

**CSEA EMPLOYEE BENEFIT FUND  
COMPARISONS FOR RETIREE PLAN  
2010**

	<b>PEARL CARROLL RETIREE PLAN DHMO - CHOICE 1 1-888-507-1368</b>	<b>PEARL CARROLL RETIREE PLAN CHOICE 2 1-888-507-1368</b>	<b>CSEA RETIREE REDUCED FEE DENTAL PROGRAM 1-800-342-4146</b>	<b>CSEA EBF EQUINOX COBRA 1-800-323-2732</b>	<b>CSEA EBF RETIREE PLAN 1-800-323-2732 ext. 803</b>
<b>Type</b>	<b>DHMO Dental Health Maintenance Organization Must use network dentist. Underwritten by CIGNA</b>	<b>Reimbursement based on percentage of doctor charges  Underwritten by MetLife  Network providers accept reduced fee for services. Non-network dentist's fee may be higher when going outside of provider panel.</b>	<b>Reduced fee Discount Plan</b>	<b>Fee Schedule  Participating provider listing offered.  May use Non-par provider.</b>	<b>Fee Schedule  Participating provider listing offered.  May use Non-par provider.</b>
<b>Waiting Period</b>	<b>None</b>	<b>12 Months Category C</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Deductible</b>	<b>None</b>	<b>\$50.00 Family yr. max-\$150</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Annual Max</b>	<b>None</b>	<b>\$1,000 Per person based on calendar year</b>	<b>None</b>	<b>\$3210</b>	<b>\$1800</b>
<b>Ortho Max</b>	<b>Covered</b>	<b>Not covered</b>	<b>Not Covered</b>	<b>\$2551</b>	<b>Not covered</b>
<b>Co-Payments  Amount member is responsible for.</b>	<b>Preventive and diagnostic are the only services covered in full  Major services-require pre- set co-payments.  CIGMA Nation wide plan</b>	<b>In Network of PDF FEE: Preventative: 100% Basic: 80% Major: 50% 12 Month waiting period of Major services Out of Network: Preventative: 100% R&amp;C Basic : 80% R&amp;C Major : 50%R&amp;C</b>	<b>Member pays amount listed in fee schedule to provider. Treatments not listed should be discussed with the dentist PRIOR to treatment.</b>	<b>Par Providers-no out-of-pocket for covered services  Non-Par Providers- member responsible for dentist's charges minus the allowances listed in the fee schedule.</b>	<b>Par Providers-no out-of- pocket for covered services.  Non-Par Providers-member responsible for dentist's charges minus the allowances listed in the fee schedule.</b>
<b>Cost for Plan Monthly</b>	<b>\$23.34 Member \$41.48 Member/spouse \$111.49 Family  Rates effective 8/1/10</b>	<b>\$44.10 Member \$81.23 Member/spouse \$105.81 Member/family  Rates effective 2/1/10</b>	<b>No monthly cost  Discounted fees are paid by retiree to dentist</b>	<b>Composite rate \$101.93 *includes 2% admin fee  Rates effective 7/1/10</b>	<b>Individual \$47.00 Spouse \$94.00 Family \$122.00  Rates effective 7/1/10</b>