

Retiree Dental Insurance

[CSEA Member Insurance Programs](#) / [Products & Forms](#) / [Retiree Dental Insurance](#)

As you age, it becomes even more important to maintain good oral health. Neglecting your teeth and gums can contribute to major medical issues like heart disease and diabetes¹. CSEA-Sponsored Retiree Dental Insurance can help cover your dental expenses—so you can continue to lead a happy and healthy life.

Plan Details

Retirees may choose between two dental plans. Choice 1 is underwritten by Cigna Dental, and Choice 2 is underwritten by Metropolitan Life Insurance Company. Spouse and dependent coverage is available with both plans.

Choice 1

Choice 1 is a dental HMO that lets you choose a provider from Cigna's network of over 30,000 dentists and specialists. With this plan, you'll receive routine preventive services (exams, x-rays, and cleanings) at no charge. You'll have no waiting periods, no deductibles, and no annual or lifetime maximums.

Monthly Rates

Member	\$30.99
Member +1 (spouse or child)	\$58.25
Family (Member, Spouse & Children)	\$101.64

[Choice 1 Cigna Dental Patient Charge Schedule](#)

[Click here](#) to find a Choice 1 Cigna participating dentist or call [1.800.367.1037](tel:18003671037), select Automated Menu Option #3 "Find a Dentist" to verify they are accepting new patients in the Cigna HMO plan.

Choice 2 - MetLife Dental

Choice 2 is a more traditional plan that lets you pick either a network or a non-network dentist. With this option, there is no deductible for routine preventive services (exams, x-rays, and cleanings) and you get the freedom to choose any dentist you want².

Monthly Rates

Member	\$46.78
Member +1 (Spouse or Child)	\$86.16
Family (Member, Spouse & Children)	\$112.24

[Click here](#) to find a participating dentist near you.

Learn More

Call and speak to a CSEA Insurance Representative today at:

[877-VIP-CSEA \(847-2732\)](tel:877-VIP-CSEA)

Applications & Brochures

Applications

[Choice 1 CIGNA Application](#)

[Choice 2 MetLife Application](#)

Brochures

[CIGNA Option Brochure](#)

[MetLife Option Brochure](#)

Claim Form

[MetLife Dental Claim Form](#)

Certificates/Riders

[MetLife Certificate Rider for Group Policy TS 05050023-G](#)

To complete an application, please complete it in full, and send it to:

Pearl Insurance
13 Airline Drive
Albany, NY 12205

Please refer to the [brochure](#) to view Plan Details, a List of Covered Services, Exclusions and Limitations.

What's the Difference?

Choice 1 has a lower monthly rate and no deductibles, but you are limited to the dentists available in Cigna's preferred network. You cannot go out of network.

Choice 2 has a higher monthly rate and a \$50 annual deductible per person up to a maximum of \$150 per family per calendar year, but you get to choose any dentist you want. You can save money by choosing an in-network dentist.² There is a \$1,500 annual maximum per person.

Based on internal analysis by MetLife, savings from enrolling in a dental plan will depend on various factors, including how often participants visit the dentist and the costs for services received.

¹"What conditions may be linked to oral health?" Mayo Clinic. 4 June 2019.

²Your out-of-network cost may be greater when you visit a dentist who does not participate in the MetLife Network. Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors including the cost of the plan, how often participants visit the dentist and the costs of services rendered.

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CSEA Group Insurance Program Administrator
13 Airline Dr.
Albany, NY 12205

ph. 800.697.2732
fx. 518.640.8108

#1822099

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A Dental HMO

CHOICE

1

CHOICE 1 is a Dental HMO that lets YOU pick a network dentist who provides you with most routine preventive services at no charge to you (exams, x-rays, and cleanings).

- Available to members, spouse/ domestic partner, & dependent children.
- The network general dentist you choose will manage your overall dental care.
- No charges for most preventive services.
- No waiting period, deductibles, or annual dollar maximums.

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INSURANCE

CSEA


Cigna.

*CSEA Membership is required to enroll
and continue this insurance.*

A Dental HMO

CHOICE 1 is a Dental HMO that lets you pick a network dentist and there are no charges for most preventive services. The fees you pay your dentist are clearly listed on your Patient Charge Schedule (PCS). With CHOICE 1, you have no waiting periods, deductibles, or annual dollar maximums.

Affordable Dental Care

Cigna Dental has experience in knowing what's important to you and your family.

- eligible dependents include spouse and unmarried children from birth through age 18 (or age 25, full-time students) and where permitted by law, your domestic partner. To qualify as domestic partners, the member and partner must be registered as domestic partners or members of a civil union or submit domestic partner declaration to the policyholder.

CSEA Retiree Dental Care Program CHOICE 1 is a managed dental health program that offers you significant savings over traditional dental plans. The plan consists of a network of participating dentists who focus on the preventive aspects of dental care.

The plan offers low out-of-pocket costs while providing access to economical care. **There are no annual dollar maximums and no claim forms to fill out.**

Choice of Dentist

If you have a family, you already know that the same dentist may not be the right choice for everyone. That's why CHOICE 1 (DHMO) lets each enrolled family member choose a dentist. You can select the right dentist for your needs, one with whom you feel confident and comfortable.

Other Dental Services

If you or a family member should need more extensive work, CHOICE 1 offers affordable prices. For example, for a typical comprehensive orthodontic case, you could save more than \$2,500 when compared with national average charges.

If you need to see a network dental specialist, your network general dentist will handle the referral paperwork for you. Prior authorization may be required for certain types of specialty care. Referrals are required for all network specialists *except* orthodontists (if your plan includes orthodontic benefits) and pediatric dentists. The copays on your PCS also apply to covered network specialist care.

Quality Management

You can be confident that quality management is a high priority. Dentists who serve CSEA's CHOICE 1 (DHMO) members are independent professionals who have met Cigna Dental's quality program criteria. Each network dentist has been evaluated for:

Professional Credentials - All network dentists have been verified with state dental boards as in good standing and properly licensed.

Compliance with Government Health Standards - Network dental offices are visited periodically to verify that they are complying with Cigna's standards for sterilizing and storing instruments. Radiation equipment and facilities are also checked for compliance with state and federal safety regulations.

Preventive Care at No Charge to You

- Examinations
- Routine Cleanings
- Fluoride application up to age 19
- X-rays

More complex procedures will require a preset co-payment. *Please see the Patient Charge Schedule for details and any limitations*

CSEA Membership is required to enroll and continue this insurance.

Effective Date: Benefits under this Dental program become effective the first of the following month after receipt of the initial premium, if the enrollment form and payment are received by the fifteenth of the month. Enrollment forms received after the fifteenth will become effective on the first of the subsequent month. Incomplete enrollment forms, or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. **Do not cancel any other insurance or assume you are insured under the Plan until you receive written confirmation from Pearl Insurance.**

CHOICE 1 (DHMO) gives you most routine preventive services at no charge and a minimal co-pay for more complex ones. If you would like more information about CHOICE 1, or you would like to enroll, please call Pearl Insurance TOLL-FREE at **1-888-507-1368** and one of our helpful customer service representatives will be happy to assist you.

Find the Provider Nearest You

The Cigna DHMO network is one of the largest in the country (more than 69,000 dentist locations) – strongest in large metropolitan areas. 98.3% of our customers in U.S. cities are located within 10 miles of two network dental offices.

To find the provider nearest you, simply call Cigna Dental's toll-free Member Services number 1-800-367-1037. Or, get on the INTERNET, www.cigna.com/dental

To use the Automated Dental Office Locator call 1-800-367-1037 to find the provider nearest you.



Sponsored by:



Administered by:



13 AIRLINE DRIVE • ALBANY, NY 12205
1-888-507-1368

CHOICE 1 Plan is Offered by:

Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.



GO YOU[®]

The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.

**Minnesota Residents: When enrolling in a DHMO plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Service for more information.

**Oklahoma Residents: DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Service for more information.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

"Cigna," the "Tree of Life" logo, "GO YOU" and "Cigna Dental Care" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental Care (DHMO) plans are underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are underwritten by CGLIC, CHLIC, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc. In Illinois, the Cigna Dental Care plan is considered a prepaid dental plan. All models are used for illustrative purposes only. DHMO coverage is set forth on the following form numbers: CO, DE, FL, KS, NE, OH, PA, and VA: PB09; AR: HP-POL120; CA: CAPB09; CT: PB09CT; IL: CG-CDC-ILL-POLICY; LA: HP-POL118; MA: HP-POL134; MI: HP-POL179; MO: PB09MO; MS: HP-POL117; NC: PB08 (PB09 pending); NV: HP-POL132; NY: HP-POL130; OK: GM6000 DEN201V1 (CGLIC), HP-POL115 (CHLIC); OR: HP-POL121 04-10; SC: HP-POL128; TN: HP-POL134; TX: PB09TX; UT: HP-POL129; WA: WAPOL05/11; and WI: HP-POL122; et al.



Retiree Dental Choice 1 Enrollment Application

Agent #: _____

For Office Use Only

Type of Enrollment:

 New Change Reinstatement

Effective Date: _____

Retirement Date: _____

Complete this section to apply for Member coverage

Name: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number _____

Date of Birth: _____ Social Security #: _____

Complete this section to add Spouse and/or Dependent coverage

Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: Male Female Date of Birth: _____ Social Security #: _____

Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: Male Female Date of Birth: _____ Social Security #: _____

Complete this section for All persons to be covered

Insured name	Dental Office Selection (6 digit code found on provider list)	
	Primary Selection	Secondary Selection

Sign and Date

I accept the coverage/insurance benefits provided by this group dental plan and authorize the processing of my enrollment in the dental coverage as indicated on this form.

I authorize payment of dental benefits to the provider of dental care.

I authorize any participating dental office to release dental records and billing information concerning me or my dependents to CIGNA Dental Health and Connecticut General Life Insurance Company for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize CIGNA Health and Connecticut General Life Insurance Company to release any records or information concerning me or my dependents to its designee, for purposes of plan administration and customer service.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. CIGNA Dental Health and Connecticut General Life Insurance Company do not require tests in any state as a condition of obtaining dental coverage.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud. (In Florida, this is a felony of the third degree).

I am a CSEA Retiree Member and hereby enroll in the CSEA Retiree Dental Choice 1 Program. I have read and accept the provisions above.

Signature: _____ Date: _____

Sign Here to Apply for CHOICE ONE

Must turn over to select payment method



Voluntary Dental Program

Choice 1

Call 1.800.367.1037

Select Automated Menu Option #3

Find a dentist, verify they are accepting new patients,
and that they take the Cigna HMO plan.

www.cigna.com/web/public/hcpdirectory

CHOICE 1 MONTHLY RATES *All States*

Rates effective through December 31st, 2020

Member: \$30.99

Member + 1 (spouse or child): \$58.25

Family: \$101.64

CHOICE 1 Down Payment Amounts for EFT or Pension Deduction

Member: \$61.98

Member + 1 (spouse or child): \$116.50

Family: \$203.28

CHOICE 1 Down Payment Amounts for Direct Bill

Quarterly: Submit 3 months premium

Semi-Annual: Submit 6 months premium

Annual: Submit 12 months premium

CSEA Retiree Payment Options

You have 3 easy payment options as described below. Please note that to begin coverage, and with all payment options, **we first require a payment with your signed and dated application(s)**. Specific payment requirements for each payment option are listed below.

OPTION 1: Electronic Funds Transfer (EFT)

With Electronic Funds Transfer (EFT), you authorize your bank or financial institution to automatically deduct your monthly insurance premiums from your checking account. Paying your premiums by EFT is easy and convenient...save time writing checks and the postage cost to mail them...and there's no extra fee for installment payments!

Automatic withdrawals

- All withdrawals authorized will appear on your bank statement as "Pearl Insurance."
- Withdrawals will be taken on the first business day of the month.
- If your account does not have enough money, your bank may charge you for insufficient funds when we try to withdraw your payment. We will try to withdraw the money up to two times. If we are unsuccessful, we will notify you by mail of the missed payment and you may risk cancellation of the payment plan.
- If you cancel your policy before the current month's withdrawal date, we will notify you by mail of any balance due.

PAYMENT REQUIREMENT: First 2 months premium for initial payment

OPTION 2: Direct Bill Sent to Your Home

You may opt to have a bill sent to your home based on the billing cycle you choose: Quarterly, Semi-Annually or Annually.

PAYMENT REQUIREMENT: Your initial premium payment will depend on the billing cycle you choose.

- For quarterly billing, please include 3 months premium.
- For semi-annual billing, please include 6 months premium.
- For annual billing, please include 12 months premium.

OPTION 3: Pension Deduction

You may opt to have your payments deducted from your New York State pension. **Please note that if you are a new retiree not yet receiving a pension, you will be placed on direct bill for the first 5 months until pension deductions can begin.**

PAYMENT REQUIREMENT: First 2 months premium for initial payment

Effective Date Rules:

Application received before 15th of month, Effective date is the 1st of following month.

Application received after 15th of month, Effective date is the 1st of the consecutive month.

Insured's Name (First, MI, Last Name)

Home Address (Street, City, State, Zip)

Daytime Phone Email Address

OPTION 1: Electronic Funds Transfer (EFT) If you choose to have your monthly premium deducted from your bank account, please complete below with your banking information and **include a check for your initial premium payment** - made payable to Pearl Insurance.

Bank Routing Number Bank Account Number

Bank Name Bank Account Owner's Name
(if different than Policyholder)

AUTHORIZATION & SIGNATURE: I certify that I am the owner and/or authorized signer for this bank account, and I authorize Pearl Insurance NY ("Pearl Insurance") to make electronic debit entries for payment of insurance premiums for my policy(ies) from this account. The entries shall constitute my receipt for the transactions(s). I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I recognize that this authorization allows Pearl Insurance to adjust my scheduled deductions to reflect any premium changes. I understand that it is my responsibility to make sure that there are sufficient funds in this account at the monthly withdrawal date. I also understand that the policy(ies) may cancel or expire if there are insufficient funds in the account, pursuant to the terms of the policy(ies). This authorization is to remain in effect until Pearl Insurance receives written notification of its termination and has sufficient time to act on it.

Bank Account Owner's Signature Date

Option 2: Direct Bill If you choose to have your bill sent to your home, please select your billing cycle and **include a check for your initial premium payment** - made payable to Pearl Insurance. **Your initial premium payment will depend on the billing cycle you choose.**

CHECK ONE: Quarterly Bill Semi-Annual Bill Annual Bill

Member Signature Date

Option 3: Pension Deduction If you choose to have your monthly premium deducted from your New York State Pension check, **please include a check for the first 2 months premium** - made payable to Pearl Insurance (your Pension Deductions will begin after the first 2 months) and sign the Pension Deduction Authorization below.

Pension Deduction Authorization: Pursuant to Section 110-c and 410c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Employees Retirement Systems in the amount necessary to cover membership dues and insurance on my behalf to CSEA, Local 1000, AFSCME, AFL-CIO. Authorization is also given to make any changes the Union certifies to the Retirement System as necessary in the amount of such dues and insurances. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$3.00 for payment of dues, or any amount as may be certified to you by the Union as my dues and or insurance. I understand that CSEA, Local 1000, AFSCME, AFL-CIO is my agent and all request to begin, modify, or revoke deductions must be submitted through the Union. This authorization shall remain in effect until revoked by me by written notice through the Union or until otherwise revoked pursuant to law.

Pensioner Signature Date

Retirement Number (Required number printed on pension check) Pensioner SSN#

Choice 2

A More Traditional Dental Benefit Plan For Retired CSEA Members

MetLife

- **Help Protect** — yourself and your family from the rising costs of dental expenses by providing coverage for preventive, basic and major services that help ensure good oral health long-term.
- **Choose** — any dentist you want.¹
- **Save** — on out-of-pocket expenses by receiving services from participating dentists, including more than 92,000 specialist access points nationwide.² Participating dentists have agreed to accept negotiated fees as payment in full for services provided to plan participants. Fees typically range from 30-45% less than the average fees charged by out-of-network dentists in the same geographical area for the same or similar services.³

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*CSEA Membership is required
to enroll and continue this insurance.*



Choice 2

A MORE TRADITIONAL DENTAL BENEFIT PLAN

Choice 2, underwritten by Metropolitan Life Insurance Company, offers a more traditional dental benefit plan that lets YOU select either an in-network or out-of-network dentist. With Choice 2, participating MetLife dentists agree to accept negotiated fees as payment in-full for services they provide to plan participants. The fee typically ranges from 30% to 45% less than average fees charged by dentists in the same geographical area for the same or similar services.³ Services by non-participating dentists are reimbursed at a percent of the fee schedule based on the service type. Preventive services are important to maintaining good dental health over the long term. That's why Choice 2 provides first-day coverage for Preventive services, such as routine oral exams (once every 6 months), bitewing X-rays (once every 12 months) and full mouth X-rays (once every 60 months).

WITH THAT IN MIND ... CHOOSE CHOICE 2 IF YOU PREFER ...

FREEDOM TO CHOOSE YOUR DENTIST

With Choice 2, you have the freedom to choose any dentist – even if that dentist is not an in-network provider.¹ You don't have to select a primary dentist and you're never locked into any specific dentist. If you choose to visit a participating dentist, it may help you to maximize your benefit plan savings and reduce out-of-pocket expenses. To find out if your dentist participates in MetLife's Preferred Dentist Program, go to www.metlife.com/dental.

ANNUAL DEDUCTIBLE

To help keep down your out-of-pocket expenses, the Choice 2 deductible is \$50 per insured person up to a maximum of \$150 per family per calendar year. The deductible is waived for preventive care.

REIMBURSEMENT BENEFIT

Reimbursement is based on the negotiated fee schedule – whether you elect to visit a participating dentist or you seek out-of-network services.

In-Network

When you choose to visit a participating dentist you are responsible to pay only the difference between the amount of the negotiated fee and your plan benefit payment.

Out-of-Network

When you chose to visit a non-participating dentist, you are responsible to pay the difference between the dentist's regular fee charged for the services provided and the amount of your plan benefit payment, which is based on the negotiated fee schedule. Since it is likely that the out-of-network dentist's charge is greater than the fee schedule amount, your out-of-pocket expense may be greater.

AVAILABLE TO YOU AT GROUP RATES

If you have looked for quality dental insurance, you probably know how expensive it can be. Because you are eligible for this coverage as part of a group, you have access to a quality group dental plan – at competitive group insurance rates.

CHOICE 2 BENEFITS

Deductible:	(Each Calendar Year) \$50 per insured person Maximum \$150 per family No Deductible for Preventive (Type A) services
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Annual Maximum: \$1,500 per person

IMPORTANT COVERAGE INFORMATION

Who is Eligible

You are eligible to enroll if you are a retired CSEA member.

You may also enroll your spouse, and/or unmarried children, stepchildren and adopted children whom you support and who are under age 26 and where permitted by law, your dependents may also include your domestic partner. To qualify as domestic partners, the member and partner must be registered as domestic partners or members of a civil union or submit a domestic partner declaration to the policyholder.

Calendar Year Maximum

The maximum amount this insurance will pay for all Eligible Dental Expenses in any calendar year is \$1,500 per person for all covered services.

When Coverage Begins

Your dental coverage will become effective on the first day of the calendar month following receipt of the enrollment form, provided it is received prior to the 15th of the month.

Cancellation/Termination

Coverage is subject to the terms and provisions of the Group Policy (FormGPNP99) and Certificates of Insurance (Form G.23000) issued to each insured member. In any state exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

Participating MetLife dentists agree to accept negotiated fees, which typically range from 30-45% less than the average fees charged by participating dentists in your geographic area.³ These discounts are only available when you see an in-network or participating dentist. This plan is reimbursed based on the fee schedule – whether you elect to stay in-network or out-of-network.

BENEFIT HIGHLIGHTS	IN NETWORK	OUT-OF-NETWORK
Type A Preventive		
<ul style="list-style-type: none"> ■ Oral Examinations (<i>one exam every 6 months</i>) ■ Prophylaxis – Cleaning & Scaling of teeth (<i>once every 6 months</i>) ■ Full mouth X-Rays (<i>once every 5 years</i>) and Bitewing X-Rays (<i>once every 12 months; every 6 months for dependent children under 19 years of age</i>) ■ Topical fluoride treatment every 12 months for dependent children under age 14 ■ Sealants (<i>molars only, once per tooth up to age 14</i>) ■ Space Maintainers (<i>dependents under age 19</i>) 	100% of negotiated fee*	100% of negotiated fee*
Type B Basic		
<ul style="list-style-type: none"> ■ Fillings (<i>amalgam, silicate or resin fillings</i>) ■ Extractions ■ Endodontics–Root Canal ■ Periodontics ■ Injections of Antibiotic Drugs ■ Anesthesia (<i>when medically necessary in connection with oral surgery</i>) ■ Oral Surgery (<i>except procedures covered under any medical plan</i>) ■ Emergency Palliative Treatment ■ Repair of Crowns, Dentures, Inlays and Onlays ■ Repair of Bridges 	80% of negotiated fee*	80% of negotiated fee*
Type C Major (A 12-month waiting period must be satisfied before expenses for these services are payable.)		
<ul style="list-style-type: none"> ■ Bridges (<i>installation of fixed bridges for the first time</i>) ■ Crowns, Onlays, Inlays (<i>not more than once in 5-year period for the same tooth surface</i>) ■ Dentures (<i>installation of a partial or full removable denture for the first time for teeth which are lost while coverage is in effect</i>) 	50% of negotiated fee*	50% of negotiated fee*

*Negotiated Fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change. When services are provided by a participating dentist, you will be responsible for the difference between the plan's benefit payment and the negotiated fee. If you choose a non-participating dentist (i.e., an out-of-network dentist), your out-of-pocket costs may be higher as he or she has not agreed to accept MetLife's negotiated fees as payment in full for covered services rendered. You, therefore, will be responsible for the difference in cost between your plan's benefit payment and your dentist's fee.

Coverage terminates:

- When membership in the Civil Services Employees Association (CSEA) terminates;
- When the member's contributions cease;
- When The Plan ends;
- All benefits on account of a dependent will end on the date that dependent ceases to be a dependent; or
- All benefits on account of a dependent will end on the date of the member's death, unless the surviving spouse elects to continue dependent benefits, then dependent benefits will end at the earlier of the date of the surviving spouse's death or the date that dependent ceases to be a dependent; or
- MetLife discontinues the Group Insurance Plan:
 1. for nonpayment of premium;
 2. if group's participation requirements are not met; or
 3. for group's failure to meet the minimum number of lives requirement.

Choice 2

Offers you a more traditional dental insurance option, with the freedom to choose your dental provider – in-network or out-of-network.¹ If you'd like more information about CHOICE 2, or you'd like to enroll, please call your CSEA Insurance Representative TOLL-FREE at **1-888-507-1368** and one of our helpful customer service representatives will be happy to assist you.

CSEA Membership is required to enroll and continue this insurance.

Choice 2

EXCLUSIONS

The following expenses are not Covered Dental Expenses:

- Services or Supplies:
 - received by a covered person before the dental expense benefits start for that person;
 - which are covered by any worker's compensation laws or occupational disease laws;
 - which are covered by any employer's liability laws;
 - which an employer is required by law to furnish in whole or in part;
 - received through the medical department or similar facility which is maintained by the covered person's employer;
 - received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;⁴
 - for which a covered person is not required to pay;⁵
 - which are deemed experimental in terms of generally accepted dental standards;
 - received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
 - which are provided by this, or any other plan which the employer (or an affiliate) contributes to or sponsors.
- Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense; it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for re-constructive surgery because of a congenital disease or anomaly of a Dependent child which has resulted in a functional defect.
- Orthodontia Services.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Initial installation of a denture or bridges to replace one or more natural teeth lost before the Dental Expense Benefits started for the Covered Person, or as a replacement for congenitally missing natural teeth.
- Adjustment of dentures or bridges which is made within six months after it is installed by the same dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of materials or home health aids, to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Myofunctional therapy or correction of harmful habits.
- Implantology.
- Charges by a dentist for completing dental forms.⁶
- Charges for broken appointments.⁶
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Treatment of temporomandibular joint disorders.⁷
- Sterilization supplies.⁶
- Services or supplies furnished by a family member.⁶

A prohibited Referral is one in which a Health Care Practitioner: a) refers a covered person to; or b) directs an employee or person under a contract with a Health Care Practitioner to refer a covered person to a Health Care Entity in which: a) the Health Care Practitioner; or b) the Health Care Practitioner's immediate family; or c) both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this provision, the terms "Referral," "Health Care Practitioner," "Health Care Entity," "Beneficial Interest," and "Compensation Agreement" have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

¹ If you go to a dentist who does not participate in MetLife's network, your out-of-pocket costs may be greater.

² MetLife data as of 01/01/18

³ Based on an internal analysis from MetLife, savings from enrolling in a dental benefits plan will depend on various factors including the cost of the plan, how often participants visit a dentist and the cost of services rendered. Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.

⁴ Not applicable in MD.

⁵ In MD, these exclusions do not apply to Medicaid.

⁶ Not applicable in FL, MD, NJ and TN.

⁷ Not applicable in MN and NM.

Insurance coverage is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations, reductions of benefits and terms for keeping them in force. Please contact your plan administrator for costs and complete details. This is just a summary of covered services. A full description of benefits will be provided in the certificate of insurance. Coverage may not be available in all states. Please your plan administrator for more information.



Voluntary Dental Program

Choice 2

Applicants for Choice 2 are free to use any Dentist.
Using a Preferred Dental Provider will save you money.

CHOICE 2 MONTHLY RATES *All States*
Rates effective through December 31st, 2020

Member: \$46.78

Member + 1 (spouse or child): \$86.16

Family: \$112.24

CHOICE 2 Down Payment Amounts for EFT or Pension Deduction

Member: \$93.56

Member + 1 (spouse or child): \$172.32

Family: \$224.48

CHOICE 2 Down Payment Amounts for Direct Bill

Quarterly: Submit 3 months premium

Semi-Annual: Submit 6 months premium

Annual: Submit 12 months premium

ENROLLMENT • CHANGE FORM FOR RETIREE DENTAL

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Association Civil Service Employees Association (CSEA)	Group Customer # 05050023
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YOUR ENROLLMENT INFORMATION (To be Completed by the Member)

Name (First, Middle, Last)	Social Security #	<input type="checkbox"/> Male	<input type="checkbox"/> Single
		<input type="checkbox"/> Female	<input type="checkbox"/> Married
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)		
Phone #	Email Address	<input type="checkbox"/> New Enrollment	
		<input type="checkbox"/> Change in Enrollment	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Dental Insurance

Select your level of coverage

- Member Only
- Member + One Dependent (Spouse/Domestic Partner¹ or Child)
- Member + Two or More Dependents (Spouse/Domestic Partner¹ and Children)

Dependent Information

If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:

Name of your Spouse/Domestic Partner (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		

Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

Payment Information

Select the method of payment

- Monthly ACH automatic deduction from checking account (please complete withdrawal form)
- Monthly automatic deduction from my pension account (please complete withdrawal form)
- Direct Bill sent to your home:
- Quarterly Semiannually Annually

¹ Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

GEF02-1
ADM
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; and GEF02-1 ADM applies to residents of North Dakota and Utah)

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to Pearl Insurance, 13 Airline Drive Albany, NY 12205
Toll-free phone: 1-888-507-1368

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued. **Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. **Kansas and Oregon:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law. **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties. **New York (only applies to Accident and Health Benefits):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement may have violated the state law. **Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1

FW

(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; and

GEF09-1

FW applies to residents of North Dakota and Utah)

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I authorize Civil Service Employees Association (CSEA) to deduct the required contributions for my coverage as outlined in the Payment Information section. This authorization applies to such coverage until I rescind it in writing.
3. I have read the applicable Fraud Warning(s) provided in this enrollment form.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____
Signature of Member_____
Print Name_____
Date Signed (MM/DD/YYYY)

GEF09-1

DEC

(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; and

GEF09-1

DEC applies to residents of North Dakota and Utah)