






**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
JULY 2023**

SOURCE	CSEA EBF EQUINOX - 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 Retiree Reduced Fee Dental Program 800-342-4146 
Plan Type	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 (DHMO) Must use network dentist	Reimbursement 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
Waiting Period	None	None	None	12 months for major work	None
Deductible	None	None	None	\$50 per person \$150 family max per c/ y	None
Annual Maximum	\$3210	\$2000	None	\$2000 per person based on calendar year	None
Dental Implants	\$1000 per tooth 2 per calendar year	\$500 per tooth* 2 per calendar year	Not Covered	Major Service	Not Covered
Co-payments	Par providers- no out of pocket for covered services Implants Exempt	Par providers - no out of pocket for covered services. Implants Exempt	Preventive/diagnostic services covered in full.	In network of PDF FEE: Preventive: 100% R&C Basic : 80% R&C * Major : 50% R&C * *Deductible applies	Retiree pays amount listed in fee schedule to provider.
Member Responsibility	Non-participating dentist - Member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	All other categories of service require fixed copayments. CIGNA nationwide plan	Out of Network: Preventive: 100% R&C Basic : 80% R&C* Major : 50% R&C*	Treatments not listed should be discussed with dentist PRIOR to treatment.
Monthly Premium	Composite Rate \$167.11 *includes 2% admin fee Rates effective thru 06/30/25	\$ 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 thru 12/31/24	\$46.78 Member \$86.16 Mbr+1 \$112.24 Family Rates thru 12/31/24	No monthly premium Discounted fee paid by retiree to dentist

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