



**DENTAL & VISION  
PLAN BENEFITS FOR  
NYS RETIREES**

**DENTAL PLAN OPTIONS FOR RETIREES**

*(Vision Plan Benefits on Backside)*

NAME OF PLANS:	COBRA (Effective 1/1/2020)	Emblem Health Direct Payment Plan	Sun Life Dental – made available through PEF Retirees (Effective 1/1/2020)
PLAN ADMINISTRATOR:	NYS Civil Service Emblem Health (formerly GHI) Preferred Dental Plan	Emblem Health	Sun Life Must be a current dues-paying PEF Retiree member to participate.
WHO TO CALL:	Contact Civil Service at: <b>(800) 833-4344</b>	Contact Emblem Health at: <b>(800) 947-0101</b>	Contact Sun Life at: <b>(844) 738-8118, Group #: 935636</b>
PLAN FEATURES:	100% Prosthetic coverage, plus all basic dental services.	80% Prosthetic coverage, plus all basic dental services.	<b>Single Level Plan Coverage:</b> Preventive Services (Type I): 100% Restorative Services (Type II): 80% Major Restorative Services (Type III): 50%
MONTHLY PLAN PREMIUMS:	\$24.14 – (Individual) \$67.96 – (family)	\$37.41 – (individual) \$70.42 – (individual & spouse) \$104.41 – (family)	\$49.82 – (individual) \$84.72 – (individual & spouse) \$129.31 – (family)
ENROLLMENT QUALIFICATIONS/PROCESS:	<u>You must enroll no later than 60 days</u> from the end of active employee coverage. During the 28-day grace period following retirement, <b>Civil Service</b> will automatically mail you the COBRA option. <u>You must apply within 60 days post retirement.</u>	<u>You must enroll no later than 90 days post retirement</u> , OR immediately following the end of COBRA coverage. You should automatically receive an enrollment form and summary of benefits after you retire, or at the end of the COBRA period. <u>If you do not, call (800) 947-0101.</u>	<b>Enrollment is continuous for this benefit.</b> You must be a current dues-paying PEF Retiree member to be eligible to join the NYS PEF Retirees Dental Program.  If you terminate your dental coverage after your initial enrollment, you cannot re-enroll later. However, if you previously terminated your coverage and you also have a Qualified Status Change (e.g., loss of coverage), you may re-enroll if you do so within 120 days of the date of your Qualified Status Change.
LENGTH/TERM OF COVERAGE:	Please contact Civil Service for plan coverage details.	No limit.	No limit.
ANNUAL DEDUCTIBLE:	\$25	\$25	\$25—self; \$50—self & dependent; \$75—family
ANNUAL MAXIMUM:	\$2,300	\$1,800	\$1,500 (Preventative services are not counted toward the \$1,500 calendar year maximum—leaving more coverage for more expensive procedures.)

## VISION PLAN OPTIONS FOR NYS RETIREES

<b>VISION PLAN OPTIONS:</b>	
	<b>COBRA (Effective 1.1.2020)</b>
<b>SOURCE/PROVIDER:</b>	NYS Vision Care Plan
<b>CONTACT:</b>	NYS Department of Civil Service: <b>(800) 833-4344</b>
<b>ENROLLMENT:</b>	You must enroll no later than 60 days from end of active employment coverage.
<b>LENGTH OF COVERAGE:</b>	Please contact Civil Service for plan coverage details.
<b>MONTHLY PREMIUM:</b>	\$4.06 – (individual) \$9.23 – (family)
	<b>For more information on Cobra and continuation of vision benefits, visit NYShip Online: <a href="http://www.cs.ny.gov/employee-benefits">www.cs.ny.gov/employee-benefits</a>.</b>
	<b>DAVIS VISION (Plan Year from November 1, 2020 through October 31, 2021)</b>
<b>SOURCE/PROVIDER:</b>	PEF Retirees/Davis Vision (You must be a current, dues-paying member of PEF Retirees to take advantage of this benefit.)
<b>PLAN DETAILS:</b>	Visit <a href="http://pefmbp.com/insurance/retiree-vision-plan">pefmbp.com/insurance/retiree-vision-plan</a> , to learn about the plan, as well as the discounts and savings offers on products and services.
<b>TO PURCHASE THE PLAN:</b>	Visit <a href="http://pefmbp.com/insurance/retiree-vision-plan">pefmbp.com/insurance/retiree-vision-plan</a> to purchase the discount plan inclusive of an annual eye exam, free frames, fixed lens pricing, and more for the period of <b>November 1, 2020 through October 31, 2021</b> . Or, call the PEF Membership Benefits Program at (800) 342-4306, ext. 243.
<b>TO ACTIVATE THE PLAN (after purchase):</b>	Three (3) business days after you purchase the plan, contact Davis Vision Customer Service at (844) 681-4498 and reference Client Code: 2395. You will need to provide Davis Vision with your MIN and date of birth for a spouse or family members if you select coverage beyond individual coverage. <b>Please note: This is not an insurance plan.</b>
<b>LENGTH OF COVERAGE:</b>	The vision plan year begins November 1, 2020 and concludes October 31, 2021 <u>regardless of when you purchase the plan during this time frame</u> . You must take advantage of the plan's product and service offerings, by October 31, 2021. If you purchase the plan for Nov. 1, 2020 through Oct. 31, 2021, you will receive a renewal letter from PEF Retirees a few weeks prior to November 1, 2021, reminding you to repurchase the plan for the upcoming plan year, November 1, 2021 through October 31, 2022, if you are interested in doing so. The plan does not auto renew. It is your choice as to whether or not you would like to repurchase the plan for the next plan year.
<b>NOVEMBER 1, 2020 – OCTOBER 31, 2021 PLAN OPTIONS &amp; PRICING:</b>	\$204.24 – (Retiree) \$348.36 – (Retiree Plus One) \$528.60 – (Retiree Plus Family)
<b>YEARLY PAYMENT:</b>	Payment for the Davis Vision plan is made as a single, lump sum payment. There is no monthly payment option available.