CSEA EMPLOYEE BENEFIT FUND COMPARISON OF RETIREE DENTAL PLANS

2025

	CSEA EBF COBRA	CSEA EBF	EMBLEM HEALTH	* PEARL INSURANCE	* PEARL INSURANCE	* CSEA
SOURCE	NYS Liquidation Bureau 1-800-323-2732 CSEA Employee Benefit Fund	Retiree Dental Plan 800-323-2732 CSEA Employee Benefit Fund	Preferred Premier Plan 800-947-0101 EmblemHealth	Choice 1 877-847-2732 PEARL* INSURANCE	Choice 2 877-847-2732 PEARL* INSURANCE	Retiree Reduced Fee Dental Program 800-342-4146 CSEA
Plan Type	Fee schedule Participating provider list available.	Fee schedule Participating provider list available.	Fee schedule In-network dentists accept fees in full for	Dental Health Maintenance Organization	Reimbursement based on percentage of Dr. charges Network providers	Reduced
	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.	preventive and diagnostic services. 20% Co-pay applies for Major Services in network.	Must use network dentist Underwritten by MetLife	accept reduced fee for services. Non- network fee may be higher when using outside provider. Underwritten by MetLife	Fee Discount
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	\$3000	\$2500	\$1800	\$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	Not Covered	MAJOR SERVICE	Not Covered
Co-payments Member Responsibility	Par providers- no out of pocket for covered services. Implants Exempt 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. *Allowance only. Member responsible for balance. Non-participating dentist - member is responsible for dentist's charges minus the allowance listed in the fee	20% for Major Services: oral surgery, prosthetics endodontia 50% Orthodontia at a network provider Non- network dentists can balance bill for charges over Preferred Premier	Preventive/diagnostic services covered in full. All other categories of service require pre-set copayments.	In network of PDF FEE: Preventive :: 100% R&C Basic : 80% R&C * Major : 50% R&C * *Deductible applies 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	\$167.28 per month Includes dental, vision and RX Copay reimbursement benefits. Rate through 3/31/26	schedule. \$64.00 Individual \$130.00 Mbr +1 \$167.00 Family Rates effective thru 6/30/26	fee schedule \$40.26 Individual \$75.80 Mbr/spouse \$112.37 Family Rates through 12/31/25	\$30.99 Member \$58.25 Mbr +1 \$101.64 Family Rates through 12/31/25	\$48.65 Member \$89.61 Mbr +1 \$116.73 Family Rates through 12/31/25	No monthly premium Discounted fee paid by retiree to dentist

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