

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

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 Reduced Fee Program 800-342-4146 Ext. 1403
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	\$1800	None	\$1,500 per person based on calendar year	None
Dental Implants	\$1000 per tooth 2 per calendar year	Not Covered	Not Covered	Not Covered	Not Covered
Co-payments	Par providers- no out of pocket for covered services.	Par providers - no out of pocket for covered services.	Preventive/diagnostic services covered in full.	In network of PDF FEE: Preventive: 100% Basic : 80% Major : 50%	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 \$137.47 *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 Family Rates thru 12/31/19	\$46.78 Member \$86.16 Mbr+1 \$112.24 Family Rates thru 12/31/19	No monthly premium Discounted fee paid by retiree to dentist

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