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

SOURCE	CSEA EBF NYS LIQUIDATION BUREAU COBRA VISION 800-323-2732	CSEA EBF RETIREE VISION PLAN 800-323-2732
Plan Type	Paid in full eye examinations and eye glasses#. Contact Lenses covered. **#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#. Contact Lenses covered. **#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 every other calendar year	Exam and Glasses OR contacts once in a calendar year
Co-pays	NONE	NONE
Eyeglass Frames Lenses (Glass) Photochromic	Fashion and Designer	Fashion, Designer and Premier Covered in full at a provider office
Monthly Premium	$169.45 Per Month Package: Dental/Vision/RX co-pay Rates through 3/31/27	$12.65 Individual $25.30 Member + one dependent $34.32 Family Rates through 6/30/27