CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
2025

SOURCE	CSEA EBF NYS - COBRA 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	* PEARL INSURANCE Choice 1 877-847-2732	* PEARL INSURANCE Choice 2 877-847-2732	* 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.	Dental Health Maintenance Organization Must use network dentist Underwritten by MetLife	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. Underwritten by MetLife	Reduced Fee Discount
Waiting Period	None	None	None	12 months for major work	None
Deductible	None	None	None	$50 per person c/y $150 family max per c/ y	None
Annual Maximum	$3000	$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	MAJOR SERVICE	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 dentists: member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Preventive/diagnostic services covered in full. All other categories of service require pre-set copayments. Underwritten by MetLife	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 * Underwritten by MetLife	Retiree pays amount listed in fee schedule to provider. Treatments not listed should be discussed with dentist PRIOR to treatment.
Monthly Premium	$114.58 Per month Includes Vision and Rx co-pay. Rates through 3/31/26	$64.00 Individual $130.00 Mbr +1 $167.00 Family Rates through 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 Member Solutions Center at CSEA HQ to request an application - 800-342-4146**