## CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS 2025

	CSEA EBF NYS - COBRA	CSEA EBF Retiree Dental Plan	EMBLEM HEALTH Preferred Premier Plan	* PEARL INSURANCE	* PEARL INSURANCE	* CSEA Retiree Reduced Fee Dental
SOURCE	800-323-2732	800-323-2732		Choice 1 877-847-2732	Choice 2 877-847-2732	
SOURCE			800-947-0101			Program 800-342-4146
	CSEA	CSEA	Forth and to the	PEARL* INSURANCE	PEARL* INSURANCE	
	NEW YORK Employee Benefit Fund	NEW YORK Employee Benefit Fund	<b>Emblem</b> Health	MOUNTAILOE	Modification	CSEA
Plan Type	Fee schedule	Fee Schedule	Fee schedule	Dental Health	Reimbursement based on	
				Maintenance	percentage of Dr. charges	
	Participating provider list	Participating Provider	In-network dentists	Organization		Reduced
	available.	list available	accept fees in full for		Network providers accept	
			preventive and	Must use network dentist	reduced fee for services.	Fee
	May use non-participating	May use non-	diagnostic services.		Non- network dentist's fee	
	dentist. Reimbursement	participating dentist.		Underwritten by MetLife	may be higher when	Discount
	based on fee schedule for	Reimbursement based	20% Co-pay applies for		going outside of provider	
	covered services.	on fee schedule for	Major Services in		panel.	
		covered services.	network.		Underwritten by MetLife	
Waiting Period	None	None	None	None	12 months for major work	None
Deductible	None	None	\$25.00	None	\$50 per person c/y	None
					\$150 family max per c/ y	
Annual Maximum	\$3000	\$2500	\$1800	\$1200 per person based	\$2000 per person based	None
				on a calendar year	on calendar year	
Dental Implants	\$1000 per tooth	\$750 per tooth*	Not Covered	Not Covered	MAJOR SERVICE	Not Covered
·	2 per calendar year	2 per calendar year				
Co-payments*	Par providers- no out of	Par providers - no out of	20% for Major Services:	Preventive/diagnostic	In network of PDF FEE:	Retiree pays amount
	pocket for covered	pocket for covered	oral surgery,	services covered in full.	Preventive: 100% R&C	listed in fee schedule
	services. *Implants	services.	prosthetics		Basic : 80% R&C *	to provider.
Member Responsibility	exempt	*Allowance only.	endodontia	All other categories of	Major : 50% R&C *	
		Member responsible for		service require pre-set	*Deductible applies	Treatments not listed
	Non-participating dentist:	balance.	Non- network dentists	copayments.	Out of Network:	should be discussed
	Member is responsible for		can balance bill for		Preventive: 100% R&C	with dentist PRIOR to
	dentist's charges minus	Non-participating	charges over Preferred	Underwritten by MetLife	Basic : 80% R&C *	treatment.
	the allowance listed in the	dentists: member is	Premier schedule of		Major : 50% R&C *	
	fee schedule.	responsible for dentist's	allowances		11 1 24 1 14 12	
		charges minus the	500/ (1 1 1 1		Underwritten by MetLife	
		allowance listed in the	50% orthodontia at a			
	444.50 5 4	fee schedule.	network provider	400.00 11	440.05 15 1	<u> </u>
Monthly Premium	\$114.58 Per month	\$64.00 Individual	\$40.26 Individual	\$30.99 Member	\$48.65 Member	No monthly premium
	Includes Vision and Rx	\$130.00 Mbr +1	\$75.80 Mbr +1	\$58.25 Mbr +1	\$89.61 Mbr/spouse	Discounted fee paid by retiree to
	co-pay.	\$167.00 Family	\$112.37 Family	\$101.64 Family	\$116.73 Family	dentist
	Datas through 3/34/35	Rates through 6/30/26	Rates through 12/31/25	Rates through 12/31/25	Rates through 12/31/25	
	Rates through 3/31/26					
		J	J	1	1	

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