






**CSEA EMPLOYEE BENEFIT FUND**  
**NASSAU BOCES COMPARISON OF RETIREE DENTAL PLANS**  
**JANUARY 2025**

SOURCE	CSEA EBF DUTCHESS - COBRA 800-323-2732 	CSEA EBF Retiree Dental Plan 800-323-2732 	*PEARL INSURANCE Choice 1 877-847-2732 	*PEARL INSURANCE Choice 2 877-847-2732 	* CSEA Retiree Reduced Fee Dental Program 800-342-4146 
<b>Plan Type</b>	Fee schedule  Participating provider list available.  May use non-participating dentist. Reimbursement based on fee schedule for covered services.	Fee schedule  Participating provider list available.  May use non-participating dentist. Reimbursement based on fee schedule for covered services.	Dental Health Maintenance Organization  Must use network dentist  Underwritten by MetLife	Reimbursement based on percentage of Dr. charges  Network providers accept reduced fee for services. Non- network dentist's fee may be higher when going outside of provider panel. Underwritten by Metlife	Reduced  Fee  Discount
<b>Waiting Period</b>	None	None	None	12 months for major work	None
<b>Deductible</b>	None	None	None	\$50 per person \$150 family max per c/ y	None
<b>Annual Maximum</b>	\$3500	\$2000	\$1200 per person based on a calendar year	\$2000 per person based on calendar year	None
<b>Dental Implants</b>	\$1000 per tooth 2 per calendar year	\$500 per tooth* 2 per calendar year	Not Covered	Major Service	Not Covered
<b>Co-payments</b>  <b>Member Responsibility</b>	Par providers- no out of pocket for covered services Implants Exempt  Non-participating dentist - Member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Par providers - no out of pocket for covered services. *Allowance only. Member responsible for balance.  Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Preventive/diagnostic services covered in full.  All other categories of service require pre-set copayments.	In network of PDF FEE: Preventive: 100% R&C * Basic : 80% R&C * Major : 50% R&C * *Deductible Applies  Out of Network: Preventive: 100% R&C* Basic : 80% R&C* Major : 50% R&C*	Retiree pays amount listed in fee schedule to provider.  Treatments not listed should be discussed with dentist PRIOR to treatment.
<b>Monthly Premium Split Rate</b>	\$ 82.58 Individual \$222.63 Family *includes 2% admin fee  Rates effective thru 6/30/25	\$ 64.00 Individual \$130.00 Mbr/spouse \$167.00 Family  Rates effective thru 6/30/25	\$30.99 Member \$58.25 Mbr + 1 \$101.64 Family  Rates effective thru 12/31/25	\$48.65 Member \$89.61 Mbr/spouse \$116.73 Family  Rates effective thru 12/31/25	No monthly premium Discounted fee paid by retiree to dentist

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