

**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE VISION PROGRAMS
APRIL 2020**

SOURCE	CSEA EBF NYS LIQUIDATION BUREAU COBRA VISION PLAN 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	<p>Paid in full eye examinations and eye glasses#. Contact Lenses covered.</p> <p>#Participating providers accept program in full while staying within designated Plan.</p> <p>DAVIS PROVIDER NETWORK</p> <p>When using a non-provider, retiree is reimbursed on indemnity fee schedule.</p>	<p>Paid in full eye examinations and eye glasses#. Contact Lenses covered.</p> <p>#Participating providers accept program in full while staying within designated Plan.</p> <p>DAVIS PROVIDER NETWORK</p> <p>When using a non-provider, retiree is reimbursed on indemnity fee schedule.</p>	<p>Paid in full eye examinations and eye glasses or contacts after applicable co-pays</p> <p>DAVIS PROVIDER NETWORK</p> <p>*You must be an active dues paying retiree member to access this program</p>
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 and Designer Frame Line	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	\$23.15 Composite Rates through 3/30/21	\$12.65 Individual \$25.30 Member +1 \$34.32 Family Rates through 6/30/20	\$11.96 Individual \$20.50 Family Rates through 12/31/20

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