Retiree

DENTAL & VISION BENEFITS

(800) 323-2732 | WWW.CSEAEBF.COM

CSEA EMPLOYEE BENEFIT FUND

Letter from the Chairman

Dear Retiree,

As Chairman of the CSEA Employee Benefit Fund, I respect your commitment to both public service and to this Union. Retirees are an ***invaluable*** resource and have helped to make our Union what it is today.

In July, 2002, the Fund introduced our Retiree Dental Plan. The program has become a great success. Throughout the years, participants have requested the Fund offer a Retiree Vision Program. It is with great pleasure that we now introduce the CSEA EBF Retiree Vision Plan.

This book incorporates Retiree Dental and Vision Programs. Both programs require a signed Retiree Memorandum of Agreement from your former employer for each program. New York State government retirees who were in the CSEA bargaining unit and who retire on or after June 1, 2016 are already eligible for the benefit.

Retirees who are eligible and enroll in both programs will enjoy a discount on your premiums.

Our goal is to encourage you to maintain your health and well-being by providing benefits that are carefully designed with you and your family in mind.

I wish you success and good health in your retirement.

In Solidarity,

Danny Donohue, Chairman

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General Information

ENROLLMENT:

Coverage under the Plans offered by the CSEA EBF are not automatic. You must first enroll yourself and your dependents in the Fund. There is one enrollment form for each program which enrolls you in the CSEA EBF Retiree Dental or Vision Plans. This must be filled out even if you have previously had dental/vision benefits with the Fund. If electing both programs, programs must start in the same month. If you have not received an enrollment form in the mail from the Fund, please contact the Retiree Department at **(800) 323-2732**.

Access to an EBF Retiree Dental and/or Vision Program is contingent upon a signed employer Retiree Dental and Vision Memorandum of Agreement with the Fund.

Enrollment in the plan does not vest any right in the covered retiree except the right to receive benefits under the plan only so long as payments have been received by the Fund. The payments will be due monthly. Participants electing both programs **MUST** pay premiums through the Recurring Payment Program. Return the completed enrollment form(s) and any additional information required by the Fund.

If a monthly payment is not made, benefits will be suspended until payment is received. If there has been non-payment of the premium for 60 days, coverage will be terminated and there will be no reinstatement in the plan.

RETURNING TO WORK

Retirees who return to active work status in a benefits eligible position that provides CSEA EBF plan coverage must notify EBF. Retiree Plan benefits will be terminated and billing stopped until employment in the position terminates. The retiree may be reinstated in the Retiree plans the *day after* employer paid benefits terminate.

IMPORTANT: The Retiree must notify the EBF when employment has terminated.

WHO IS ELIGIBLE?

Retiree Dental Plan Eligibility

You are eligible for the CSEA EBF Retiree Dental Plan if you meet all of the following criteria:

- You were previously covered by a CSEA EBF Dental Plan on or after July 1, 2002.
- Your previous employer has signed a retiree language side letter (Memorandum of Agreement) to its contract with the Fund.
- You retire directly from employment with your employer during or after the term of the collective bargaining agreement in which the Memorandum was executed and you were covered by an EBF dental plan on your last day of employment.
- You have had continuous dental coverage from retirement, through a date, not more than 90 days prior to enrolling.

You are **not** eligible for the CSEA EBF Retiree Dental Plan if:

- You are covered under another CSEA EBF Dental Plan as a member or a dependent.
- You were never an employee covered by a negotiated EBF dental plan in the contract you retired under.
- You waited longer than 90 days from your benefits termination date to enroll in the EBF retiree dental plan.
- **Survivor Benefits** – To be eligible for the CSEA EBF Retiree Dental Plan, you must have been an active CSEA **employee** who was previously covered for a CSEA EBF Dental Plan at the time of **your** retirement. **Your** employer must have signed the CSEA EBF's Retiree Dental Memorandum of Agreement. If you are a spouse who was covered by the Fund when **you** were employed, ask about continuing coverage. If you do not meet the above criteria, coverage terminates upon the death of the member. Please contact the Fund at **(800) 323-2732** for additional information.

Termination of coverage in the CSEA EBF Retiree Dental Plan results in non-eligibility for future coverage. Premiums will be re-evaluated annually.

NOTE: A Retiree cannot obtain coverage for himself/herself or dependents if covered under another CSEA EBF Dental Plan as a dependent. Dependents (spouse and children) cannot be covered under the Retiree Dental Plan if covered under another CSEA EBF Dental Plan.

Retiree Vision Plan Eligibility

You are eligible for the CSEA EBF Retiree Vision Plan if you meet all of the following criteria:

- You were previously covered by a CSEA EBF Vision Plan on or after June 1, 2016.
- Your previous employer has signed a Retiree Vision Memorandum of Agreement with the Fund.
- You retire directly from employment with your employer on or after June 1, 2016 and were covered by an EBF vision plan on your last day of employment.
- You elect the Retiree Vision Plan within 90 days of your last day of active coverage with the Fund.

Termination of coverage in the CSEA EBF Retiree Vision Plan results in non-eligibility for future coverage. Premiums will be reevaluated annually.

You are **not** eligible for the CSEA EBF Retiree Vision Plan if:

- You are covered under another CSEA EBF Vision Plan as a member or a dependent.
- You were never an employee covered by a negotiated EBF vision plan in the contract you retired under.
- You waited longer than 90 days from your benefits termination date to enroll in the EBF retiree vision plan.
- **Survivor Benefits** – To be eligible for the CSEA EBF Retiree Vision Plan, you must have been an active CSEA **employee** who was previously covered for a CSEA EBF Vision Plan at the time of **your** retirement. **Your** employer must have signed the CSEA EBF's Retiree Vision Memorandum of Agreement. If you are a spouse who was covered by the Fund when **you** were employed, ask about continuing coverage.

If you do not meet the above criteria, coverage terminates upon the death of the member. Please contact the Fund at **(800) 323-2732** for additional information.

NOTE: A Retiree cannot obtain coverage for himself/herself or dependents if covered under another CSEA EBF Vision Plan as a dependent. Dependents (spouse and children) cannot be covered under the Retiree Vision Plan if covered under another CSEA EBF Vision Plan.

DEPENDENTS

If you opt for 2 person coverage or family coverage, your dependents become eligible at the same time you do. If you elect individual coverage, your dependents can be added at a later date. Eligible dependents must remain on the plan for 12 months unless a qualifying event occurs making them ineligible. Dependents who are removed are ineligible for reinstatement. Prompt notification to the Fund of dependent changes will ensure dependents receive the appropriate coverage and avoid charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse. This includes a person of the same sex to whom the covered employee was married in a jurisdiction permitting same sex marriages. A spouse can be removed upon entry into a legal separation. If you become divorced, you **must remove** your ex-spouse upon finalization of divorce.
- Domestic Partner. If the employer you retired from allowed coverage for Domestic Partners, you are eligible to keep your Domestic Partner eligible provided you have opted for 2 Person or Family level coverage.
- Unmarried children, under the age of 19, including legally adopted children and stepchildren who permanently reside with you.
- Legal wards, under the age of 19, who permanently reside with you pursuant to a court order awarding legal guardianship to you, and are supported by you and your spouse.

- Child or ward described above, regardless of age, who is incapable of self support by reason of mental or physical disability provided he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor Degree (e.g., B.A.or B.S.), Masters Degree (e.g., M.A. or M.S.) or Associate Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The EBF requires that **current proof of student status be provided annually by completion of a Student Status form available from the CSEA EBF**.

APPEAL PROCEDURE

- If you feel that you did not receive full benefits, you may appeal to the Fund. Please call customer service at 1-800-323-2732 and request a dental claim appeal form which can be emailed or mailed to you. Include copies of supporting documentation.
- ALL appeals must be submitted within 60 days of the determination being appealed.
- Please note the appeal process could take up to 4-6 weeks.
- This appeal procedure is not designed to cover services not covered by the Plans.

CSEA EBF Website

- Find the most up to date information on dental and vision benefits by visiting our website at **www.cseaebf.com**
- Save valuable time by printing dental and vision plan information, provider listings and EBF forms.

Retiree Dental Plan

HOW TO USE THIS PLAN

- You may use any licensed dentist for dental care.

- The Fund contracts with participating dental offices to accept the fee schedule as payment in full for covered dental services whether payment is made by you or the Fund.
- If you would like to view our current Directory of Dental Care Providers, you can request a copy by calling us at (800) 323-2732 or visit our website at **www.cseaebf.com**. Click the **Provider Search** button to search for participating dentists in the program.
- Specialists within participating general practices have the right to bill members for the difference between the specialist's customary charge and the allowance which the CSEA Employee Benefit Fund pays under the Retiree Dental Plan. The Specialist must inform the Fund and the member that he/she will not be accepting the plan allowance as payment in full and must provide proof of specialty status to the Fund.
- If you choose a non-participating provider, and are charged more than the amount listed under the Schedule of Allowances you must pay the difference.
- A universal American Dental Association (ADA) claim form, available through your dental provider or a CSEA claim form, found on the **Download Forms** link of **www.cseaebf.com** must be used to submit for completed services. Electronic claims are also accepted.

The Fund does not recommend that you use any particular dentist, either participating or non-participating.

Submit ALL Dental Claim Forms To:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 489 | Latham, NY 12110-0489

MAXIMUM DENTAL PLAN BENEFIT

- There is an annual maximum of $1800.00 a year on dental benefits for each member and dependent.
- For year 2014 and on, there is no annual maximum for children under the age of 19, per the Affordable Care Act guidelines.
- This maximum is on a calendar-year basis

(January through December).

- Under this maximum, the Fund is assuming liability for up to the first $1800.00 of covered dental work per year.
- We encourage those about to undergo extensive dental treatment to discuss those plans with the dentist beforehand. There are often less expensive alternatives available which will provide high quality dental care.

PRE-AUTHORIZATION OF BENEFITS

- Whenever the estimated cost of a recommended dental treatment exceeds $500.00, we advise the submission of a pre-authorization before the work begins.
- Use a dental claim form for this submission and include the related x-rays.
- After review, the Fund will notify the member and the dentist of the benefits payable based on the treatment plan.
- In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.
- If the member and the dentist agree to a more expensive method of treatment than that pre-authorized by the Fund, the amount exceeding the pre-authorization will not be paid by the Fund even if it would otherwise be a covered service. If we recommend alternate benefits, you should also discuss this with your dentist.
- **For Example:** If your dentist submitted a pre-authorization for a crown which would cost $535.00 and review by our dental consultant showed that an amalgam restoration for $96.00 would give an acceptable result, the Fund would pay only $96.00. If the member decided to have the crown, he or she would pay the difference of $439.00 ($535.00-$96.00).

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

Retiree Dental Plan Schedule of Allowances for Covered Services

DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)*..... *$100*

Clinical Oral Evaluation (Examination)

Evaluation – periodic, comprehensive, limited or detailed *(3 evaluations per calendar year)*..... *$32*

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years)..... *$45*

or

Panoramic *(1 per 3 years)*..... *$45*

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year).....*$6*

Bitewing x-ray, each image
(Maximum 4 per calendar year).....*$8*

Occlusal image *(2 per 3 years)*..... *$20*

PREVENTIVE SERVICES

Prophylaxis, adult-12 and over
(3 per calendar year) *$64*

Prophylaxis, child-under age 12
(3 per calendar year) *$50*

Fluoride, child-under age 19
(2 per calendar year)..... *$12*

Sealants, child-under age 19, per tooth, *covered on bicuspids and molars in the permanent dentition*
(1 per 3 years)..... *$25*

Space maintainers, child-under age 19
(1 per tooth per lifetime)

Unilateral space maintainer..... *$97*

Bilateral space maintainer.....*$146*

RESTORATIVE SERVICES

Amalgam Restorations *(1 per each surface per tooth per 12 month period). Includes tooth preparation, all adhesives, liners and bases and polishing to restore a tooth to proper form and function.*

PERMANENT OR PRIMARY TEETH

Amalgam-one surface.....*$60*

Amalgam-two surfaces.....*$80*

Amalgam-three or more surfaces..... *$96*

Resin-Based Composite Restorations - *(1 per each surface per tooth per 12 month period). Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials included in the group called resin-based composites.*

PERMANENT OR PRIMARY TEETH

(Anterior or Posterior)

Resin based one surface *$82*
Resin based two surfaces *$102*
Resin based three surfaces *$118*
Resin based four or more surfaces or involving incisal angle *$118*

Crowns and Inlays/Onlays

- Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling.
- The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan.
- Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation.
- Benefits are payable upon insertion of the crown or inlay/onlay.
- **Pre-op radiographs are required for the review of this procedure.**

Crowns *(1 per 5 years)*

Resin *(permanent, anterior teeth only)* *$200*
Resin fused to metal *$490*
Porcelain/ceramic *$535*
Porcelain fused to metal *$620*
3/4 cast metal *$280*
Full cast metal *$495*

Implant/Abutment Supported Crowns *(1 per 10 years)*

Implant/abutment supported, porc/ceramic *$535*
Implant/abutment supported, porc fused to metal *$620*
Implant/abutment supported, full cast metal *$495*

Inlays/Onlays *(1 per 5 years)*

Inlay/onlay, one surface *$178*
Inlay/onlay, two surfaces *$208*
Inlay/onlay, three or more surfaces *$250*

OTHER RESTORATIVE SERVICES

Recement crown, implant crown
(1 per calendar year) *$32*

Stainless Steel crowns, deciduous teeth only

(1 per tooth per 3 years).....*$80*
Pin retention, per tooth *(1 per calendar year)*.....*$20*
Post and core, cast or prefabricated, per tooth *(1 per 5 years)*.....*$100*

ENDODONTICS

Root Canal Therapy *(1 per tooth per lifetime)*
Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.
Root canal therapy, anterior.....*$435*
Root canal therapy, bicuspid.....*$475*
Root canal therapy, molar.....*$535*

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only *(1 per tooth per lifetime)*.....*$31*
Apicoectomy, 1st root *(1 per tooth per lifetime)*....*$100*
Apicoectomy, each additional root.....*$100*
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)*.....*$50*

PERIODONTICS

Gingivectomy and Osseous Surgery will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. The treatment plan must be accompanied by periodontal charting for osseous surgery and gingivectomy. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity.

Gingivectomy or gingivoplasty, per quadrant *(1 per 5 years)*.....*$250*
Osseous surgery, per quadrant *(1 per 5 years)*.....*$350*
Periodontal scaling and root planing, per quadrant *(2 per calendar year, limited to 2 quadrants per visit)*.....*$50*
Periodontal maintenance procedure.....*$64*
(3 per calendar year, either prophylaxis **or** *periodontal maintenance procedure)*

PROSTHODONTICS (REMOVABLE)

A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. If a permanent denture is not inserted prior to 12 months, the interim denture will

be considered a permanent denture. This plan will pay for no other installation within the next 5 or 10 year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.

Complete Dentures *(1 per 5 years)*
Full upper or lower denture, permanent *$600*
Full upper or lower denture, interim *$144*

Partial Dentures *(1 per 5 years)*
Partial upper or lower denture, permanent *$600*
Unilateral partial upper or lower denture, permanent *$300*
Interim partial denture, upper or lower *(anterior teeth only)* *$120*

Implant/Abutment Supported Dentures *(1 per 10 years)*
Implant/abutment supported full upper or lower denture, permanent *$600*
Implant/abutment supported partial upper or lower denture, permanent *$600*

Repairs to Full/Complete Dentures
Replace missing or broken teeth *(limited to 4 per calendar year)* *$50*

Repairs to Partial Dentures
Repair, replace or add clasp to existing partial denture *(limited to 4 per calendar year)* *$50*
Replace or add tooth to existing partial denture *(limited to 4 per calendar year)* *$50*

Rebase Full Denture *(1 per 2 years)*
Rebase-upper or lower *$235*

Reline of Dentures, Upper or Lower *(1 per 2 years)*
Reline full denture *$150*
Reline partial denture *$150*

PROSTHODONTICS (FIXED)

Services are limited to permanent teeth replacement. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge.

Pontics *(1 per 5 years)*
Cast metal *$275*
Porcelain fused to metal *$455*
Porcelain/ceramic *$455*
Resin fused to metal *$258*

Abutment Crowns for Fixed Bridge Retainers
(1 per 5 years)
3/4 cast metal *$280*
Full cast metal *$495*
Porcelain fused to metal *$620*
Porcelain/ceramic *$535*
Resin fused to metal *$490*
Retainer for Maryland-type bridge *$220*

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per 10 years)*
Implant/abutment supported, cast metal *$495*
Implant/abutment supported, porc fused to metal *$620*
Implant/abutment supported, porcelain/ceramic *$535*

Other Fixed Partial Denture Services
Recement bridge, implant bridge
(1 per calendar year) *$42*

ORAL SURGERY

EXTRACTIONS *(1 per tooth per lifetime)*
Extract coronal remnants, primary tooth *$65*
Erupted tooth or exposed root *$95*
Surgical removal *$140*
Soft tissue impaction *$171*
Partial bony impaction *$245*
Full bony impaction *$355*
Surgical removal of residual roots *$140*

OTHER SURGICAL PROCEDURES

Biopsy of oral tissue, hard or soft
(tissue removal) *$60*
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* *$80*
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* *$80*
Removal of odontogenic cyst or tumor *$90*
Removal of exostosis or torus, per site *$200*
Incision and drainage, intraoral *(1 per calendar year)*
(general anesthesia/IV sedation not covered with this procedure) *$40*
Frenulectomy *$100*
Excision of lesion *(1 per calendar year)* *$90*

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation-each 15 minute increment with a maximum benefit of $200.00
(per covered oral surgery visit) *$100*
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $200.00

(per covered oral surgery visit).....*$100*
Palliative (emergency) treatment of dental pain
(2 per calendar year).....*$45*

Exclusions and Limitations

» There is a coverage for replacement of an existing crown, partial or full removable denture or replacement of fixed bridgework by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if the Plan is furnished satisfactory evidence that:

(a) The existing denture or bridgework was inserted at least five years prior to its replacement and that the existing denture or bridgework cannot be made serviceable by a dentist or

(b) In the case of a crown, that at least five years have elapsed since the crown was inserted or

(c) The existing implant supported crown, bridge or denture was inserted at least 10 years prior to it's replacement and that the existing implant supported crown, bridgework or denture cannot be made serviceable by a dentist.

In addition to the Exclusions and Limitations as stated in the CSEA EBF Retiree Dental Plan Schedule of Allowances and those listed above, this plan does not cover:

» charges for any type of service or appliance not described in the Schedule of Allowances
» treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure
» services and supplies that are primarily cosmetic in nature
» replacement of a **lost** or **stolen** prosthetic appliance
» duplicate prosthetic appliances or services
» dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension

- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances
- charges for surgical implants
- any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan
- splinting
- treatment covered by Workers' Compensation or similar law
- charges for expenses which are reimbursable through "no-fault" automobile insurance
- any claim or appeal that is submitted after a period that exceeds one year from the calendar year in which dental services were rendered
- temporary dental services which are determined by the Fund to be an integral part of the final dental service rather than a separate service
- orthodontics is not covered under this plan

Coordination of Benefits

Since it is not intended that the patient receive greater benefits than the actual expenses covered, the amount of benefits payable under the CSEA EBF Retiree Dental Plan will take into account any coverage the employee (or eligible dependent) has under other group plans. In other words, the benefits under the CSEA EBF Retiree Dental Plan will be coordinated with the benefits of the other group plans.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. A member who has a spouse eligible for coverage is not eligible to cover a domestic partner. If member and spouse/domestic partner are Fund members, coverage for children may not be claimed under both.

Birthday Rule

Coordination of benefits regulation states that the primary payer of benefits for dependent children is determined by the parent who has the earlier birth date by month and day, without regard to year of birth (other determining factors may apply).

Retiree Vision Plan

The Retiree Vision Plan offers quality optical services to members from one of the Plan's providers. Members using participating vision providers who stay within the designated plan pay no additional out of pocket expenses for services.

USING THIS BENEFIT

When in need of vision care services, call the Fund at **(800) 323-2732** to determine if you are eligible for benefits. Make an appointment with a panel provider who will then obtain an authorization for services from the Fund.

Using a Participating Provider

A national network of 10,000 Davis providers participate with the Plan. For a listing, please visit **www.cseaebf.com** or call **(800) 323-2732**.

BENEFIT PROVISIONS

Eligible members (and dependents, if covered) are entitled to an eye examination and one pair of glasses (lenses and frames) once in a 12 month period. Participants may use the vision benefit the month in which their initial enrollment becomes effective.

Dilation will be included at a **participating provider** whenever **medically necessary** without any additional cost to the member.

Eyeglasses

The plan prescription lens selection includes plastic, polycarbonate or glass lenses. Single vision, bifocals, trifocals, progressive-addition lenses, cataract lenses, fashion tints, scratch coating and prescription sunglasses. Other options may be

available at an additional charge under the fixed co-pay schedule.

If you go to a participating vision provider and select a frame from the plan collection, you will have no out-of-pocket expense for the cost of your frame. The frame collection offers a large selection in multiple styles and is updated periodically. If you choose a frame that is outside of the plan collection, you will receive a $30 allowance towards the cost of the frame and must pay the difference in cost directly to the provider.

Contact Lenses

- Plan contact lenses consist of soft planned replacement or disposables. You will be allowed $125 toward non-plan contact lenses.
- A Contact Lens Formulary is used which allows for an initial supply* of many of the most popular and commonly prescribed brands of soft contact lenses. If non-plan contact lenses are required, the allowance will be applied toward the total cost of the contact lenses.

* Duration of initial supply may vary depending on lens type, wearing habits and prescribing doctor's instruction regarding replacement schedule.

VISION DISCOUNT FIXED CO-PAYS

Major Plan Features

- Program offers fixed co-pays for lenses and coatings at any participating provider office.
- Members/eligible dependents who wish to purchase lenses and coatings not currently covered by the vision program will be entitled to a set co-pay, resulting in substantial out-of-pocket savings.

Fixed Co-Pays Include:

- $35.00 - Standard Anti-Reflective Coating
- $48.00 - Premium Anti-Reflective Coating
- $55.00 - Ultra Anti-Reflective Coating
- $12.00 - Ultraviolet (UV) Coating
- $65.00 - Plastic Photosensitive Lenses
- $55.00 - High Index Lenses
- $75.00 - Polarized Lenses
- $50.00 - Ultra Progressive Lenses

How to Use This Benefit

- Use any panel provider. For a list of providers, please visit our website at **www.cseaebf.com** or contact us by calling **(800) 323-2732.**
- Members who choose lenses and/or coatings not covered in their existing Retiree Vision Plan will pay the fixed co-pay in the schedule listed.

Limitations & Exclusions

- Member must be covered by CSEA EBF under an existing vision program to be eligible for fixed co-pay(s). This discount is available only at the time of the eligible date of service. It is not available as a separate service outside of your eligibility date.
- All portions of the benefit (exam plus corrective eyewear selection) must be performed on the same day. Benefits cannot be split between 2 participating providers OR between a participating and non-participating provider.
- Any service that is claimed after a period that exceeds one year from the calendar year in which vision services were rendered.
- **Please note:** Fixed co-pays are not refundable. Payment for items not covered under the plan are the responsibility of the patient.

USING A NON-PARTICIPATING PROVIDER

When you choose to receive services from a doctor who does not participate on the panel, an indemnity payment will be made directly to you for expenses, not to exceed:

Exam	$16.00
Frame	$11.00
Standard Lenses	$14.00
Bifocals	$23.00
Trifocals	$32.00
Photochromic Lenses (Glass)	$12.00
Contact Lenses	$125.00
Cataract Lenses	$25.00
Cataract Bifocals	$35.00
Cataract Contacts	$33.00

Exclusions & Limitations

- All portions of the service (exam plus corrective wear) must be performed simultaneously.
- Any service that is claimed after a period that exceeds one year from the calendar year in which vision services were rendered.

Substantial out-of-pocket expenses can be avoided by using panel providers. Contact the EBF for a claim form or visit our website at **www.cseaebf.com**. Click on the **Download Forms** button.

Submit ALL Vision Claim Forms To:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 516 | Latham, NY 12110-0489

Notes

Notes

Retiree

DENTAL & VISION
BENEFITS

CSEA
EMPLOYEE
BENEFIT FUND

Danny Donohue, Chairman
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395

(800) 323-2732 | **WWW.CSEAEBF.COM**

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