

**CSEA EMPLOYEE BENEFIT FUND  
COMPARISON OF RETIREE DENTAL PLANS  
JANUARY 2019**

SOURCE	CSEA EBF DUTCHESS - COBRA 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	* PEARL INSURANCE Choice 1 Plan CIGNA 877-847-2732	* PEARL INSURANCE Choice 2 Plan MetLife 877-847-2732	* CSEA Reduced Fee Program 800-342-4146 Ext. 1403
<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 CIGNA	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.	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>	\$3210	\$1800	None	\$1,500 per person based on calendar year	None
<b>Dental Implants</b>	\$1000 per tooth 2 per calendar year	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-payments</b>  <b>Member Responsibility</b>	Par providers- no out of pocket for covered services.  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.  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.  CIGNA nationwide plan	In network of PDF FEE: Preventive: 100% Basic : 80% Major : 50%  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</b>	Composite Rate \$141.53 *includes 2% admin fee  Rates effective thru 6/30/19	\$ 53.50 Individual \$107.00 Mbr/spouse \$139.00 Family Rates effective thru 6/30/19	\$30.99 Member \$58.25 Mbr + 1 \$101.64 Mbr+ch(ren) or Family Rates effective thru 12/31/19	\$46.78 Member \$86.16 Mbr/spouse \$112.24 Family Rates effective thru 12/31/19	No monthly premium Discounted fee paid by retiree to dentist

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