

**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
2025**

SOURCE	<p align="center">CSEA EBF COBRA NYS Liquidation Bureau 1-800-323-2732</p> 	<p align="center">CSEA EBF Retiree Dental Plan 800-323-2732</p> 	<p align="center">* PEARL INSURANCE Choice 1 877-847-2732</p> 	<p align="center">* PEARL INSURANCE Choice 2 877-847-2732</p> 	<p align="center">* CSEA Retiree Reduced Fee Dental Program 800-342-4146</p> 
Plan Type	<p>Fee schedule</p> <p>Participating provider list available.</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p>Fee schedule</p> <p>Participating provider list available.</p> <p>May use non-participating dentist. Reimbursement based on fee schedule for covered services.</p>	<p>Dental Health Maintenance Organization</p> <p>Must use network dentist</p> <p>Underwritten by MetLife</p>	<p>Reimbursement based on percentage of Dr. charges</p> <p>Network providers accept reduced fee for services.</p> <p>Non- network fee may be higher when using outside provider .</p> <p>Underwritten by MetLife</p>	<p>Reduced</p> <p>Fee</p> <p>Discount</p>
Waiting Period	None	None	None	12 months for major work	None
Deductible	None	None	None	\$50 per person \$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
<p>Co-payments</p> <p>Member Responsibility</p>	<p>Par providers- no out of pocket for covered services. Implants Exempt</p> <p>Non-participating dentist - Member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>Par providers - no out of pocket for covered services.</p> <p>*Allowance only. Member responsible for balance.</p> <p>Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.</p>	<p>Preventive/diagnostic services covered in full.</p> <p>All other categories of service require pre-set copayments.</p>	<p>In network of PDF FEE:</p> <p>Preventive :: 100% R&C Basic : 80% R&C * Major : 50% R&C * *Deductible applies</p> <p>Out of Network:</p> <p>Preventive: 100% R&C Basic : 80% R&C * Major : 50% R&C *</p>	<p>Retiree pays amount listed in fee schedule to provider.</p> <p>Treatments not listed should be discussed with dentist PRIOR to treatment</p>
Monthly Premium	<p>\$167.28 per month</p> <p>Includes dental, vision and RX Copay reimbursement benefits.</p> <p>Rate through 3/31/26</p>	<p>\$64.00 Individual \$130.00 Mbr +1 \$167.00 Family</p> <p>Rates effective thru 6/30/26</p>	<p>\$30.99 Member \$58.25 Mbr +1 \$101.64 Family</p> <p>Rates through 12/31/25</p>	<p>\$48.65 Member \$89.61 Mbr +1 \$116.73 Family</p> <p>Rates through 12/31/25</p>	<p>No monthly premium</p> <p>Discounted fee paid by retiree to dentist</p>

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