




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

SOURCE	<b>CSEA EBF DUTCHESS - COBRA 800-323-2732</b> 	<b>CSEA EBF Retiree Dental Plan 800-323-2732</b> 	<b>* CSEA Retiree Reduced Fee Dental Program 800-342-4146</b> 
<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.	Reduced  Fee  Discount
<b>Waiting Period</b>	None	None	None
<b>Deductible</b>	None	None	None
<b>Annual Maximum</b>	\$3500	\$2500	None
<b>Dental Implants</b>	\$1460 per tooth* 2 per calendar year	\$750 per tooth* 2 per calendar year	Not Covered
<b>Co-payments</b>  <b>Member Responsibility</b>	Par providers- no out of pocket for covered services. *Implants exempt. Allowance only. Member responsible for balance.  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. *Implants exempt. Allowance only. Member responsible for balance.  Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	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>	\$177.25 *includes 2% admin fee  Rates effective thru 6/30/27	\$66.00 Individual \$134.00 Member + one dependent \$172.00 Family  Rates effective thru 6/30/27	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**