

- Members/eligible dependents who wish to purchase lenses and coatings not currently covered by their 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
- \$ 90.00 - Premium Progressive Lenses
- \$140.00 - Ultra Progressive Lenses
- \$ 55.00 - High Index Lenses
- \$ 75.00 - Polarized Lenses

**How To Use This Benefit**

- Use any CSEA Employee Benefit Fund **participating panel** vision provider. For a list of providers, please visit our website at [www.cseabf.com](http://www.cseabf.com) or contact us by calling 1-800-323-2732.
- Members who choose lenses and/or coatings not covered in their existing Fund vision plan will pay the fixed co-pay in the schedule listed above.

**Limitations And Exclusions**

- Member must be covered by 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 service (exam plus corrective wear) must be performed simultaneously. All services must be performed on the same day. Benefits can not be split between two participating panel providers OR between a non-panel 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.

**OCCUPATIONAL BENEFIT**

**Members/employees whose job duties require 50% or more of their work hours either on a computer or driving a vehicle will be examined and a determination made which may warrant a different prescription and an additional pair of glasses. Drivers will be entitled to an additional pair of glasses or prescription sunglasses, even if the prescription is the same as their first pair of glasses.**

**This benefit is not available for spouses or dependents.** The participating panel provider determines if an additional pair of glasses is required. If you are eligible for an occupational benefit, you will receive your regular corrective wear and the occupational glasses at a panel provider **at the same time. If you choose a non-panel provider, you will not receive the occupational vision benefit.**

**Using A Non-Panel Provider**

When you choose to receive services from a doctor who does not participate as a CSEA panel provider, 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
Contact Lenses.....	\$125.00
Cataract Lenses.....	\$25.00
Cataract Bifocals.....	\$35.00
Cataract Contacts.....	\$33.00

Substantial out-of-pocket expenses can be avoided by using CSEA vision care panel providers. Contact the Fund for a claim form or visit our website at [www.cseabf.com](http://www.cseabf.com)

**Send all vision correspondence to:  
CSEA EMPLOYEE BENEFIT FUND  
P.O. BOX 516  
LATHAM, NY 12110-0516**

**CSEA EMPLOYEE BENEFIT FUND**

Danny Donohue, Chairman  
One Lear Jet Lane, Suite One  
Latham, NY 12110-2395  
**1-800-323-2732 • 518-782-1500**  
(Telephone Device For The Deaf)  
**TDD # 1-800-532-3833**  
**[www.cseabf.com](http://www.cseabf.com)**

**GOLD 12  
VISION PLAN**



**SUMMARY PLAN DESCRIPTION**



## GENERAL INFORMATION

### Enrollment

Coverage under the plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment form which enrolls you in the plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment form by calling the Fund at **1-800-323-2732** or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee. Return the completed enrollment form and any additional information required by the Fund.

**SUBMIT ALL ENROLLMENT FORMS TO:**  
**CSEA Employee Benefit Fund**  
**P.O. Box 516**  
**Latham, NY 12110-0516**

## WHO IS ELIGIBLE

### Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

### Part-Time or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

### Domestic Partner

Coverage may be offered by the employer. Please contact your employer for additional information.

**NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.**

### Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible at the same time you do.

- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for 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 the finalization of divorce.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship to you.
- Any 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 Fund requires that **current proof of student status** be provided annually (letter or statement from the college's Registrar's Office or completion of Student Status Form available on the Funds website: [www.cseaebf.com](http://www.cseaebf.com)).

**Note: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your health insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.**

## CSEA EMPLOYEE BENEFIT FUND WEBSITE

Find the most up to date information on vision benefits by visiting our website at [www.cseaebf.com](http://www.cseaebf.com). Save valuable time by printing vision plan information, provider listings and EBF forms.

### C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.

### Employee Transfers

Important Note: Employees who had vision coverage through the Fund under another employer must wait 12 months from their last service date before using the vision benefit under a new employer.

### Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Fund.
- Send a letter to the Fund explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is not meant for services clearly not covered by the plans or for exemptions to or waivers of required waiting periods.

## GOLD 12 VISION CARE PLAN

The Gold 12 Vision Care Plan offers quality optical services at no cost to members within the designated plan from one of the plan's panel providers. This includes a routine eye exam and eyeglasses **OR** contact lenses.

## BENEFIT PROVISIONS

### Eyeglasses

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.

Dilation will be included at a **participating panel provider** whenever **professionally indicated** without any additional cost to the member.

## Using This Benefit

When in need of vision care services, call the Employee Benefit Fund (toll free) 1-800-EBF-CSEA to determine if you are eligible for benefits. Make an appointment with a participating provider who will then obtain an authorization for services from the Fund.

## Using A Panel Provider

Please contact the Fund to verify eligibility. More than 500 providers are located throughout the State.

The plan lens selection includes: plastic, polycarbonate or glass, bifocals, trifocals, cataract lenses, fashion tints, scratch guard and prescription sunglasses. The frame collection offers a large selection and is updated annually. Multiple styles are offered including designer and wire frames. For selections not included in the frame collection, the employee is responsible for costs above the panel allowance.

## 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 Fund panel provider office.