE	NONE	$10 for eye exam $25 for Eye glasses
Eyeglass Frames Lenses (Glass) Photochromic	Fashion, Designer and Premier Frame Line Photochromic lenses not covered	Fashion, Designer *and* Premier Frame line Covered in full at a provider office	$25 Co-Pay on Premier Line $20 Co-Pay at a provider office
Monthly Premium	$96.90 per month Includes dental, vision and RX Co-pay Benefits. Benefits cannot be elected separately under COBRA Rates through 3/31/19	$12.65 Individual $25.30 Member +1 $34.32 Family Rates through 6/30/19	$11.96 Individual $20.50 Family Rates through 12/31/19

*Retiree Membership required to access program. Please contact CSEA Headquarters Member Benefits Department for a Retiree Membership Application at 1-800-342-4146