

CSEA EMPLOYEE BENEFIT FUND

COMPARISON OF RETIREE VISION PROGRAMS

2026-2027

SOURCE	DUTCHESS COUNTY COBRA VISION PLAN 845-486-2030 	CSEA EBF RETIREE VISION PLAN 800-323-2732 
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	Fashion, Designer and Premier	Fashion, Designer and Premier Non-Plan
Non-Plan	Non-Plan Frame: \$150 allow + 20% off balance over \$150 for non-plan Frame	Non-Plan Frame: \$75 allowance
Anti-Reflective Coating	Standard Anti-Reflective coating covered in Plan.	\$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