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

| SOURCE | CSEA EBF<br>DUTCHESS - COBRA<br>800-323-2732 | CSEA EBF<br>Retiree Dental Plan<br>800-323-2732 | * CSEA<br>Retiree Reduced Fee<br>Dental Program<br>800-342-4146 |
|---|---|---|---|
| **Plan Type** | Fee schedule<br><br>Participating provider list available.<br><br>May use non-participating dentist. Reimbursement based on fee schedule for covered services. | Fee schedule<br><br>Participating provider list available.<br><br>May use non-participating dentist. Reimbursement based on fee schedule for covered services. | Reduced<br><br>Fee<br><br>Discount |
| **Waiting Period** | None | None | None |
| **Deductible** | None | None | None |
| **Annual Maximum** | $3500 | $2500 | None |
| **Dental Implants** | $1460 per tooth*<br>2 per calendar year | $750 per tooth*<br>2 per calendar year | Not Covered |
| **Co-payments**<br><br>**Member Responsibility** | Par providers- no out of pocket for covered services. *Implants exempt. Allowance only. Member responsible for balance.<br><br>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.<br><br>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.<br><br>Treatments not listed should be discussed with dentist PRIOR to treatment. |
| **Monthly Premium**<br>**Split Rate** | $177.25<br>*includes 2% admin fee<br><br>Rates effective thru 6/30/27 | $66.00 Individual<br>$134.00 Member + one dependent<br>$172.00 Family<br><br>Rates effective thru 6/30/27 | No monthly premium<br>Discounted fee paid by retiree to dentist |

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