CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS 2025

	CSEA EBF	CSEA EBF	* PEARL INSURANCE	* PEARL INSURANCE	*CSEA
	MEMBER PLUS - COBRA	Retiree Dental Plan	Choice 1 CIGNA	Choice 2 MetLife	Retiree Reduced Fee
SOURCE	800-323-2732	800-323-2732	877-847-2732	877-847-2732	Dental Program
	CSEA NEW YOAK Employee Benefit Fund	CSEA NEW YORK Employee Benefit Fund	P PEARL* INSURANCE	PEARL* INSURANCE	800-342-4146 CSEA NEW YORK
Plan Type	Fee schedule	Fee schedule	Dental Health Maintenance	Reimbursement based on	
	5 41 4 11 11 4	5	Organization	percentage of Dr. charges	Reduced
	Participating provider list available.	Participating provider list available.	Must use network dentist	Network providers accept	Fee
	available.	available.	must use network dentist	reduced fee for services.	
	May use non-participating	May use non-participating	Underwritten by MetLife	10000001001010001	Discount
	dentist. Reimbursement	dentist. Reimbursement	-	Non- network dentist's fee	
	based on fee schedule for	based on fee schedule for		may be higher when going	
	covered services.	covered services.		outside of provider panel.	
				Underwritten by MetLife	
Waiting Period	None	None	None	12 months for major work	None
Deductible	None	None	None	\$50 per person	None
	*****	40-00	A4000	\$150 family max per c/ y	
Annual Maximum	\$2000	\$2500	\$1200 per person based on	\$2000 per person based on	None
Dental Implants	\$500 per tooth *	\$750 per tooth*	a calendar year Not Covered	calendar year Major Service	Not Covered
Dental implants	2 per calendar year	2 per calendar year	Not obvered	major ocivioc	Not Govered
Co-payments	Par providers- no out of	Par providers - no out of	Preventive/diagnostic	In network of PDF FEE:	Retiree pays amount listed in
	pocket for covered	pocket for covered	services covered in full.	Preventive: 100% R&C	fee schedule to provider.
Member Responsibility	services. Implants exempt	services. Implants exempt	All other service categories	Basic : 80% R&C * Major : 50% R&C *	Treatments not listed should
wellber Responsibility	Non-participating dentist -	Non-participating -	require fixed copayments.	Major : 50% R&C * *Deductible applies	be discussed with dentist
	Member is responsible for	member is responsible for	Toquiro fixou oopuyiiiontoi	Out of Network:	PRIOR to treatment.
	dentist's charges minus	dentist's charges minus			
	the allowance listed in the	the allowance listed in the		Preventive: 100% R&C	
	fee schedule.	fee schedule.		Basic : 80% R&C* Major : 50% R&C*	
Monthly Premium	\$55.19 Individual	\$64.00 Individual	\$30.99 Member	\$48.65 Member	No monthly premium
	\$104.39 Person	\$130.00 Mbr +1	\$58.25 Mbr + 1	\$89.61 Mbr/spouse	Discounted fee paid by
	\$167.01 Family	\$167.00 Family	\$101.64 Family	\$116.73 Family	retiree to dentist
	Rates effective thru 6/30/26	Rates effective thru 6/30/26	Rates through 12/31/25	Rates through 12/31/25	

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