

**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
JANUARY 2019**

SOURCE	CSEA EBF STATE - 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
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.	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
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	\$2850	\$1800	\$1800	None	\$1,500 per person based on calendar year	None
Dental Implants	\$1000 per tooth 2 per calendar year	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Co-payments	Par providers- no out of pocket for covered services.	Par providers - no out of pocket for covered services.	20% for Major Services: oral surgery, prosthetics endodontia	Preventive/diagnostic services covered in full.	In network of PDF FEE: Preventive: 100% Basic : 80% Major : 50%	Retiree pays amount listed in fee schedule to provider.
Member Responsibility	Non-participating dentist : Member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Non-participating dentists : member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Non- network dentists can balance bill for charges over preferred schedule of allowances 50% orthodontia at a network provider	All other categories of service require pre-set copayments. CIGNA nationwide plan	Out of Network: Preventive: 100% R&C Basic : 80% R&C Major : 50% R&C	Treatments not listed should be discussed with dentist PRIOR to treatment.
Monthly Premium	\$96.90 Per month Includes Vision and Rx co-pay. Rates effective through 3/31/19	\$ 53.50 Individual \$107.00 Mbr +1 \$139.00 Family Rates effective through 6/30/19	\$37.41 Individual \$70.42 Mbr +1 \$104.41 Family Rates through 12/31/19	\$30.99 Member \$58.25 Mbr +1 \$101.64 Family Rates through 12/31/19	\$ 46.78 Member \$ 86.16 Mbr/spouse \$112.24 Family Rates through 12/31/19	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**