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

SOURCE	CSEA EBF COBRA MEMBER PLUS VISION PLAN 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. $75 towards non- plan contacts. *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. $125 allowance towards non-plan contacts. *Participating providers accept program in full while staying within designated Plan. DAVIS PROVIDER NETWORK When using a non-provider, retiree reimbursed 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 Lenses	Fashion and Designer Frame Line Non-Plan frame allowance $75 Standard Progressive lenses covered in full at provider's office.	Fashion, Designer & Premier Non-Plan frame allowance $75 Premium Progressive lenses covered in full at provider's office.
Monthly Premium	Contact the COBRA Unit for rates. The COBRA election notice will include rates information.	$12.65 Individual $25.30 Member + one dependent $34.32 Family Rates through 6/30/27