## CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS

2025

SOURCE	CSEA EBF DUTCHESS - COBRA 800-323-2732 CSEA Employee Benefit Fund	CSEA EBF Retiree Dental Plan 800-323-2732 CSEA Employee Benefit Fund	*PEARL INSURANCE Choice 1 Plan - CIGNA 877-847-2732 PEARL* INSURANCE	*PEARL INSURANCE Choice 2 Plan- METLIFE 877-847-2732 PEARL* INSURANCE	* CSEA Retiree Reduced Fee Dental Program 800-342-4146 CSEA
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.	Dental Health Maintenance Organization Must use network dentist Underwritten by MetLife	Reimbursement based on percentage of Dr. charges  Network providers accept reduced fee for services.  Non- network dentist's fee may be higher when going outside of provider panel.  Underwritten by Metlife	Reduced Fee Discount
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	\$3500	\$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
Co-payments  Member Responsibility	Par providers- no out of pocket for covered services Implants Exempt  Non-participating dentist -	Par providers - no out of pocket for covered services. *Allowance only. Member responsible for balance.	Preventive/diagnostic services covered in full.  All other categories of service require pre-set	In network of PDF FEE: Preventive: 100% R&C * Basic : 80% R&C * Major : 50% R&C * *Deductible Applies	Retiree pays amount listed in fee schedule to provider.  Treatments not listed
	Member is responsible for dentist's charges minus the allowance listed in the fee schedule.	Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	copayments.	Out of Network: Preventive: 100% R&C* Basic : 80% R&C* Major : 50% R&C*	should be discussed with dentist PRIOR to treatment.
Monthly Premium Split Rate	\$173.77 *includes 2% admin fee  Rates effective thru 6/30/26	\$64.00 Individual \$130.00 Mbr/spouse \$167.00 Family	\$30.99 Member \$58.25 Mbr + 1 \$101.64 Family	\$48.65 Member \$89.61 Mbr/spouse \$116.73 Family	No monthly premium Discounted fee paid by retiree to dentist
ı		Rates effective thru 6/30/26	Rates effective thru 12/31/25	Rates effective thru 12/31/25	

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