

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

	PEARL CARROLL RETIREE PLAN - DHMO – Choice 1 1-888-507-1368	PEARL CARROLL RETIREE PLAN Choice 2 1-888-507-1368	CSEA RETIREE REDUCED FEE DENTAL PROGRAM 1-800-342-4146	CSEA EBF SUNRISE COBRA 1-800-323-2732	CSEA EBF RETIREE PLAN 1-800-323-2732 ext. 803
Type	DHMO Dental Health Maintenance Organization Must use network dentist. Underwritten by CIGNA	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.	Reduced fee Discount Plan	Fee Schedule Participating provider listing offered. May use Non-par provider.	Fee Schedule Participating provider listing offered. May use Non-par provider.
Waiting Period	None	12 Months – Category C	None	None	None
Deductible	None	\$50.00 Family yr. max-\$150	None	None	None
Annual Max	None	\$1,000 Per person based on calendar year	None	\$2500	\$1800
Ortho Max	Covered	Not covered	Not covered	\$2061	Not covered
Co-Payments Amount member is responsible for.	Preventive and diagnostic are the only services covered in full Major services-require pre- set co-payments. CIGMA Nationwide plan	In Network of PDF FEE: Preventative: 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	Member pays amount listed in fee schedule to provider. Treatments not listed should be discussed with the dentist PRIOR to treatment.	Par providers-no out-of- pocket for covered services Non-par providers- member is responsible for dentist's charges minus the allowances listed in the fee schedule.	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.
Cost for Plan Monthly	\$23.34 Member \$41.48 Member/spouse \$111.49 Family Rates effective 8/1/10	\$44.10 Member \$81.23 Member/spouse \$105.81 Member/family Rates effective 2/1/10	No monthly cost Discounted fees are paid by retiree to dentist	Composite Rate \$69.36 *includes 2% admin fee Rate effective 7/1/10	Individual \$47.00 Retiree & spouse \$94.00 Family \$122.00 Rates effective 7/1/10