




**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
2026-2027**

SOURCE	<p align="center">CSEA EBF MEMBER PLUS - COBRA 800-323-2732</p> 	<p align="center">CSEA EBF Retiree Dental Plan 800-323-2732</p> 	<p align="center">*CSEA Retiree Reduced Fee Dental Program 800-342-4146</p> 
Plan Type	<p>Fee schedule</p> <p>Participating provider list available.</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p>Fee schedule</p> <p>Participating provider list available.</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p align="center">Reduced Fee Discount</p>
Waiting Period	None	None	None
Deductible	None	None	None
Annual Maximum	\$2000	\$2500	None
Dental Implants	\$500 per tooth* 2 per calendar year	\$750 per tooth* 2 per calendar year	Not Covered
<p>Co-payments</p> <p>Member Responsibility</p>	<p>Par providers- no out of pocket for covered services. Implants Exempt. Allowance only. Member responsible for balance.</p> <p>Non-participating dentist - Member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>Par providers- no out of pocket for covered services. Implants Exempt. Allowance only. Member responsible for balance.</p> <p>Non-participating - member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>Retiree pays amount listed in fee schedule to provider.</p> <p>Treatments not listed should be discussed with dentist PRIOR to treatment.</p>
Monthly Premium	<p>\$52.19 Individual \$104.39 Person \$167.01 Family</p> <p>Rates effective thru 6/30/27</p>	<p>\$66.00 Individual \$134.00 Member + one dependent \$172.00 Family</p> <p>Rates effective thru 6/30/27</p>	<p>No monthly premium Discounted fee paid by retiree to dentist</p>

***Retiree Membership required. Contact Member Solutions Center at CSEA HQ to request an application - 800-342-4146**