## CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS

## 2025

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SOURCE	CSEA EBF EQUINOX - COBRA 800-323-2732 CSEA	CSEA EBF Retiree Dental Plan 800-323-2732 CSEA	* PEARL INSURANCE Choice 1 Plan 877-847-2732	* PEARL INSURANCE Choice 2 Plan 877-847-2732	* CSEA Retiree Reduced Fee Dental Program 800-342-4146
	NEW YORK Employee Benefit Fund	NEW YORK Employee Benefit Fund	PEARL* INSURANCE	PEARL* INSURANCE	CSEA
Plan Type	Fee schedule  Participating provider list	Fee schedule  Participating provider list	Dental Health Maintenance Organization (DHMO)	Reimbursement on percentage of Dr. charges	REDUCED
	available.	available.	Must use network dentist	Network providers accept reduced fee for services.	FEE
	May use non-participating dentist. Reimbursement based on fee schedule for covered services.	May use non-participating dentist. Reimbursement based on fee schedule for covered services.	Underwritten by MetLife	Non- network dentist's fee may be higher when going outside of provider panel. Underwritten by MetLife	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	\$3210	\$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 Beananaihility	Par providers- no out of pocket for covered services Implants Exempt	Par providers - no out of pocket for covered services. Implants Exempt	Preventive/diagnostic services covered in full.	In network of PDF FEE: Preventive: 100% R&C Basic: 80% R&C * Major: 50% R&C *	Retiree pays amount listed in fee schedule to provider.
Member Responsibility	Non-participating dentist - 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.	All other categories of service require fixed copayments.	*Deductible applies Out of Network: Preventive: 100% R&C Basic : 80% R&C* Major : 50% R&C*	Treatments not listed should be discussed with dentist PRIOR to treatment.
Monthly Premium	Composite Rate \$168.78 *includes 2% admin fee  Rates effective thru 06/30/26	\$64.00 Individual \$130.00 Mbr/spouse \$167.00 Family Rates effective thru 6/30/26	\$30.99 Member \$58.25 Mbr + 1 \$101.64 Family Rates thru 12/31/25	\$48.65 Member \$89.61 Mbr+1 \$116.73 Family Rates thru 12/31/25	No monthly premium Discounted fee paid by retiree to dentist
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<sup>\*</sup>Retiree Membership required. Contact Member Solutions Center at CSEA HQ to request an application - 800-342-4146