

**CSEA EMPLOYEE BENEFIT FUND
COMPARISON OF RETIREE DENTAL PLANS
APRIL 2018**

SOURCE	CSEA EBF COBRA NYS Liquidation Bureau 800-323-2732	CSEA EBF Retiree Dental Plan 800-323-2732	EMBLEM HEALTH Preferred Plan 800-947-0101	* PEARL CARROLL Choice 1 Plan CIGNA 888-507-1368	* PEARL CARROLL Choice 2 Plan MetLife 888-507-1368	* CSEA Reduced Fee 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.	Fee schedule In-network dentists accept fees in full for preventive and diagnostic services. 20% Co-pays applies for Major Services in network.	Dental Health Maintenance Organization Must use network dentist Underwritten by CIGNA	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.	Reduced fee discount plan
Waiting Period	None	None	None	None	12 months for major work	None
Deductible	None	None	\$25.00	None	\$50 per person \$150 family max per c/ y	None
Annual Maximum Orthodontia	\$2850	\$1800	\$1800 \$1000 Lifetime *under 19	None	\$1500 per person based on calendar year	None
Co-payments Member Responsibility	Par providers- no out of pocket for covered services. 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. Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee schedule.	20% for Major Services: oral surgery, prosthetics endodontia 50% orthodontia at a network provider Non- network dentists can balance bill for charges over fee schedule	Preventive/diagnostic services covered in full. All other categories of service require pre-set copayments. CIGNA nationwide plan	In network of PDF FEE: Preventive: 100% Basic : 80% Major : 50% 12 MONTH WAITING PERIOD FOR MAJOR SERVICES Out of Network: Preventive: 100% R&C Basic : 80% R&C Major : 50% R&C	Retiree pays amount listed in fee schedule to provider. Treatments not listed should be discussed with dentist PRIOR to treatment.
Monthly Premium	\$ 104.53 per month Dental Rate effective through 3/30/19	\$ 53.50 Individual \$107.00 Mbr/spouse \$139.00 Family Rates effective thru 6/30/18	\$37.41 Individual \$70.42 Mbr/spouse \$104.41 Family Rates through 12/31/18	\$29.80 Member \$56.02 Mbr +1 \$97.74 Mbr+ch(ren) or Family Rates through 12/31/18	\$46.78 Member \$86.16 Mbr/spouse \$112.24 Family Rates through 12/31/18	No monthly premium Discounted fee paid by retiree to dentist

***Retiree Membership required. Contact Member Benefits Department at CSEA HQ to request an application - 800-342-4146**