For plan contacts, a contact lens formulary is used which allows for an initial supply of the most popular and commonly prescribed brands of soft contact lenses.

For non-plan contacts, the $125 allowance will be applied toward the total cost of the contact lenses.

Please note that the duration of the initial supply may vary depending on the lens type, wearing habits and prescribing doctor's instructions regarding replacement schedule.

Vision Discount Fixed Co-Pays

At the time of the eligible service through a participating provider, members and eligible dependents who wish to purchase lenses and coatings not currently covered under the plan are entitled to a set co-pay, resulting in substantial out-of-pocket savings.

Fixed Co-Pays Include:

Standard Anti-Reflective Coating	$ 35.00
Premium Anti-Reflective Coating	$ 48.00
Ultra Anti-Reflective Coating	$ 55.00
Ultimate Anti-Reflective Coating	$ 85.00
Ultraviolet (UV) Coating	$ 12.00
Plastic Photosensitive Lenses	$ 65.00
High Index Lenses	$ 55.00
Polarized Lenses	$ 75.00
Premium Progressive Addition Lenses	$ 90.00
Ultra Progressive Addition Lenses	$140.00
Ultimate Progressive Addition Lenses	$175.00

Members and dependents must be eligible under an existing vision plan with CSEA EBF to be eligible for fixed co-pay(s). This discount is available only at the time of the patient's eligible date of service. They are not available as a separate service outside of your eligibility date.

Fixed Co-pays are only available when using a participating provider.

Occupational Benefit

Employees whose job duties require 50% or more of their work hours either working 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.

For drivers, a pair of prescription sunglasses using the same prescription as your first pair can be obtained.

- Spouses and dependents are not eligible for this benefit.
- For computer users, the second pair's prescription must be different from the first pair.
- Drivers can get a pair of prescription sunglass even if the prescription is the same as the first pair.
- Both sets of eyewear must be done at the same time.
- The participating provider determines if the additional pair of glasses is needed.

Using A Non-Participating Provider

When you choose to receive services from a provider who does not participate with CSEA EBF, 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

Substantial out-of-pocket expenses can be avoided by using a CSEA EBF vision care participating provider. If you use a non-participating provider, you can contact the CSEA EBF at **1-800-323-2732** for a claim form or visit our website at **www.cseaebf.com** to download a form.

Gold 12 Plan Limitations & Exclusions

- 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 the vision services were rendered.
- Fixed co-pays are not refundable. Payment for items not covered under the plan are the responsibility of the patient.

Submit All Vision Correspondence To:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 516
Latham, NY 12110-0516

CSEA EMPLOYEE BENEFIT FUND

Mary E. Sullivan, Chairperson
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395

(800) 323-2732 | (518) 782-1500
WWW.CSEAEBF.COM

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SUMMARY PLAN DESCRIPTION

GOLD 12 VISION CARE PLAN

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. If you have not already done so, you can obtain an enrollment form by calling the CSEA EBF at **1-800-323-2732** or by visiting **www.cseaebf.com** to use the "enroll online" option. You can also download an enrollment form from the website for later submission. 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/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.

Children (Effective 7/1/2020)

- Your children, stepchildren and legally adopted children, under the age of 26 whether residing with you or not and regardless of marital status and/or student status.
- Your legal ward under the age of 26 who permanently resides with you pursuant to a court order awarding legal guardianship/custody 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 26.

CSEA EMPLOYEE BENEFIT FUND WEBSITE

Find the most up to date information on vision benefits by visiting **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.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

Employee Transfers

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 designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund, nor is it 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 services at no cost to the members within the designated plan when using a participating provider. This includes:

- Routine eye exam. This includes dilation if professionally indicated.
- Eyeglasses **OR** contact lenses
- Eligibility for services is every 12 months from your last date of service under the plan

Using This Benefit

- Call the CSEA EBF at **1-800-323-2732** to verify your eligibility.
- Make an appointment with a participating provider and advise that you have the CSEA EBF vision plan.
- The provider will obtain authorization for services from the CSEA EBF.

There are over 3,000 participating providers. Visit **www.cseaebf.com** or call **1-800-323-2732** for a listing.

Benefit Provisions

Eyeglasses

If you choose to get eyeglasses, there are select lenses and frames covered under the plan.

Frames

- The frame collection includes a large selection in multiple styles and is updated periodically.
- If you opt for a frame that is not part of the collection, you will be given a $75 allowance from the plan and you must pay the difference to the provider.

Covered Lenses

- Standard single vision, bifocals and trifocals
- Standard Progressive Addition Lenses

** Scratch proofing is covered on plan lenses.*

Please note that other lens options may be covered under your Gold 12 Vision Care Plan if additional riders where negotiated. These riders may include:

- Anti-reflective coating
- Ultra Violet coating
- High index lenses
- Polarized lenses

Contact Lenses

- Plan contacts consist of soft planned replacement or disposable lenses.
- You are allowed $125 toward non-plan contacts.