



# SERVICE EMPLOYEES BENEFIT FUND (SEBF)

## VISION BENEFIT

The Service Employees Benefit Fund (SEBF) vision benefit offers In-Network (Davis Vision) and Out-of-Network benefits towards routine eye care. This vision benefit may be used towards expenses for routine eye exams, frames, lenses or contact lenses, once in a two-year period.

### WHO MAY BE INCLUDED IN THE COVERAGE

Individual coverage is for the employee only.

Family coverage includes yourself (the employee), your legal spouse or same sex domestic partner (must meet certain requirements) and/or your legal dependents. Legal dependents are covered through December 31st of the year they turn age 19; or through December 31st of the year they turn 24 if they are continuous, full-time students.

### IN-NETWORK BENEFIT SUMMARY

In-Network benefits are available at any Davis Vision participating provider including all Empire Vision Centers. To find a Davis Vision participating provider near you, call (800) 999-5431 or visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com)

Exam with Dilation	\$15 Co-pay
Eyewear (frames, lenses, contacts)	\$25 Co-pay (Basic)
Plan Frames -	
Fashion Frame Collection	\$0 Co-pay
Designer Frame Collection	\$15 Co-pay
Premier Frame Collection	\$40 Co-pay
Non-Plan Frames	\$60 allowance + 20% discount (on balance)
Plan Contacts	\$25 Co-pay (Basic)
Non-Plan Contacts	\$85 allowance + 15% discount (on balance)

Here's how to receive benefits from a network provider:

- ❖ Call the network provider of your choice and schedule an appointment.
- ❖ Identify yourself as an eligible Davis Vision plan participant and Service Employees Benefit Fund member or dependent.
- ❖ Provide the office with the member's ID Number or Social Security Number and the name and date of birth of any covered dependent needing services.

It's that easy. The provider's office will verify your eligibility for services and no claim forms or ID cards are required.

### OUT-OF-NETWORK BENEFIT SUMMARY

If you choose to go to an out-of-network eye care provider, you will receive up to \$120 every 24 months per person towards routine eye care, frames, lenses or contact lenses.

Pay the provider then submit your itemized bill along with a Direct Reimbursement Claim Form to:

Vision Care Processing Unit  
P. O. Box 1525  
Latham, NY 12110.

Call (800) 999-5431 for claim forms.

**Contact SEBF at (315) 424-1754 or (800) 733-1754 for a SEBF/Davis Vision brochure for further details on the SEBF Vision Plan.**

