



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

DENTAL PLAN OPTIONS FOR RETIREES

(Vision Plan Benefits on Backside)

NAME OF PLANS:	COBRA (2025 Rates)	Anthem Payment Plan (2025 Rates)	Sun Life Dental (2025 Rates)
PLAN ADMINISTRATOR:	NYS Civil Service Emblem Health (formerly GHI) Preferred Dental Plan	Anthem Blue Cross	Sun Life (made available through the NYS PEF Retirees) Must be a current, dues-paying PEF Retiree member to participate.
WHO TO CALL:	Contact Civil Service at: (800) 833-4344	Contact Anthem Blue Cross at: (888) 811-2101	Contact Sun Life at: (844) 738-8118, Group #: 935636
PLAN FEATURES:	100% Prosthetic coverage, plus all basic dental services.	Call Anthem for plan features.	Single Level Plan Coverage: Preventive Services (Type I): 100% Restorative Services (Type II): 80% Major Restorative Services (Type III): 50%
MONTHLY PLAN PREMIUMS:	\$34.00 (individual) \$97.13 (family)	Call Anthem for premiums on available plans.	\$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, Civil Service 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>	Enrollment is continuous for this benefit. 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.	Call Anthem for terms of coverage.	No limit.
ANNUAL DEDUCTIBLE:	\$25	Call Anthem for deductibles.	\$25—self; \$50—self & dependent; \$75—family
ANNUAL MAXIMUM:	\$2,300	Call Anthem for annual maximums.	\$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

VISION PLAN OPTIONS:	
	COBRA (2025 Rates)
SOURCE/PROVIDER:	NYS Vision Care Plan
CONTACT:	NYS Department of Civil Service: (800) 833-4344
ENROLLMENT:	You must enroll no later than 60 days from end of active employment coverage.
LENGTH OF COVERAGE:	Please contact Civil Service for plan coverage details.
MONTHLY PREMIUM:	\$5.70 (individual) \$12.51 (family)
	For more information on Cobra and continuation of vision benefits, visit NYShip Online: cs.ny.gov/employee-benefits/login/index-retiree.cfm.
	DAVIS VISION (Plan Year from November 1, 2024, through October 31, 2025)
SOURCE/PROVIDER:	PEF Retirees/Davis Vision (You must be a current, dues-paying member of PEF Retirees to take advantage of this benefit.)
PLAN DETAILS:	Visit pefmbp.com/insurance/retiree-vision-plan , to learn about the plan, as well as the discounts and savings offers on products and services.
TO PURCHASE THE PLAN:	Visit pefmbp.com/insurance/retiree-vision-plan to purchase the discount plan inclusive of an annual eye exam, free frames, fixed lens pricing, and more for the period of November 1, 2024, through October 31, 2025 , or call the PEF Membership Benefits Program at (800) 767-1840, opt. 4 or (518) 785-1900, ext. 243.
TO CONFIRM THE PLAN (after purchase):	Three (3) business days after you purchase the plan, contact Davis Vision Customer Service at (844) 681-4498. Select Option 1-“Currently Enrolled,” and press 0 (zero) to speak with a customer service representative. Provide your name, MIN, date of birth, and mention your affiliation with the NYS PEF Retiree Vision Plan. If you purchased the Retiree Plus One or Retiree Plus Family plan, you also need to provide the date of birth for a spouse/domestic partner and any family members. Please note: This is not an insurance plan.
LENGTH OF COVERAGE:	The vision plan year begins November 1, 2024, and concludes October 31, 2025, <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, 2025. If you purchase the plan for November 1, 2024, through October 31, 2025, you will receive a renewal letter from PEF Retirees a few weeks prior to November 1, 2025, reminding you to repurchase for the upcoming plan year, November 1, 2025, through October 31, 2026, if you are interested in doing so. The discount plan does not auto renew. It’s your choice to repurchase for the plan for the next plan year.
NOVEMBER 1, 2024 – OCTOBER 31, 2025, PLAN OPTIONS & PRICING:	\$226.56 – (Retiree) \$388.44 – (Retiree Plus One) \$591.00 – (Retiree Plus Family)
YEARLY PAYMENT:	Payment for the Davis Vision plan is a single, lump sum payment. There is no monthly payment option available.