

**CSEA EMPLOYEE BENEFIT FUND  
COMPARISON OF RETIREE DENTAL PLANS  
APRIL 2020**

SOURCE	CSEA EBF NYS - COBRA 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	EMBLEM HEALTH Preferred Plan 800-947-0101	* PEARL INSURANCE Choice 1 CIGNA 877-847-2732	* PEARL INSURANCE Choice 2 MetLife 877-847-2732	* CSEA Reduced Fee Program 800-342-4146
<b>Plan Type</b>	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.	Fee schedule  In-network dentists accept fees in full for preventive and diagnostic services.  20% Co-pay applies for Major Services in network.	Dental Health Maintenance Organization  Must use network dentist	Reimbursement based 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
<b>Waiting Period</b>	None	None	None	None	12 months for major work	None
<b>Deductible</b>	None	None	\$25.00	None	\$50 per person c/y \$150 family max per c/ y	None
<b>Annual Maximum</b>	\$3000	\$2000	\$1800	None	\$1500 per person based on calendar year	None
<b>Dental Implants</b>	\$1000 per tooth 2 per calendar year	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Co-payments*</b>  <b>Member Responsibility</b>	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.  Non-participating dentists : member is responsible for dentist's charges minus the allowance listed in the fee schedule.	20% for Major Services: oral surgery, prosthetics endodontia  Non- network dentists can balance bill for charges over preferred schedule of allowances  50% orthodontia at a network provider	Preventive/diagnostic services covered in full.  All other categories of service require pre-set copayments.  CIGNA nationwide plan	In network of PDF FEE: Preventive: 100% Basic : 80% Major : 50%  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.
<b>Monthly Premium</b>	\$104.73 Per month Includes Vision and Rx co-pay.  Rates effective through 3/31/21	\$ 53.50 Individual \$107.00 Mbr +1 \$139.00 Family  Rates effective through 6/30/20	\$37.41 Individual \$70.42 Mbr +1 \$104.41 Family  Rates through 12/31/20	\$30.99 Member \$58.25 Mbr +1 \$101.64 Family  Rates through 12/31/20	\$ 46.78 Member \$ 86.16 Mbr/spouse \$112.24 Family  Rates through 12/31/20	No monthly premium Discounted fee paid by retiree to dentist

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