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

SOURCE	DUTCHESS COUNTY COBRA VISION PLAN 845-486-2030 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 at provider office. Contact Lenses covered. #Participating providers accept program in full while staying within designated Plan. Reimbursement based on indemnity fee schedule when using a non-provider.	Paid in full eye examinations and eye glasses at provider office. Contact Lenses covered. #Participating providers accept program in full while staying within designated Plan. When using a non-provider, reimbursement is based on indemnity fee schedule.
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
Frames Non-Plan Anti-Reflective Coating	Fashion, Designer and Premier Non-Plan Frame: $150 allow + 20% off balance over $150 for non-plan Frame Standard Anti-Reflective coating covered in Plan.	Fashion, Designer and Premier Non-Plan Non-Plan Frame: $75 allowance $35 co-pay for Standard Ant-Reflective coating
Monthly Premium	Contact the Dutchess County Risk Management Department.	$12.65 Individual $25.30 Member +1 $34.32 Family Rates through 6/30/27