

**CSEA EMPLOYEE BENEFIT FUND  
COMPARISON 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 HORIZON 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 <u>Organization</u> Must use network dentist. Underwritten by CIGNA</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>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>	None	12 months-Category C	None	None	None
<b>Deductible</b>	None	\$50.00 per person \$150 Family maximum c/y	None	None	None
<b>Annual Max</b>	None	\$1,000 Per Person based on calendar year	None	\$2850	\$1800
<b>Ortho Max</b>	Covered	Not covered	Not Covered	\$2267	Not covered
<b>Co-Payments  Amount member is responsible for</b>	Preventive and diagnostic are the only services covered in full  Major services-require pre-set co-payments.  CIGMA Nation wide plan	In Network of PDF FEE: Preventatve: 100% Basic: 80% Major: 50% 12 month waiting period for Major services Out of Network: Preventative:100% R&C Basic : 80% R&C Major :50% R&C	<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>	\$23.34 Member \$41.48 Member/spouse \$111.49 Family Rates effective 8/1/10	\$44.10 Member \$81.23 Mbr/spouse \$105.81 Mbr/family Rates effective 2/1/10	No monthly cost Discounted fees are paid by retiree to dentist	<b>Composite Rate \$78.32 *includes 2% admin fee  Rate effective 7/1/10</b>	<b>Individual \$47.00 Ret &amp; spouse \$94.00 Family \$122.00 Rates effective 7/1/10</b>