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

SOURCE	CSEA EBF HORIZON - COBRA 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	* 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.**	**REDUCED FEE DISCOUNT**
Waiting Period	**None**	**None**	**None**
Deductible	**None**	**None**	**None**
Annual Maximum	**$3000**	**$2500**	**None**
Dental Implants	**$1075 per tooth*** **2 per calendar year**	**$750 per tooth*** **2 per calendar year**	**Not Covered**
Co-payments **Member Responsibility**	**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.**
Monthly Premium	**Composite Rate $139.89** ***includes 2% admin fee** **Rates effective through 6/30/27**	**$66.00 Individual** **$134.00 Member + one dependent** **$172.00 Family** **Rates effective through 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**