

**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE VISION PROGRAMS
JANUARY 2019**

SOURCE	CSEA EBF COBRA SILVER VISION PLAN 800-323-2732 COBRA DEPARTMENT	CSEA EBF RETIREE VISION PLAN 800-323-2732 RETIREMENT DEPARTMENT	* PEARL INSURANCE DESIGNER VISION PLAN 877-847-2732
Plan Type	<p>Paid in full eye examinations and eye glasses#. Contact Lenses covered. \$75 towards non-plan contacts.</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. \$125 allowance towards non-plan contacts.</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 . Refer to Pearl website for contact lens benefit www.cseainsurance.com</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 12 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	<p>Fashion and Designer Frame Line</p> <p>Not covered under Plan</p>	<p>Fashion, Designer <i>and</i> Premier Frame line</p> <p>Covered in full at a provider office</p>	<p>\$25 Co-Pay on Premier Line</p> <p>\$20 Co-Pay at a provider office</p>
Monthly Premium	<p>Contact the COBRA /Retiree Unit for rates.</p> <p>The COBRA mailing will include rates information.</p>	<p>\$12.65 Individual \$25.30 Member +1 \$34.32 Family</p> <p>Rates through 6/30/19</p>	<p>\$11.96 Individual \$20.50 Family</p> <p>Rates through 12/31/19</p>