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

SOURCE	CSEA EBF NYS - COBRA 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732
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.
Waiting Period	None	None
Deductible	None	None
Annual Maximum	$3000	$2500
Dental Implants	$1000 per tooth 2 per calendar year	$750 per tooth* 2 per calendar year
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.
Monthly Premium	$114.58 Per month Includes Vision and Rx co-pay. Rates through 3/31/26	$66.00 Individual $134.00 Mbr +1 $172.00 Family Rates through 6/30/27

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