CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE VISION PROGRAMS JANUARY 2025

SOURCE	CSEA EBF NYS COBRA 800-323-2732 COBRA DEPARTMENT CSEA Employee Benefit Fund	CSEA EBF RETIREE VISION PLAN 800-323-2732 RETIREE DEPARTMENT CSEA Employee Benefit Fund	* PEARL INSURANCE DESIGNER VISION PLAN 877-847-2732 PEARL* INSURANCE
Plan Type	Paid in full eye examinations and eye glasses. Contact Lenses covered - \$25 towards non-plan contact lenses. #Participating providers accept program in full while staying within designated Plan.	Paid in full eye examinations and glasses. Contact Lenses covered. \$125 allowance toward non-plan contacts. #Participating providers accept program in full while staying within designated Plan.	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 DAVIS PROVIDER NETWORK *You must be an active dues
	DAVIS PROVIDER NETWORK Reimbursement based on indemnity schedule when using a non-provider.	DAVIS PROVIDER NETWORK Reimbursement based on indemnity schedule when using a non-provider.	paying retiree member to access this program
Frequency	Exam and Glasses OR contacts once every other calendar year	Exam and Glasses OR contacts once in a calendar year	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, Designer, Premier Photochromic lenses not covered	Fashion, Designer and Premier Covered in full at a provider office	\$25 Co-Pay for Premier Line \$20 Co-Pay at a provider office
Monthly Premium	\$114.58 per month Package: dental/vision/RX Co-pay Rates through 3/31/26	\$12.65 Individual \$25.30 Member +1 \$34.32 Family Rates through 6/30/26	\$11.96 Individual \$20.50 Family Rates through 12/31/25

^{*}Retiree Membership required. Contact CSEA Headquarters Member Solutions Center for a Retiree Membership Application at 1-800-342-4146