

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

SOURCE	CSEA EBF COBRA NYS Liquidation Bureau 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  Underwritten by CIGNA	Reimbursement based on % of Dr. charges  Network providers accept reduced fee for services.  Non- network fee may be higher when using outside provider .	Reduced  Fee  Discount
Waiting Period	None	None	None	None	12 months for major work	None
Deductible	None	None	\$25.00	None	\$50 per person \$150 family max per c/ y	None
Annual Maximum	\$3000	\$2000	\$1800	None	\$1500 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  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.  Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	20% for Major Services: oral surgery, prosthetics endodontia  50% Orthodontia at a network provider  Non- network dentists can balance bill for charges over fee schedule	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
Monthly Premium	\$ 116.45 per month Dental  Rate through 3/30/21	\$ 53.50 Individual \$107.00 Mbr +1 \$139.00 Family Rates effective thru 6/30/20	\$37.41 Individual \$70.42 Mbr/spouse \$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 +1 \$112.24 Family Rates through 12/31/20	No monthly premium Discounted fee paid by retiree to dentist

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