CSEA EMPLOYEE BENEFIT FUND

Platinum 12 Vision Reduced Rate Schedule
Based on 95-100% CSEA bargaining unit participation

	Composite	
7/1/18-6/30/19	$24.34 month	$292.08 annual
7/1/19-6/30/20	$24.34 month	$292.08 annual
7/1/20-6/30/21	$24.34 month	$292.08 annual

In-Network Benefits	
Eye Exam	Every 12 months, Covered in full
Eyeglasses	
Lenses	Every 12 months, Covered in full for standard glass, plastic or polycarbonate, single-vision, lined bifocal or trifocal lenses, standard progressive (no-line bifocal), scratch resistance, tinting
Frames	Every 12 months, plan frames covered in full (value up to $149) OR $149 retail allowance at Vision Works stores $30 retail allowance toward any frame at other providers
Contact Lenses	
Evaluation, fitting and follow up care	Every 12 months for collection contacts, covered in full
Contact Lenses (in lieu of eyeglasses)	Plan contact lenses consist of soft planned replacement or disposables. A formulary is used which allows for an initial supply of many of the most commonly prescribed brands. Initial supply may vary depending on lens type, wearing habits and replacement schedule OR $125 retail allowance toward provider supplied contact lenses

Out of Network Benefits

You may choose to receive services from an out of network provider. Substantial out of pocket expenses can be avoided by selecting a provider who participates in our network. If an out of network provider is selected, the member must pay the provider directly and then submit for reimbursement. CSEA EBF providers can be located at cseaebf.com. Out of network benefits include a reimbursement of up to $16 for the exam and $35 for materials.

Additional Discounted Lens Options and Coatings (member pays the indicated $)	
Standard Anti-Reflective	$35
Premium Anti-Reflective	$48
Ultra Anti-Reflective	$55
Ultraviolet (UV) Coating	$12
Plastic Photosensitive (Transitions®, etc.)	$65
High Index Lenses	$55
Polarized Lenses	$75
Ultra Progressive Lenses	$50