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

SOURCE	CSEA EBF COBRA NYS Liquidation Bureau 1-800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	* 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.	Reduced Fee Discount
Waiting Period	None	None	None
Deductible	None	None	None
Annual Maximum	$3000	$2500	None
Dental Implants	$1200 per tooth* 2 per calendar year	$750 per tooth* 2 per calendar year	Not Covered
Co-payments Member Responsibility	Par providers- no out of pocket for covered services. *Implants exempt. Allowance only. Member responsible for balance. 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. *Implants exempt. Allowance only. Member responsible for balance. Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Retiree pays amount listed in fee schedule to provider. Treatments not listed should be discussed with dentist PRIOR to treatment
Monthly Premium	$167.28 per month Includes dental, vision and RX Copay reimbursement benefits. Rate through 3/31/27	$66.00 Individual $134.00 Member + one dependent $172.00 Family Rates effective thru 6/30/27	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**