







**CSEA EMPLOYEE BENEFIT FUND  
COMPARISON OF RETIREE DENTAL PLANS  
JULY 2023**

SOURCE	CSEA EBF COBRA NYS Liquidation Bureau 1-800-323-2732 	CSEA EBF Retiree Dental Plan 800-323-2732 	EMBLEM HEALTH Preferred Premier Plan 800-947-0101 	* PEARL INSURANCE Choice 1 CIGNA 877-847-2732 	* PEARL INSURANCE Choice 2 MetLife 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.	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	\$2000 per person based on calendar year	None
Dental Implants	\$1000 per tooth 2 per calendar year	\$500 per tooth* 2 per calendar year	Not Covered	Not Covered	MAJOR SERVICE	Not Covered
Co-payments	Par providers- no out of pocket for covered services. Implants Exempt	Par providers - no out of pocket for covered services.	20% for Major Services: oral surgery, prosthetics endodontia  50% Orthodontia at a network provider	Preventive/diagnostic services covered in full.  All other categories of service require pre-set copayments.	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 *	Retiree pays amount listed in fee schedule to provider.  Treatments not listed should be discussed with dentist PRIOR to treatment
Member Responsibility	Non-participating dentist - Member is responsible for dentist's charges minus the allowance listed in the fee schedule.	*Allowance only. Member responsible for balance.  Non-participating dentist - 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 Premier fee schedule	CIGNA nationwide plan		
Monthly Premium	\$ 167.28 per month Includes dental, vision and RX Copay reimbursement benefits. Rate through 3/30/25	\$ 64.00 Individual \$130.00 Mbr +1 \$167.00 Family Rates effective thru 6/30/25	\$37.69 Individual \$70.95 Mbr/spouse \$105.19 Family Rates through 12/31/24	\$30.99 Member \$58.25 Mbr +1 \$101.64 Family Rates through 12/31/24	\$46.78 Member \$86.16 Mbr +1 \$112.24 Family Rates through 12/31/24	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**