





**CSEA EMPLOYEE BENEFIT FUND  
COMPARISON OF RETIREE DENTAL PLANS  
JULY 2024**

SOURCE	<p align="center">CSEA EBF NYS - COBRA 800-323-2732</p> 	<p align="center">CSEA EBF Retiree Dental Plan 800-323-2732</p> 	<p align="center">EMBLEM HEALTH Preferred Premier Plan 800-947-0101</p> 	<p align="center">* PEARL INSURANCE Choice 1 CIGNA 877-847-2732</p> 	<p align="center">* PEARL INSURANCE Choice 2 MetLife 877-847-2732</p> 	<p align="center">* CSEA Retiree Reduced Fee Dental Program 800-342-4146</p> 
Plan Type	<p>Fee schedule</p> <p>Participating provider list available.</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p>Fee Schedule</p> <p>Participating Provider list available</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p>Fee schedule</p> <p>In-network dentists accept fees in full for preventive and diagnostic services.</p> <p>20% Co-pay applies for Major Services in network.</p>	<p>Dental Health Maintenance Organization</p> <p>Must use network dentist</p>	<p>Reimbursement based on percentage of dr. charges</p> <p>Network providers accept reduced fee for services.</p> <p>Non- network dentist's fee may be higher when going outside of provider panel.</p>	<p align="center">Reduced Fee Discount</p>
Waiting Period	None	None	None	None	12 months for major work	None
Deductible	None	None	\$25.00	None	\$50 per person c/y \$150 family max per c/ y	None
Annual Maximum	\$3000	\$2000	\$1800	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	Not Covered	MAJOR SERVICE	Not Covered
<p>Co-payments*</p> <p>Member Responsibility</p>	<p>Par providers- no out of pocket for covered services. *Implants exempt</p> <p>Non-participating dentist: Member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>Par providers - no out of pocket for covered services. *Allowance only. Member responsible for balance.</p> <p>Non-participating dentists: member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>20% for Major Services: oral surgery, prosthetics endodontia</p> <p>Non- network dentists can balance bill for charges over Preferred Premier schedule of allowances</p> <p>50% orthodontia at a network provider</p>	<p>Preventive/diagnostic services covered in full.</p> <p>All other categories of service require pre-set copayments.</p> <p>CIGNA nationwide plan</p>	<p>In network of PDF FEE: Preventive: 100% R&amp;C Basic : 80% R&amp;C * Major : 50% R&amp;C * *Deductible applies Out of Network: Preventive: 100% R&amp;C Basic : 80% R&amp;C * Major : 50% R&amp;C *</p>	<p>Retiree pays amount listed in fee schedule to provider.</p> <p>Treatments not listed should be discussed with dentist PRIOR to treatment.</p>
Monthly Premium	<p>\$111.19 Per month Includes Vision and Rx co-pay.</p> <p>Rates through 3/31/25</p>	<p>\$ 64.00 Individual \$130.00 Mbr +1 \$167.00 Family</p> <p>Rates effective through 6/30/25</p>	<p>\$37.69 Individual \$70.95 Mbr +1 \$105.19 Family</p> <p>Rates through 12/31/24</p>	<p>\$30.99 Member \$58.25 Mbr +1 \$101.64 Family</p> <p>Rates through 12/31/24</p>	<p>\$ 46.78 Member \$ 86.16 Mbr/spouse \$112.24 Family</p> <p>Rates through 12/31/24</p>	<p>No monthly premium Discounted fee paid by retiree to dentist</p>

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