CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS

2	0	2	5

SOURCE	CSEA EBF SUNRISE - COBRA 800-323-2732 CSEA Employee Benefit Fund	CSEA EBF Retiree Dental Plan 800-323-2732 CSEA Employee Benefit Fund	* PEARL INSURANCE Choice 1 877-847-2732 PEARL* INSURANCE	* PEARL INSURANCE Choice 2 877-847-2732 PEARL* INSURANCE	*CSEA Retiree Reduced Fee Dental Program 800-342-4146 CSEA
Plan Type	Fee schedule	Fee schedule	Dental Health Maintenance Organization	Reimbursement based on percentage of Dr. charges	Reduced
	Participating provider list available. May use non-participating dentist. Reimbursement based on fee schedule for covered services.	Participating provider list available. May use non-participating dentist. Reimbursement based on fee schedule for covered services.	Must use network dentist Underwritten by MetLife	Network providers accept reduced fee for services. Non- network dentist's fee may be higher when going outside of provider panel.	Fee Discount
Waiting Period	None	None	None	Underwritten by MetLife 12 months for major work	None
Deductible	None	None	None	\$50 per person \$150 family max per c/ y	None
Annual Maximum	\$2850	\$2500	\$1200 per person based on a calendar year	\$2000 per person based on calendar year	None
Dental Implants	\$1000 per tooth 2 per calendar year	\$750 per tooth* 2 per calendar year	Not Covered	Not Covered	Not Covered
Co-payments Member Responsibility	Par providers- no out of pocket for covered services. Implants Exempt 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. *Allowance only. Member responsible for balance Non-participating - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Preventive/diagnostic services covered in full. All other service categories require fixed copayments.	In network of PDF FEE: Preventive: 100% R&C Basic : 80% R&C * Major : 50% R&C * *Deductible Applies 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.
Monthly Premium	Composite Rate \$119.85 *includes 2% admin fee Rates effective thru 6/30/26	\$64.00 Individual \$130.00 Mbr +1 \$167.00 Family Rates effective thru 6/30/26	\$30.99 Member \$58.25 Mbr + 1 \$101.64 Family Rates through 12/31/25	\$48.65 Member \$89.61 Mbr/spouse \$116.73 Family Rates through 12/31/25	No monthly premium Discounted fee paid by retiree to dentist

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