




CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE VISION PROGRAMS 2025

SOURCE	CSEA EBF NYS LIQUIDATION BUREAU COBRA VISION 800-323-2732 	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>Reimbursement paid on indemnity fee schedule when using a non-provider.</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>Reimbursement paid on indemnity fee schedule when using a non-provider.</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 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 and Designer	Fashion, Designer and Premier Covered in full at a provider office	\$25 Co-Pay on Premier Line \$20 Co-Pay at a provider office
Monthly Premium	\$167.28 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 to access program. Contact the Member Solutions Center for a Retiree Membership Application 1-800-342-4146